Sheriff's Warrants

Publication/Creation

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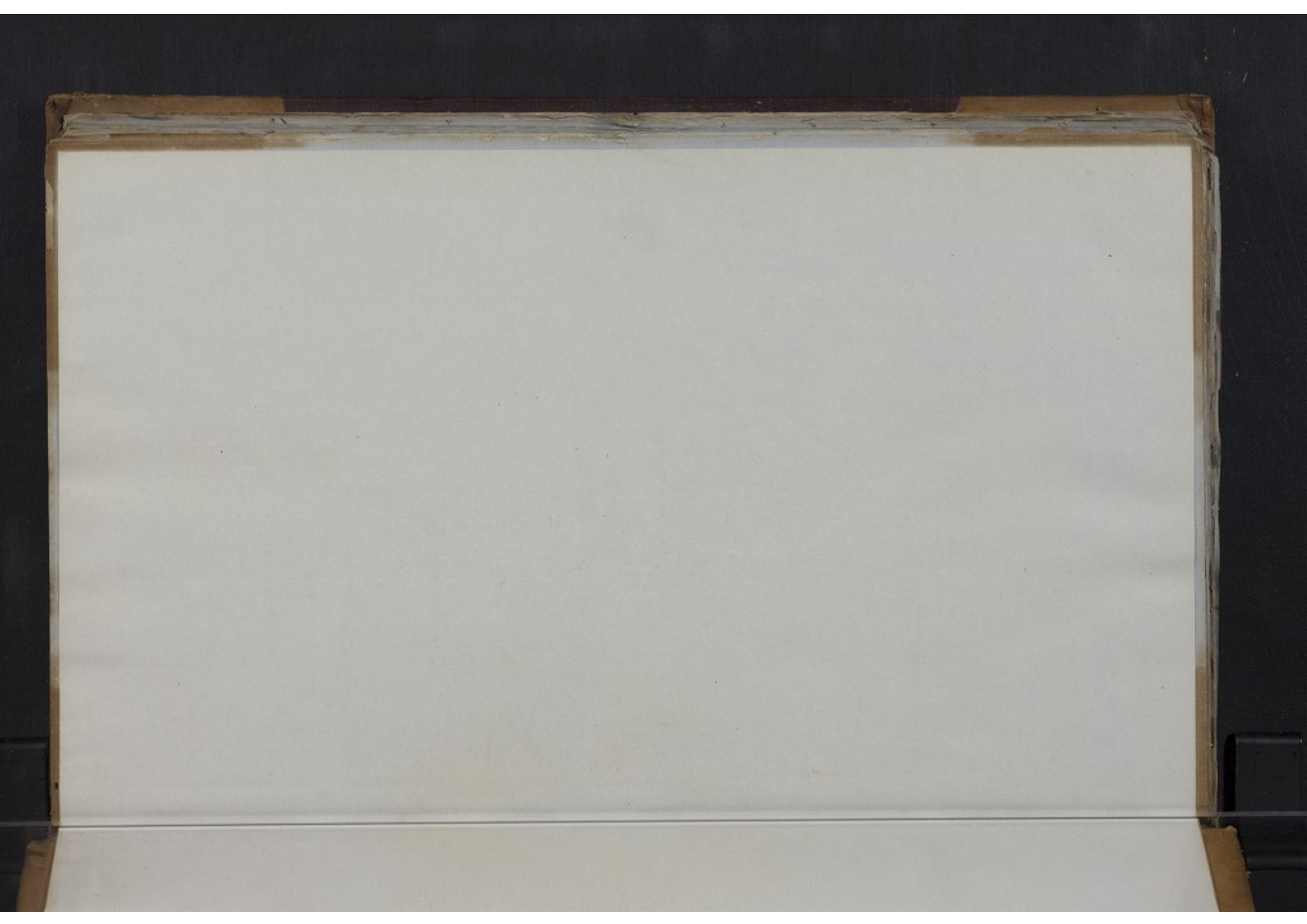
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20 & 21 *Vict., Cap.* 71, *Sect.* 34.

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

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

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

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Mc Luhae is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Mc Luhae to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie

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

DATED this First (3) day of January one thousand eight hundred and Sixty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Mc Luhae
2. Sex and Age,	Male — 45 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Woolsorter
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Moffat
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Five years more or less
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	About 40 years
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	About 5 years
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not known

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

(SIGNED)* *Name,* John Dinwoodie Inspector

DATED this First day of January one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

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

I, the undersigned, William James Hall 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 hereby certify, on soul and conscience, that I have this day, at (3) Friary Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander McLuhose and that the said Alexander McLuhose is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talky incoherent Has spent thousands upon Absurd Projects & is suspected of dishonesty by which he has other persons are bound to be affected or ex

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Much the same as above

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

Place of Abode, Buccleuch Street Dumfries

DATED this 16th day of January One thousand eight hundred and Fifty two years

MEDICAL CERTIFICATE, No. II.

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

I, the undersigned, William Scott M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Friars Lawn Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander McLuhose and that the said Alexander McLuhose is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Delusions in regard to people in connection having the power of persecuting him working, and also that he has county disease by looking at him

2. Other facts (if any) indicating Insanity communicated to me by others. (7) By mother who communicates same delusions &c

(SIGNED) *Name and Medical Designation,* William Scott M

Place of Abode, Dumfries

DATED this 24 day of January one thousand eight hundred and 62.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, having already granted the Medical Certificate, No. 1., hereto annexed, to the effect that

is a (1) hereby further certify that the Case

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

to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

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

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

I, Alexander Hannay — (1) Sheriff Substitute

of the (2) County of Dumfries — Mr Dunwoodie

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

Certificates under the hands of William Marshall

and William Scott — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander McLuhae a workman and that the said Alexander McLuhae is a (5) Lunatic — and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander McLuhae as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander McLuhae which accompanied the said Petition.

(SIGNED) A Hannay

DATED this 1st day of January one thousand eight hundred and Sixty two years

To the Superintendent of the (7) Public

Asylum of Southern Counties

Dumfries

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

900

Alexander Mc Duhac

1st January

1862

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

[FORM A]

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

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

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

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

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

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

(SIGNED) John Dinwoodie

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

DATED this Sixth (3) day of January One thousand eight hundred and Sixty two—

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Helen Copland or Mc Gowan
2. Sex and Age,	Female—83 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	No Occupation
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	About 7 Months
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	About 82 years
11. When and where previously under Examination and Treatment,	Dumfries—
12. Duration of existing Attack,	About 7 Months
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No—
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Violent at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries—
18. Date of becoming Chargeable,	6th Jany 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Known

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

(SIGNED)* *Name,* John Dinwoodie Inspector

DATED this Sixth day of January One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Thomas Bayly Marshall
being a (1) Graduate of Faculty of Physicians and Surgeons Glasgow and Licentiate of the College of St Andrews
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Workhouse Dumfries Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Ellen Copeland or McGowan and that
the said Ellen Copeland or McGowan is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) talks incoherently raves incessantly declares that there are men sent to screw her against her will thinks the whole people are combined to injure her

2. Other facts (if any) indicating Insanity communicated to me by others: (7) she has determinedly refused to part of any sort of food since Saturday last owing to fear of their being poison in the food

(SIGNED) Name and Medical Designation, W Marshall M.D

Place of Abode Buccleuch St Dumfries

DATED this 6th day of January One thousand eight hundred and sixty two

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Patrick Murray
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Workhouse Dumfries Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Ellen Copeland or McGowan and that
the said Ellen Copeland or McGowan is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Cannot give a clear answer to any question, thinks that people is put out to her food as that she had rabbits & now, refuses to take food & agitated & excited myself when examining her

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) refused to remain in bed, destroys her food at the workhouse, thinks the other inmates & the Matron are trying to poison her

(SIGNED) Name and Medical Designation, P Murray MD

Place of Abode, Dumfries

DATED this 6 day of January One thousand eight hundred and 62

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (2) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

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

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

I, Alexander Kannay — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwiddie
Inspector of Poor for the parish of Dumfries —
Certificates under the hands of William Marshall
and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Ellen Copeland or McGowan. Dumfries and that the said
Ellen Copeland or McGowan is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ellen Copeland or McGowan 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 Ellen Copeland or McGowan which accompanied the said Petition.

(SIGNED) Alex Kannay

DATED this Sixth day of January One thousand eight hundred and Sixty two years

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

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

T01

Helen Couplands or M. Govan
6th January 1862

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

[FORM A]

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

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

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

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

The Petition of Ellen Morrison 4 Park Villas

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles George Morrison my Son is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charles George Morrison to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) Ellen Morrison

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

DATED this (3) day of January One thousand eight hundred and sixty two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Charles George Morrison
2. Sex and Age,	male age 35 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Planter in Ceylon - Gentleman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	8 Park Villas S. Hammersmith Middx
7. Place where Found and Examined,	D° D°
8. Length of time Insane,	three years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	thirty two
11. When and where previously under Examination and Treatment,	Dr Sturgeon two months. Fulham
12. Duration of Existing Attack,	Yes
13. Supposed Cause,	Sun stroke & climate
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	maybe some
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Hammersmith Middx
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Ellen Morrison 8 Park Villas S Hammersmith Mother Grandfather stated to have been very eccentric
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNATURE)* *Name,* Ellen Morrison

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

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, being a Fellow of the Royal College of Surgeons of England and a Member of the Apothecaries Society being a (1) and being in actual practice as a (2) general Practitioner & Midwifery &c hereby certify, on soul and conscience, that I have this day, at (3) 31 Park Villas Hammersmith in the County of Middlesex separately from any other Medical Practitioner, visited and personally examined (4) Charles George Morrison and that the said Charles George Morrison is a (5) person of unsound mind & unusual conduct and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Strange unnatural manner and speech - idiotic laughing - without cause apparently violently hated by neighbours & asked by his mother to leave destroys all articles about his rooms - generally dangerous - takes all medicines he can get hold of - drinks enormously

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

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

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

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

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

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

(6) *State the facts.*

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

(SIGNED) *Name and Medical Designation,* W Turner . F.R.C.S Eng

Place of Abode, 31 Park Villas Nth Shepherds Bush

DATED this third day of January One thousand eight hundred and sixty two - 1862

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Gilchrist M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles George Morrison a Patient and that the said Charles George Morrison is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) his manner & actions insane - he laughed & shook in presence of others and without cause - he is violent & dangerous & has to be carefully watched during his detention

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

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

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

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

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

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

(6) *State the facts.*

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

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

Place of Abode Crichton House Dumfries

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

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

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

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

I, Alexander Hannay (1) Sheriff Substitute —
of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Ellen Morrison
4 Park Villa, Kennington
Certificates under the hands of L. W. Turner
and James Gladstone —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Charles George Morrison, of Hammersmith Middlesex and that ~~the said~~ he is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles George Morrison as a Patient into the (6) Public — Asylum of Crichton Royal Asylum 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 George Morrison which accompanied the said Petition.

(SIGNATURE) A. C. Hannay

DATED this Fourth day of January one thousand eight hundred and Sixty two.

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

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

CRICHTON ROYAL INSTITUTION,

Private Department.

Trustees.

MRS CRICHTON of Friars' Carse.
LIEUT.-COLONEL GRIERSON of Barndennoch.
J. MACALPINE LENY, Esq. of Dalswinton.

Extraordinary Trustees.

His Grace the DUKE OF BUCCLEUCH.
The Right Hon. the EARL OF GALLOWAY.
The Right Hon. the EARL OF SELKIRK.
The LORD-LIEUTENANT of the Shire of Dumfries.
The MEMBER for the County of Dumfries.
The SHERIFF of the Shire of Dumfries.
The MINISTER of St. Michael's Church, Dumfries.

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JAMES GILCHRIST, M.D., Resident Physician.
JOHN DICKSON, M.D., Medical Assistant.
MRS SOFTLEY, Matron.
ANT. HENDERSON, House Steward.
MRS RAMSAY, Superintendent.

R. ADAMSON, Esq., S. ADAMSON, Esq., } Treasurers.

Rev. G. COWANS, Chaplain.

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

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

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

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

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

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

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

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

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

QUERIES.	ANSWERS.
1. Name age, condition, occupation, disposition, amount of education, and general deportment of the Patient.	Charles George Morrison Æt 35 years. gentleman formerly planter in Ceylon. good education, strong & powerful, quiet & amiable, rather self satisfied, excitable irritable and uncertain.
2. What is the cause, predisposing and exciting, moral or physical; and what circumstances may have predisposed to, aggravated, or confirmed the disease?	left much to himself in Ceylon and health suffered to have been deranged by the climate of Ceylon and a sun stroke.
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, any marked alterations in the functions of the body, or in the temper, opinions, conduct, sleep, &c.?	depression of spirits - after a love affair in which he was disappointed owing to his strange & unnatural conduct.
4. Has the Patient been subject to epilepsy, or other convulsive affections, previous to or during the existence of insanity; and for what other diseases or accidents has medical or surgical treatment been at any time required?	Sun Stroke.
5. What have been, and are, the prominent symptoms of the malady? has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary? get worse.	irritable mountain temper strange odd and irrational conduct and manner laughing without cause going to bed at all hours untidy & dirty Bottom dishevelled
6. Mention the present state of the external senses; of the appetite, digestion, and evacuations; of the pulse, respiration; and of all other functions, so far as they can be ascertained.	good - appetite strange and hungry. sleeps always restless - for twelve hours all the day are spent in Baths & Beds - pulse and respiration good bowels & stomach
7. Is this the first attack, or a relapse? by what peculiarity of constitution or manner was it ushered in—if a relapse, of what duration was the lucid interval? and what has been the number of previous attacks?	first depression, with altered manner sold estate for £800. worth £ 10000.
8. What have been, and are, the delusions, habits, peculiarities, and pursuits of the Patient, during the night as well as the day, since the invasion of insanity?	delusions. thinks he takes delicacies. talks of shooting people, breaks, picks destroys furniture. refuses to return the value of property. strange delusions about food. physic & looks upon it as poison
9. Does the Patient manifest any disposition to commit suicide? has he made any attempt to do so, and by what means?	not suicidal
10. Does the Patient manifest any disposition to injure other persons or property—to cherish any malicious design—or is the morbid train of thoughts excited by any particular subject or event?	yes as he does for his servants destroys furniture & books breaks windows.
11. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what? or have they manifested any peculiarity, eccentricity, or prominent propensity, or tendency to crime?	Grandfather insane
12. What treatment has been resorted to, for what length of time, and with what success?	under a Dr Morgan in private asylum somewhat relieved 3 months care.
13. How long has the Patient been insane? or has he ever been in any public asylum or private mad-house?	three years - once for two months.

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

[FORM A]

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

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

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

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

The Petition of James Scott Inspector of Police Ruthwell

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

(SIGNATURE) James Scott Inspector

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

DATED this 8th (3) day of January one thousand eight hundred and Sixty two

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Beck
2. Sex and Age,	Male Single
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Shoemaker
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Ruthwell Village
7. Place where Found and Examined,	
8. Length of time Insane,	about two years
9. Whether First Attack,	
10. Age (if known) on First Attack,	30
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	about two years
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,	Ruthwell
18. Date of becoming Chargeable,	8th Jany 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Widow Beck Ruthwell
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNATURE)* Name James Scott Inspector of Police Ruthwell

DATED this 8th day of January one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James M. McCulloch being a (1) Graduate of the University of Edinburgh &c. &c.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) King's Arms, Du
in the County of Dumfriesshire separately from any other Medical Practitioner,
visited and personally examined (4) John Beck, Pauper and that
the said John Beck is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Wild expression of
eyes, agitation & nervous excitement; attempted to throw
over a window in Kings Arms, three stories high in my
presence; when seeing him before, he presented similar sy

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Wand
away from home for days, sometimes without clothing; o
& noisy during the night, threatened the Minister of the
with a knife, struck his mother; talks incoherently

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

Place of Abode, 38 Castle Street, Dumfries

Dated this 8th day of January One thousand eight hundred and sixty two

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alexander Morrison being a (1) Graduate of the University of Glasgow &c.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the King's Arm
Potty – Dumfries in the County of
Dumfriesshire separately from any other Medical Practitioner,
visited and personally examined (4) John Beck – Pauper and that
the said John Beck is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Has an agitated and
wild expression of countenance; moves his hands about
in peculiar nervous manner – refused to a fellow may to answe
questions & when he did do so changed things in an uncomm
loud coarse manner – attempted to throw himself from a Windo
three stories high, in the Kings Arms Hotel in my presence

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
– have been told he has frequent indecent, exposed his pe
– at present times goes about – placed
cobbles knives about his clothes, and walked about in
them in an excited state & threatened various persons

(Signed) Name and Medical Designation, Alex Morrison M. D. &c.

Place of Abode 7 Buccleuch Street

Dated this Eighth day of January one thousand eight hundred and sixty two years

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

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

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

I, Alexander Ramsay (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Scott Inspector of Poor of the parish of Ruthwell
Certificates under the hands of James Murray McCulloch
and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John Beck, Shoemaker, a pauper from Ruthwell and that the said
John Beck is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Beck as a Patient into the (6) Public Asylum of Southern Counties Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Beck which accompanied the said Petition.

(SIGNATURE) A. Ramsay

DATED this Eighth day of January one thousand eight hundred and Sixty two Years.

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

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

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John Beck

Rutherwell

8th January 1862

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

[Form A]

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

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

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

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

The Petition of Alexander Young P.F.

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

(Signature) Alex Young P.F.

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

Dated this Eighth (3) day of January one thousand eight hundred and Sixty two

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary McIntosh or McMillan
2. Sex and Age,	Female -
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of a Game Keeper
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Moss Knowe Kirkpatrick Flemming
7. Place where Found and Examined,	Moss Knowe Do
8. Length of time Insane,	-
9. Whether First Attack,	-
10. Age (if known) on First Attack,	-
11. When and where previously under Examination and Treatment,	-
12. Duration of Existing Attack,	-
13. Supposed Cause,	-
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	Yes. charged with Child murder
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James McMillan Game Keeper Moss Knowe Cottage.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(Signature)* *Name,*

Dated this day of one thousand eight hundred and

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Scott, being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Prison Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary McMillan a pauper and that the said Mary 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is a maniac Has delusions as to the world coming come to an end says Christ has sent for her.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That she destroyed her child by fire when in an excited state

(SIGNED) *Name and Medical Designation,* William Scott MD

Place of Abode, Dumfries

DATED this 6th day of January One thousand eight hundred and Sixty two.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Dickson MD of Edinburgh, and being a (1) Graduate of the University of Edinburgh a member of the College of Surgeons Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Prison Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary McMillan and that the said Mary 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) Great excitement with delusions of a religious character, that she was commanded by the Deity to sacrifice her child and under this belief she seems to have destroyed it by burning.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That she destroyed her child by placing it upon the fire, and pleading at the Police Court this.

(SIGNED) *Name and Medical Designation,* John Dickson MD

Place of Abode Buccleuch Street Dumfries

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

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

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

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

I, Mark Napier (1) Sheriff
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander Young Procurator Fiscal of Dumfriesshire Certificates under the hands of William Scott
and John Dickson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary McIntosh or McMillan a Pauper and that the said Mary McIntosh or 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 Mary McIntosh or McMillan 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 McIntosh or McMillan which accompanied the said Petition.

(SIGNATURE) Mark Napier

DATED this Eighth day of January one thousand eight hundred and Sixty two years

To the Superintendent of the (6) 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, or Private.

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Mary McIntosh or
McMillan

8th January 1862

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

[FORM A]

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

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

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

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

The Petition of Thomas McKie, Newhall Keir humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Milligan or McKie, my Aunt is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Milligan or McKie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) Thomas McKie

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

DATED this 9 (*) day of January one thousand eight hundred and Eighty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Milligan or McKie
2. Sex and Age,	Female - 48 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Wife of Farmer & Stabbiter
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Newhall - Keir
7. Place where Found and Examined,	Newhall - do
8. Length of time Insane,	One week
9. Whether First Attack,	No - Method
10. Age (if known) on First Attack,	39 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of Existing Attack,	One week
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John McKie, Newhall parish of Kirkmahoe Son - Two Sisters and one Brother have been repeatedly under treatment in Asylums for some form of Mental ailment
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNATURE)* *Name,* Thomas McKie

DATED this 9 day of January one thousand eight hundred and 82

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Andrew Crichton Chalmers being a (1) ~~Physician~~ Doctor in Medicine of the University Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Moorhall in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Milligan or McKie and that the said Mary Milligan or McKie 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 in a very excited State. Is continually talking without any Coherency, visiting Cattle of Neighbourhood. Sometimes refuses food unless made by her Friends or Nurse

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Conformably of the above, by her Attendants

(Signed) *Name and Medical Designation,* And.r C. Chalmers M.D

Place of Abode, Dumfries

Dated this 16 day of January One thousand eight hundred and sixty two

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Samuel Gipson being a (1) Member of the Royal College of Surgeons England and Surgeon and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Milligan or McKie and that the said Mary Milligan or McKie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great Excitement and restlessness; constant speech, and much incoherence. At one time knelt to me as her Saviour & again swore at, and scolded me believing me to be her husband

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Tossed all night & threw her clothes or the pillow from one corner of the room to another & Has been in this Asylum before for Seven

(Signed) *Name and Medical Designation,* Gipson M.R.C.S.Engl.

Place of Abode Southern Counties Asylum Dumfries

Dated this 16th day of December one thousand eight hundred and sixty-one

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name, Andrew C. Clarkson M.D.

Place of Abode, Thornhill

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

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

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

I, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas McKie Newhall, Near Certificates under the hands of Andrew Crichton Clarkson and Samuel Emerson , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Mulligan or McKie residing at Newhall and that the said Mary Mulligan or McKie is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Mulligan or McKie as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith, the said Medical Certificates, and a Statement regarding the said Mary Mulligan or McKie which accompanied the said Petition.

(SIGNATURE) A. C. Hannay

DATED this Fourth day of January one thousand eight hundred and sixty two years

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

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

Mary Mullican
Bucks
1st January 1862

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

[Form A]

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

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

Unto the Honourable the (1) Sheriff of the (2) Counties of Wigton & Kirkcudbright and his Substitutes,—

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

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 residing at Philhar is at present in a state of Mental Derangement and 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.

(Signature) George Drysdale Insp: of Poor

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

Dated this Twentieth (3) day of January one thousand eight hundred and sixty two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Gibson
2. Sex and Age,	Male 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Labourer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Philhar
7. Place where Found and Examined,	Do
8. Length of time Insane,	Since Sept! last
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	25 years and Six months
11. When and where previously under Examination and Treatment,	never previously examined
12. Duration of Existing Attack,	Since Sept! last.
13. Supposed Cause,	Cause unknown
14. Whether subject to Epilepsy,	not subject to Epilepsy
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Whithorn Parish
18. Date of becoming Chargeable,	ninth day of January Curt.
19. Christian Name 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 Gibson, Father, and Rachel Duff Mother. both residing at Philhar. Mary Gibson, their Daughter, was Insane. but now Cured.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(Signature)* Name, George Drysdale Insp: of Poor

Dated this Twentieth day of January one thousand eight hundred and Sixty two.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, R. S. Broadfoot Surgeon
being a (1) Licentiate of the Royal College of Surgeons of Edin
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the farm Falhar
in the Parish of Whithorn in the County of Wigtown
separately from any other Medical Practitioner,
visited and personally examined (4) John Gibson, labourer, a pauper, and
that in my opinion the said John Gibson
is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) On my first visit in Sept
I found that instead of being, as always formerly, a cheerful, industrious and conversable lad, he suddenly become dull, grave, averse to labour, taciturn, and strongly impressed with the delusion he and his father's family were in "the City of Destruction", and ought instantly to flee to "the City of Refuge a Mile hard by". To-day I did not find John better, but quite down cast very reticent and so unsettled could not remain a minute at once either lie sitting or walking. He had taken very little food for the last 36 h and h
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Mother informed me that in Sept. ult. he complained for a day or two of sound in the and that on or about the third day thereafter he rose out of bed very early on the morning of & scampered away almost naked to a pailpiece to his employer living two miles off for s unreal fault. Next day he imagined he was in the City of Destruction. She inspected me with great difficulty, from roaming and can only be prevented

(SIGNED) Name and Medical Designation, R. S. Broadfoot, Surgeon

Place of Abode, Whithorn

DATED this 19 day of January One thousand eight hundred and sixty two.

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alex. M'Millan Surgeon
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) the farm Falhar
in the Parish of Whithorn in the County of Wigtown
separately from any other Medical Practitioner,
visited and personally examined (4) John Gibson Labourer pauper and in my opinion
the said John Gibson and that
is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) When I went to day to visit him I
him out in the bitter cold since 8 o'clock in the morning against his Parents will. When urged to come in would not speak a word. Besides on the morning (about four o'clock) of 16th Sept. he came from
haly naked about 2 miles to the fole to a house I was in attending a woman in labour and was admittance to excuse himself of some imaginary ill he committed against an inmate although he never given
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) cause of
His mother told me that he refuses to take any food and is afraid he may die of hunger & likewise of starvation from cold as he cannot be controlled

(SIGNED) Name and Medical Designation, Alex. M'Millan Surgeon

Place of Abode Whithorn

DATED this twentieth day of January one thousand eight hundred and sixty two

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

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name,

Place of Abode,

Dated this day of One thousand eight hundred and

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

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

I, Macduff Rhind Esquire advocate Sheriff Substitute (1)
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 Robert Broadfoot Surgeon
and Alexander McMillan Surgeon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Gibson pauper, and that the said John Gibson is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Gibson as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Gibson which accompanied the said Petition.

(SIGNATURE) M. Rhind

Dated this twenty first day of January one thousand eight hundred and sixty two

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

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

905

John Gibson
Whitbourn
22d January
1862

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

[FORM A.]

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

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

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

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

The Petition of John Dinwoodie. Inspector of Poor for the Parish of Dumfries—

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

(SIGNED) John Dinwoodie

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

DATED this Twenty fourth (3) day of January One thousand eight hundred and Sixty two

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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,	Benjamin Burns
2. Sex and Age,	Male 46 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Woolsarter
5. Religious Persuasion, so far as known,	Relief Church
6. Previous Place of Abode,	Kirkcholm
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	About 8 Months more or less
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	About 45 years or better
11. When and where previously under Examination and Treatment,	Dumfries
12. Duration of existing Attack,	About 8 Months
13. Supposed Cause,	Taking the Nostrums of an Herb Doctor
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,	24 January 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* Name, John Dinwoodie, Inspector

DATED this Twenty fourth day of January One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of St And. and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) St Michaels Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Benjamin Burns and that the said Benjamin Burns is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Cannot answer any question to purpose keeps muttering to himself looks melancholy and dejected with eyes rolling imagines that he was under Lord Clyde at the battle of Victoria and has campaigns in India &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Much the same as above
His wife states that he often mistakes his dear.

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

Place of Abode, Buccleuch St Dumfries

DATED this 24th day of January One thousand eight hundred and Sixty two years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Patrick Murray being a (1) Graduate of the University of Edenburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) St Michaels Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Benjamin Burns, Pauper and that the said Benjamin Burns is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Cannot answer any question put to him mutters incoherently, states that he was in India with Lord Clyde at the Peninsula (which is not true) talks at times angrily and incoherently

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife states that he talks in this manner at times, has threatened to throw himself

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

Place of Abode, Buccleuch St Dumfries

DATED this 24 day of January One thousand eight hundred and 62

CERTIFICATE OF EMERGENCY.

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

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

Name, _____

Place of Abode, _____

DATED this _____ day of _____ One thousand eight hundred and _____

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

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

I, John Pitcairn Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwiddie Inspector of Poor of the parish of Dumfries Certificates under the hands of William Marshall and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Benjamin Burns, Woodcorner, residing in Dumfries and that the said Benjamin Burns is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Benjamin Burns 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 Benjamin Burns which accompanied the said Petition.

(SIGNED) John P. Trotter.

DATED this Twenty fourth day of January One thousand eight hundred and Sixty two years.

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

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

Benjamin Burns
24th January 1862

Lee
Margaret Jardine Petition
Mr Dinwoodie
29 January
1862

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

[FORM A.]

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

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

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

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

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries—humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Jardine or Murdoch is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Jardine or Murdoch to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie

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

DATED this Twentyninth (3) day of January One thousand eight hundred and Sixtytwo

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Jardine or Murdoch,
2. Sex and Age,	Female, 24 years
3. Married, Single, or Widowed,	Married—
4. Condition of Life, and previous Occupation (if any),	Stockingmaker
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	—do—
8. Length of time Insane,	Twelve Months
9. Whether first attack,	Second
10. Age (if known) on first Attack,	23 years
11. When and where previously under Examination and Treatment,	Dumfries
12. Duration of existing Attack,	About 7 weeks
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries Meantime
18. Date of becoming Chargeable,	29th January 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Her Mother, Beatrice Laidlaw, deceased is said to have been in a similar state—
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

(SIGNED)* *Name,* John Dinwoodie, Inspector

DATED this Twentyninth day of January One thousand eight hundred and Sixtytwo

P. p.

* To be signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Ramsay Hall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 46 Whitehall Close Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Jardine Richardson and that the said Margaret Jardine Richardson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently for much and with such velocity that conversation as to make it matter of impossibility to comprehend what

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) would [illegible] much the same as above

(SIGNED) *Name and Medical Designation,* Wm Ramsay Hall M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 29 day of January One thousand eight hundred and Sixty two years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Patrick Duncan being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) English Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Jardine Richardson and that the said Margaret Jardine Richardson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) In constant [illegible] talking cannot answer any question put to her from the rapidity & her speech it is impossible to catch a single sentence, is conscious of [illegible] Hallucinations [illegible]

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has refused to take any food, from the [illegible] without any reason, refuses to sleep [illegible] sleep none

(SIGNED) *Name and Medical Designation,* P Blaney MD

Place of Abode, Dumfries

DATED this 28 day of January One thousand eight hundred and 62

CERTIFICATE OF EMERGENCY.

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

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

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

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

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

I, John Alcaun Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor for the parish of Dumfries
Certificates under the hands of William Marshall
and Patrick Murray , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Sardine or Murdoch Dumfries a pauper and that the said Margaret Sardine or Murdoch is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Sardine or Murdoch — as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Sardine or Murdoch which accompanied the said Petition.

(SIGNED) John A. Trotter

DATED this Thirtieth day of January One thousand eight hundred and Sixty two years.

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

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

907

Margaret Laidlaw
or Murdoch

30th January 1862

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

[FORM A.]

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

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

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

Unto the Honourable the (*) Sheriff *of the* (*) County of Wigton *and his Substitutes.*

The Petition of John Erskine

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

(SIGNED) John Erskine

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

DATED this Second (*) day of February One thousand eight hundred and Sixty two

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Charles Erskine
2. Sex and Age,	Male 29
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Draper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Creebridge
7. Place where Found and Examined,	Examined at Newton Stewart
8. Length of time Insane,	3 Months
9. Whether first attack,	First
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	3 months
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Janet Thomson Erskine, Creebridge - Mother - Not to our knowledge
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

(SIGNED)* *Name,* John Erskine

DATED this Second day of February One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Murray Surgeon
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) my residence in Newton Stewart in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) Charles Erskine, Draper Newton Stewart & residing at Creebridge and that the said Charles Erskine is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Extreme dejection in appearance - Entertains a fear of being poisoned and refuses food under the apprehension of its containing poison - Imagines himself to be the subject of general conversation & that strangers from a Company have their eyes upon him -

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By Mrs Erskine - Patient has been much depressed and restless Sleeps little & gets up at an unusually early hour - This morning for 1½ hours and returning dressed refused to change clothes

(Signed) Name and Medical Designation, John Murray M.D.

Place of Abode, Newton Stewart

Dated this second day of February One thousand eight hundred and Sixty two -

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

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

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

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

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

(6) State the facts.

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

+ Complains of loss of memory & inability to fix attention - Looks worn & as if worried & to feel life a burden.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James More
being a (1) Doctor of Medicine, Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) at Dr Duncan's residence in Newton Stewart in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) Charles Erskine, Draper Newton Stewart & residing in Creebridge and that the said Charles Erskine is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
His general appearance is that of an elderly man - Having known him for upwards of 30 years I find the character of his countenance & features entirely changed - He complains of great want of memory & of being unable to fix his attention in reading or conversation - He complains of great mental depression & of all around him appearing dreary & uninteresting - Such are symptoms of Insanity

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He married a young lady about this time & with whom he was not personally acquainted

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

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

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

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

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

(6) State the facts.

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

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

Place of Abode, Newton Stewart

Dated this second day of February One thousand eight hundred and Sixty two

CERTIFICATE OF EMERGENCY.

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

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

Name, John Murray M.D.

Place of Abode, Newton Stewart

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

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

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

I, Macduff Rhind, (1) Sheriff Substitute of the (2) County of Wigtown, having had produced to me, with a Petition at the instance of (3) John Erskine residing at Newbridge, County of Renfrewshire, Certificates under the hands of John Murray M.D. and John Moore 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) the above designed Charles Erskine, and that the said Charles Erskine is a (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 Erskine, as a Patient into the (6) Crichton Asylum of Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles Erskine, which accompanied the said Petition.

(SIGNED) M. Rhind

DATED this second day of February One thousand eight hundred and sixty two.

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

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

Charles Erikus
30 Feb. 1862

884
Charles Erikus
3 Feb 2/62

Clare Erskine 30 Feb. 1862

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

[FORM A.]

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

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

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

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

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Murdoch or Carrie is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Murdoch or Carrie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie, Inspector

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

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

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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,	Helen Murdoch or Carrie
2. Sex and Age,	Female – 46 years
3. Married, Single, or Widowed,	Married –
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Established Church of Scotland (Protestant)
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Do
8. Length of time Insane,	Not accurately known
9. Whether first attack,	No —
10. Age (if known) on first Attack,	About 45 years
11. When and where previously under Examination and Treatment,	Dumfries & Southern Counties Asylum
12. Duration of existing Attack,	Not Accurately known,
13. Supposed Cause,	Strong Drinks
14. Whether subject to Epilepsy,	No —
15. Whether Suicidal,	No —
16. Whether Dangerous to others,	No —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries —
18. Date of becoming Chargeable,	11th Feb 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* Name, John Dinwoodie

DATED this Eleventh day of February One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Marshall,
being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of St Andrews
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Lunesbury Dumfries Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Helen Murdoch or Currie
and that
the said Helen Murdoch or Currie is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) talks incoherently
Declared that by Mrs Brown and Dr Grieve had
that to the Asylum She shall not go, imagines
all the Policemen are intent on doing her harm
with the exception of One Never ceases Raving and
like a wild Lunatic

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Mitchell the Superintendent of States
the Annoys her neighbours and threatens her own life

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

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

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

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

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

(6) *State the facts.*

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

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

Place of Abode, Buccleuch Street Dumfries

DATED this 18th day of Feby One thousand eight hundred and Sixty two Years

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, Patrick Brown
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Lunesbury Dumfries Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Helen Murdoch or Currie pauper
and that
the said Helen Murdoch a Lunatic is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Became violent at
times, talks incoherently, raves that I am
going to ~~murder~~ poison her, that the Police are
~~Fenians~~ coming to murder her, calls people by their wrong names &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mitchell the Superintendent, States
that she has been destroying the neighbours
property & making a disturbance

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

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

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

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

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

(6) *State the facts.*

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

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

Place of Abode, Dumfries

DATED this 18th day of February One thousand eight hundred and 62

CERTIFICATE OF EMERGENCY.

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

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

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

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

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

I, [illegible] Stotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) [illegible]
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and Patrick Murray —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Helen Murdoch or Currie a Pauper in Dumfries and that the said
Helen Murdoch or Currie is a (5) Lunatic —

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Murdoch or Currie as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Murdoch or Currie which accompanied the said Petition.

(SIGNED) John S. Stotter

DATED this Eleventh day of February One thousand eight hundred and sixty two years

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

---

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

909

Helen Murdock or Corrie

11th Feb: 1862

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

[FORM A.]

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

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

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

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

The Petition of The Rev^d. Stewart Smith Residing at Leadhills humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Moffat is at present in a state of Mental Derangement, and 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 Moffat to the Dumfries Counties Asylum and to sanction the admission into the said Asylum.

(SIGNED) Stewart Smith Presb^y of Lead

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

DATED this Seventh (*) day of February One thousand eight hundred and Sixty three

STATEMENT.

If any 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 Moffat.
2. Sex and Age,	Female – age 16
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Daughter of a Miner, never able to do anything
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	always resided at Leadhills
7. Place where Found and Examined,	Leadhills.
8. Length of time Insane,	From birth.
9. Whether first attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Examined by Dr Browne (Edinburgh) last summer, but since that time she has become more troublesome
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	Not subject to Epilepsy.
15. Whether Suicidal,	Not suicidal.
16. Whether Dangerous to others,	Uncertain – She has threatened.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Hitherto she has been maintained by her father, but on removal will require to be supported by Parish of (transfer).
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Moffat, Leadhills, Father. Her Grandmother by the mothers side became insane in advanced life.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* Name, Stewart Smith, Presb^y.

DATED this Seventh day of February One thousand eight hundred and Sixty three

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

I, the undersigned, James Martin being a (1) M. D. Edin. or Graduate of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Leadhills in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Isabella Moffat a pauper, resident at Leadhills and that the said Isabella Moffat is a (5) Lunatic from Insanity and a proper person to be detained 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 countenance, conformation of head, paucity of ideas &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Much given of late to wandering, Generally Light, but occasionally breaks out into fits of Insanity – Fond of Childish amusement

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

Place of Abode, Leadhills

DATED this third day of February One thousand eight hundred and Sixty two

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

I, the undersigned, William B. Robertson being a (1) M. D. Edin. also a Licentiate of the Royal College of Surgeons of Edinburgh. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Leadhills in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Isabella Moffat a Pauper resident at Leadhills and that the said Isabella Moffat is a (5) ~~Insane Person~~ ~~great imbecility of mind~~ and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) apparent want of intelligence from her Countenance, general air & bearing of an idiot, external configuration of the Cranium.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From her Father:– A tendency of late to wander from home, & unreasonable obstinacy about returning – indulging in extremely childish amusements, as picking at a piece of rag &c

(SIGNED) *Name and Medical Designation,* William B. Robertson M. D.

Place of Abode, Nanlockhead.

DATED this third day of February One thousand eight hundred and sixty-two.

(Six words de lete)

CERTIFICATE OF EMERGENCY.

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

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

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

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

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

I, Wm Stevenson Gatter Sheriff Substitute
of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Stewart Smith
Inspector of Poor Lead hills
Certificates under the hands of Thos Martin
and William B. Robertson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Isabella Moffat, a pauper at Leadhills and that the said
Isabella Moffat is a (5) Idiot & Insane
person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Moffat as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella
Moffat which accompanied the said Petition.

(SIGNED) Wm S. Gatter

DATED this Twelfth day of February One thousand eight hundred and Sixty two.

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

---

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

No. [illegible]

Isabella Moffat

12 Oct 1861

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

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

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

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

The Petition of John Johnston Shepherd Father.

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

(SIGNED) John Johnston

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

DATED this 13 (3) day of February one thousand eight hundred and Sixty two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Maxwell Moffat
2. Sex and Age,	Age 24
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk in a Mercantile House
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous Place of Abode,	London & Stetaines at Carlisle.
7. Place where Found and Examined,	Dumfries - (Crown Inn)
8. Length of time Insane,	Has not been free from symptoms for many 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,	Some - - -
13. Supposed Cause,	Stimulants
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	- - -
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs Johnston Mother Auchenbrain Dumfriesshire. Brother died insane in an Asylum (the Crichton Institution).
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* *Name,* John Johnston

DATED this 13th day of February one thousand eight hundred and Sixty two.

* To be Signed by the Party applying.

Lunacy Board, Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

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

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

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

I, the undersigned, Alexander Grant Ball being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crown Hotel Dumfries in the County of Dumfries separately from any other Medical Practitioner,

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

visited and personally examined (4) Dr Jaspwell Moffat Writer and that

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Imagines that he is the master the Governor of his own works (Locomotive) that he can make it go backwards and that he is the representation of the Queen &c and that Mr Rodwick Lord is endeavouring to poison him

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) by his father Mr Johnston stating that he had been on yesterday in Carlisle where he was detained in custody on charge of having threatened the station master

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

Place of Abode, Buccleuch Street Dumfries

DATED this 13th day of February One thousand eight hundred and sixty two years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

visited and personally examined (4) Dr Alexander Ball Moffat and that

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)- Habitually & Except taking Stimulants. Under the influence of which he becomes insane, has delusions of various kinds and is dangerous to Society.

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)- Carries about weapons fitted to assault with which he threatened to shoot the Station Master at Carlisle, and is placed in custody; when the information of Mr Johnston son in

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

Place of Abode, Buccleuch Street Dumfries

DATED this 13 day of February one thousand eight hundred and sixty two.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that

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

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

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

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

I, John Ritchie Trotter — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Johnston, Auchenknight Dumfries shire Certificates under the hands of William Marshall and John Dickson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Maxwell Moffat London and that the said Alexander Maxwell Moffat is a (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 Maxwell Moffat as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Maxwell Moffat which accompanied the said Petition.

(SIGNED) John R Trotter

DATED this Thirteenth day of February one thousand eight hundred and Sixty two years.

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

Alexandria
1/12/62

951

11 to 1101 x 1862

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

[FORM A]

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

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

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

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

The Petition of Godfrey Addy humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Addy, my son is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Addy to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) Godfrey Addy

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

DATED this Tenth (3) day of February, one thousand eight hundred and Sixty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Addy
2. Sex and Age,	Male - 17 last June 15
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Sailor
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Arkrigg near Lancaster
7. Place where Found and Examined,	Arkrigg
8. Length of time Insane,	He has been from his [illegible]
9. Whether First Attack,	intellect & moral downfall
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	He has not undergone treatment except that afforded by a School by the discipline of a Ship.
12. Duration of Existing Attack,	
13. Supposed Cause,	Congenital
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	He has not committed any act of violence, but he threatens his Father & his family with personal injury
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name 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,	Godfrey Addy - Arkrigg his Father, whose maternal aunt was "weak-minded & simple" James Addy's Sister, who died of Pulmonary Consumption, became maniacal before her death.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNATURE)* *Name,* Godfrey Addy

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

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Edward Sykes Esq being a (1) Graduate in Medicine of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Askern near Doncaster in the County of York separately from any other Medical Practitioner, visited and personally examined (4) James Addey, a Sailor of Askern, and that the said James Addey is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, 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 attributes a certain Dream as done by his former Landlord, who He knows has not any cause to benefit him - He says he has no objection to go to Gaol for a year

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) George Kitchen of Askern says that he has heard him say that he will take his former Landlords Life, or try them - that he will take his Father's Head off & he will be hanged by it - Kitchen says on Saturday last James Addey was knocking about the Public house, & that he was very violent

(Signed) Name and Medical Designation, Edward Sykes M.R.C.S.

Place of Abode, Doncaster

Dated this 15th day of February One thousand eight hundred and Sixty two

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Reuben Sykes being a (1) Member of the Royal College of Surgeons London and a Licentiate of the Apothecaries Company do. and being in actual practice as a (2) Surgeon and Apothecary hereby certify, on soul and conscience, that I have this day, at (3) Askern near Doncaster in the County of York separately from any other Medical Practitioner, visited and personally examined (4) James Addey, Sailor, Askern near Doncaster, Yorkshire, and that the said James Addey is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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 to eat - if any thing displeases him, He thinks that his control should be exercised over him either on board of Ship, or at Home,

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Ratcliffe - Farmer of Rockingham near Askern says he has found him sleeping in his outhouses scarcely with any clothes on his premises and he has frequently given him food to prevent his being found

(Signed) Name and Medical Designation, Reuben Sykes MRCS Eng

Place of Abode 18 priory place Doncaster York

Dated this twelfth day of February one thousand eight hundred and sixty two,

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

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

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

I, John Pitcairn Inglis (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Godfrey Addey
residing at Arkesy near Doncaster
Certificates under the hands of Edward Schofield
and Reuben Sykes, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Addey, Sailor, residing at Arkesy and that the said
James Addey is a (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 Addey as a Patient into the
(6) Public Asylum of Crichton 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 James
Addey which accompanied the said Petition.

(SIGNATURE) John Pitcairn Inglis

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

To the Superintendent of the (Public
Asylum of Crichton Institution Dumfries

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

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Samuel Eddy
14/2/62

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

[FORM A]

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

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

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

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

The Petition of Miss Elanor Cairns Chorley

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Lydia Cairns Myerscough is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Miss Lydia Cairns to the Dumfries Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) Edward Cairns

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

DATED this 14th (3) day of February one thousand eight hundred and Eighty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Miss Lydia Cairns
2. Sex and Age,	Female 46
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Independent
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	20 Dumfries
7. Place where Found and Examined,	Her attack
8. Length of time Insane,	
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	A few weeks
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Cairns Esq Chorley Lancashire
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNATURE)* *Name,* Edward Cairns

DATED this 14th day of February one thousand eight hundred and eighty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Rigby,
being a (1) Fellow of the Royal College of Surgeons of Eng
and Licentiate of Society of Apothecaries London
and being in actual practice as a (2) Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) Park Road,
Chorley in the County of
Lancashire separately from any other Medical Practitioner,
visited and personally examined (4) Miss Lydia Cairns
and that
the said Miss Lydia Cairns is a (5) Person
of unsound Mind, and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) Dissimulation to
or conse in contact with other persons believing th
she has the power to bewitch them with Satanic pow
that she has conceived of the Devil, and that she is shortly
born of her body into the world for the utter distruc

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Dissimulation to take food, exercise or
conversation with others, believing that
Satanic influence acts on them for their ruin
This information is from her sisters.

(SIGNED) *Name and Medical Designation,* John Rigby. M.R.C.S.

Place of Abode Chorley - Lancashire

DATED this sixteenth day of February One thousand eight
hundred and sixty two.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Lyle Aird M.D.
being a (1) Graduate of the University
of Edinburgh Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Charlton House
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Miss Lydia Cairns
Gentlewoman residing at Chorley Lancashire and that
the said Miss Lydia Cairns is at (5) a person
of unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) She is attended
depressed and excited - but is mechanic
by and labours under delusions
of sin. Not brought her status is
to be at core on the earth.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her sister says that she suppose
herself the subject of persecution

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

Place of Abode Charlton House Dumfries

DATED this 17th day of February one thousand eight
hundred and sixty two

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name,

Place of Abode,

Dated this day of One thousand eight hundred and

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

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

I, Mr Steuart Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miss Eleanor Cairns,
Chorley, Lancashire
Certificates under the hands of Mr Rigby
and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Miss Lydia Cairns, residing at Chorley and that the said
Lydia Cairns is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Lydia Cairns 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 Lydia
Cairns which accompanied the said Petition.

(SIGNATURE) J. Steuart Trotter

Dated this 18th day of February one thousand eight hundred and sixty two years

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

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

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Bishop Lydia Cairns

14/2/62

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

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

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

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

The Petition of Mrs Margaret Donaldson residing at Number Twenty six Castle Street Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Elizabeth Allan Donaldson her daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Elizabeth Allan Donaldson to the Asylum of the Crichton Royal Institution at Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Mrs J. Donaldson

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

DATED this eighteenth (*) day of February one thousand eight hundred and sixty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Elizabeth Allan Donaldson
2. Sex and Age,	42 Years Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Lady
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Edinburgh
7. Place where Found and Examined,	Royal Edinr Asylum
8. Length of time Insane,	Four Years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	38
11. When and where previously under Examination and Treatment,	Royal Edinr Asylum
12. Duration of existing Attack,	See No 8
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes at times
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* Name, Mrs J. Donaldson

DATED this eighteenth day of February one thousand eight hundred and sixty two

*. To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(¶) *State the facts.*

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

I, the undersigned, David Skae M.D
being a (*) Fellow of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (†) Physician
hereby certify, on soul and conscience, that I have this day, at (‡) the Royal Edinburgh Asylum for the Insane in the County of Edinburgh separately from any other Medical Practitioner, visited and personally examined (§) Elizabeth Allan Smeldon an inmate of that Asylum and that the said Elizabeth Allan Smeldon is a (‖) person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (¶)
Labours under great mental depression - at times manifests a suicidal tendency - says she is confused and is doing wrong - Expresses unfounded fears - her memory is impaired

2. Other facts (if any) indicating Insanity communicated to me by others: (**)
Attempted to drown herself before admission to this as I was informed by her friends

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

Place of Abode, Royal Edinburgh Asylum

DATED this Eighteenth day of February One thousand eight hundred and Sixty two

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(¶) *State the facts.*

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

I, the undersigned, William Goldie
being a (*) Doctor of Medicine of the University of St Andrews
and being in actual practice as a (†) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (‡) the Royal Edinburgh Asylum for the Insane in the County of Edinburgh separately from any other Medical Practitioner, visited and personally examined (§) Miss Elizabeth Allan Smeldon and that the said Elizabeth Allan Smeldon is a (‖) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (¶)
There confusion of memory, and says that her memory is much impaired, and that she is occasionally subject to fits of groundless depression of spirits

2. Other Facts (if any) indicating Insanity communicated to me by others: (**)
Informed by Dr Skae that she attempted to drown herself before admission, and that fits of depression still manifest disposition to commit suicide

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

Place of Abode Morningside

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

CERTIFICATE OF EMERGENCY.

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

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

Name, J. Goldie. M.D.

Place of Abode, Morningside

DATED this Eighteenth day of February one thousand eight hundred and sixty two

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

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

I, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Margaret Donaldson residing at Number twenty two Walker Street Edinburgh Certificates under the hands of David Thin MD and William Goldie 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) Miss Elizabeth Allan Donaldson Edinburgh and that the said Miss Elizabeth Allan Donaldson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Miss Elizabeth Allan Donaldson as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Miss Elizabeth Allan Donaldson which accompanied the said Petition.

(SIGNED) J. Hunter Robertson

DATED this Nineteenth day of February one thousand eight hundred and sixty two year.

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

893 Allan
Elizabeth A. Donaldson
19/2/62

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

[FORM A]

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

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

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

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

The Petition of Wm Henry Galloway maxwell of Billing humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Horace Billing, Chemist, Edinburgh is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Horace Billing to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(SIGNATURE) Henry Billing

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

DATED this 24th (3) day of February one thousand eight hundred and ~~Sixty~~ two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Horace Billing
2. Sex and Age,	Male 33
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Chemist and Druggist
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Edinburgh
7. Place where Found and Examined,	Dysphoria
8. Length of time Insane,	Some ~~months~~ years
9. Whether First Attack,	Third attack
10. Age (if known) on First Attack,	29
11. When and where previously under Examination and Treatment,	In Crichton Institution Some
12. Duration of Existing Attack,	Some months
13. Supposed Cause,	Dyspepsia
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	Do
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary Billing Wife Edinburgh
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNATURE)* Name, Mary Billing

DATED this 24th day of February one thousand eight hundred and ~~Sixty~~ two

* To be Signed by the Party applying

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson M.D
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kings Arms Dumfries Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) William Horace Billing
and that
the said William Horace Billing is a (5) person of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Continued use of Stimulants. Opium &c under influence of which he becomes incoherent, has hallucinations of various kinds.

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

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

(SIGNED) *Name and Medical Designation,* John Dickson
Place of Abode, Buccleuch Street.

DATED this 22 day of February One thousand eight hundred and sixty two.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Gilchrist M.D
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) William Horace Billing
Inmate in Edinburgh
and that
the said William Horace Billing is a (5) Person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Cannot settle to work. Is unable to refrain himself from the use of Opium and Stimulants under and by the influence of which he becomes incoherent

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

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

(SIGNED) *Name and Medical Designation,* James Gilchrist M.D
Place of Abode Crichton R. Institution

DATED this 24th day of February one thousand eight hundred and sixty two.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name, John Dickson MD

Place of Abode, Buccleuch Street Dumfries.

Dated this twenty second day of February One thousand eight hundred and sixty two.

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

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

I John Steuart Fuller (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Mary Galloway Maxwell or Billing Edinburgh Certificates under the hands of John Dickson and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Horace Billing Chemist Edinburgh and that the said William Horace Billing is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Horace Billing as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Horace Billing which accompanied the said Petition.

(SIGNATURE) John S. Fuller

Dated this Twenty fourth day of February one thousand eight hundred and sixty two years.

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, or Private.

834
Mrs Howard Billing
22/2/62

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

[FORM A]

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

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

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

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

The Petition of John McLellan, Insp.r of Poor of Annan Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Adam Beck in Bull Street in Annan is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Adam Beck to the Southern Counties Asylum at Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) John McLellan Inspector of Poor of the Parish of Annan

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

DATED this Twenty fifth (3) day of February —— one thousand eight hundred and sixty two years

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Adam Beck
2. Sex and Age,	Male about years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Not Known
6. Previous Place of Abode,	Annan, formerly an Inmate of the Southern Counties Asylum discharged therefrom in an unfit state of health
7. Place where Found and Examined,	In Bull Street in Annan
8. Length of time Insane,	
9. Whether First Attack,	Beck has had several attacks since last discharged from the above named Asylum
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries
12. Duration of Existing Attack,	Eight days
13. Supposed Cause,	
14. Whether subject to Epilepsy,	Subject to Fits of some sort
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	Violent & dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Applegarth, Dumfriesshire
18. Date of becoming Chargeable,	Many years ago
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary Beck, in Bull Street, (Lunatics Wife) in Annan
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	The former Schedule of application at the Crichton Royal Institution is preferred to farther particulars of Case

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

(SIGNATURE)* Name, John McLellan Inspr

DATED this Twenty fifth day of February —— one thousand eight hundred and sixty two years

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Ewart.
being a (1) Member of the Royal College of Surgeons in Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Rectory Street
Carnarvon
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Adam Beck. Labourer
Rectory Street. Carnarvon
and that
the said Adam Beck
is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His general appearance, and wild Expression of Countenance, and incoherent Manner of Expressing himself.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife and other persons about him speak of his Mentioning bodily injury to them.

(SIGNED) *Name and Medical Designation,* Willm Ewart. Surgeon

Place of Abode, Edward Street Annan

DATED this twenty fifth day of February One thousand eight hundred and Sixty two.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned James Gilchrist M.D
being a (2) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Rectory
Cumlis Carnarvon Dumfries
Annan
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Adam Beck Labourer
Rectory Rendall Butler Street Carnarvon that
the said Adam Beck
is a (5) Person
Dangerous Mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Labouring under epileptic fits and is not in a condition 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)
The intervals Adam fits is said to be violent and dangerous.

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

Place of Abode, Carnarvon Royal Institution Annan

DATED this 26th day of February one thousand eight hundred and sixty two.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name, William Ewart, Surgeon

Place of Abode, Edwards Street, Annan

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

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

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

I, John Alexr Fowler (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John McKellar Inspector of Poor Annan Certificates under the hands of William Ewart Surgeon and James Gilchrist M.D. ; being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Adam Beck Labourer Annan a pauper and that the said Adam Beck 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 Adam Beck 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 Adam Beck which accompanied the said Petition.

(SIGNATURE) John A Fowler

DATED this Twenty sixth day of February one thousand eight hundred and eighty two years

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

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

911
Alum Bank
25/2/62

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

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

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

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

The Petition of Elizabeth Greenlees residing at 50 Love St Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Greenlees your petitioners 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 Greenlees to the Royal Asylum for Lunatics at Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Elizabeth Greenlees

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

DATED this 22nd (*) day of February one thousand eight hundred and 62.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Greenlees
2. Sex and Age,	Male 18 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Salesman
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	50 Love St Paisley.
7. Place where Found and Examined,	do. do.
8. Length of time Insane,	one week
9. Whether first Attack,	second,
10. Age (if known) on first Attack,	17 years.
11. When and where previously under Examination and Treatment,	discharged from Dumfries Asylum four months ago.
12. Duration of existing Attack,	one week.
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	excited
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	his mother Mrs Greenlees 50 Love St Paisley.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* *Name,* Elizabeth Greenlees

DATED this 22nd day of February one thousand eight hundred and 62.

* To be Signed by the Party applying.

[4]

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson M.D. Edinburgh being a (1) graduate of the University of

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

and being in actual practice as a (2) Physician

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

hereby certify, on soul and conscience, that I have this day, at (3) Southern Co Asylum Dumfries. in the County of Dumfries separately from any other Medical Practitioner,

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

visited and personally examined (4) Alexander Trumbp and that

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

the said Alexander Greenlees is a (5) person of unsound mind and a proper Person to be detained

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

under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

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

Great excitement & restlessness, incoherence, & delusional belief of various kinds - e.g. - that he is watched & persecuted - that his food is poisoned - that he knows all the telegraphic messages &c

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

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

It is said that many of his acts and violent & destructive

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

Place of Abode, Buccleuch Street Dumfries

DATED this twenty fifth day of February One thousand eight hundred and Sixty Two.

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

I, the undersigned, Daniel McInmond being a (1) Graduate of the University of Glas

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

and being in actual practice as a (2) Physician

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

hereby certify, on soul and conscience, that I have this day, at (3) No 1 Canmore Street Paisley in the County of Renfrew separately from any other Medical Practitioner,

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

visited and personally examined (4) Alexander Greenlees and that

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

the said Alexander Greenlees 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)

Mental Hallucination & Wandering and excited state of the Mind

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

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

Extravagant Conduct and destructive Actions - His employer Mr Cochrane Manufacturer and Mr Robert English Merchant

(SIGNED) *Name and Medical Designation,* Daniel McInmond M.

Place of Abode 32 New Street Paisley

DATED this 22nd day of February one thousand eight hundred and Sixty Two years

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name, John Dickson Bnd.

Place of Abode, Dumfries.

DATED this twenty fifth day of February One thousand eight hundred and sixty two.

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

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

I, John Pitcairn Spotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Elizabeth Greenlees residing at 30 Love Street Paisley Certificates under the hands of David C Richmond and Mr Dickson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Greenlees Son of Petitioner and that the said Alexander Greenlees is a (5) person of unsound mind and insane and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Greenlees 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 Alexander Greenlees which accompanied the said Petition.

(SIGNED) John P Spotter

DATED this 26th day of February one thousand eight hundred and sixty two years.

To the Superintendent of the (7) Public

Asylum of Crichton Royal Institution

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

912

Alexander Greenlees

26/2/62

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

[FORM A.]

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

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

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

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

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Mc. Ravie residing in Dumfries Poorhouse is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Mc Ravie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie, Inspector

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

DATED this Third (*) day of March One thousand eight hundred and Sixtytwo —

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Sarah Mc Ravie
2. Sex and Age,	Female — 63 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper — Seamstress
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries Poorhouse
7. Place where Found and Examined,	do — do
8. Length of time Insane,	Not known
9. Whether first attack,	No —
10. Age (if known) on first Attack,	Not known
11. When and where previously under Examination and Treatment,	Dumfries Poorhouse, Dumfries & Southern Counties Asylum many times —
12. Duration of existing Attack,	about two or three weeks since a change was observed
13. Supposed Cause,	said to have been at first, caused by a fright
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	3 Mar 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not known

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

(SIGNED)* *Name,* John Dinwoodie, Inspector

DATED this Third day of March One thousand eight hundred and Sixtytwo

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

1. Facts indicating Insanity observed by myself: (6) Talks incoherently states in a low muttering manner, that she is answering answers to every question put to her talks to herself at times and seems peculiarly indifferent to everything around her &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Matron states that she has behaved in this manner for some time back and that at times she becomes considerably excited

(SIGNED) Name and Medical Designation, } Marshall Brown M.D

Place of Abode, Buccleuch Street Dumfries

DATED this 3 day of March One thousand eight hundred and Sixty two years

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Patrick Primrose being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Workhouse Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah McA Bonie, pauper and that the said Sarah McA Bonie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) In reply to my question put to her the day of my visit she became excited and violent and persisted in making unintelligible statements, running nothing & she is going to come around her

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Matron states that she was violent to be taken to Town, & has been in my opinion for some time past of unsound mind & a proper person to be detained as a Lunatic, & requiring to be under Care & Treatment who knows me

(SIGNED) Name and Medical Designation, } P Primrose M.D

Place of Abode 22 Buccleuch Street Dumfries

DATED this 2nd day of March One thousand eight hundred and 62

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

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

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

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

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

I, John Pitcairn Trotter (1) Sheriff Substitute
of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Binnoodie Inspector of Poor of the parish of Dumfries
Certificates under the hands of William Marshall M.D. and Patrick Murray M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah McKerrie, a pauper from Dumfries Poors house and that the said Sarah McKerrie is a (5) Lunatic Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah McKerrie 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 Sarah McKerrie which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this Fourth day of March One thousand eight hundred and Sixty two years.

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

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

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Sarah McRavie

5/3/62

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

[FORM A.]

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

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

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

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

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Gordon, Basket maker residing in Dumfries is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Gordon to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie

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

DATED this Tenth (3) day of March One thousand eight hundred and Sixty two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Thomas Gordon
2. Sex and Age,	Male 46 years
3. Married, Single, or Widowed,	Married — poor
4. Condition of Life, and previous Occupation (if any),	Basket maker
5. Religious Persuasion, so far as known,	U. Presbyterian
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	Nearly a fortnight
9. Whether first attack,	Third attack
10. Age (if known) on first Attack,	About 44 years
11. When and where previously under Examination and Treatment,	Dumfries & Southern Counties Asylum
12. Duration of existing Attack,	About a fortnight
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,	10 March 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not known

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

(SIGNED)* *Name,* John Dinwoodie Inspector

DATED this Tenth day of March One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Murray McCulloch M.D. &c.
being a (1) Graduate of the University of Edinburgh & Licentiate of the Royal C
Surgeons there
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) High Street,
in the County of
Dumfriesshire separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Gordon
and that
the said Thomas Gordon is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great excitement mental bodily, says he is penetrated & filled with electricity, that he requires to put it out by great exercise, shouting, clapping &c &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) No sleep some time, raveling for an hour, great excitement, jumping &c clapping his hands, stripping naked & grinding his teeth on the ground running off to Workhouse & pulling up the garden vegetables &c. &c.

(Signed) *Name and Medical Designation,* James M. McCulloch M.D. &c

Place of Abode, 38 Castle Street, Dumfries

Dated this 10th day of March One thousand eight hundred and Sixty Two years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians and Surg
Glasgow and Fellow of the Faculty
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Gordon
and that
the said Thomas Gordon is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently subject to great excitement imagining that he is Queen, with electricity the only agent to believe of which, is violent bodily exercise &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Father-in-law states that he gets no sleep and that he gets out of bed & tries himself to and lies on the floor after some time gets up and

(Signed) *Name and Medical Designation,* W Marshall M.D.

Place of Abode, Buccleuch Street Dumfries

Dated this 10th day of March One thousand eight hundred and Sixty two years

CERTIFICATE OF EMERGENCY.

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

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

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

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

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

I, John Alexr Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor Dumfries
Certificates under the hands of James Murray M'Culloch
and William Marshall , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Thomas Gordon, Basket Maker Dumfries and that the said
Thomas Gordon is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Gordon as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Gordon which accompanied the said Petition.

(SIGNED) Alex. Trotter

DATED this Tenth day of March One thousand eight hundred and Sixty two years.

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

---

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

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

[FORM A]

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

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

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

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

The Petition of James Thomson, Inspector of Poor Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Burns within designed is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Burns ——— to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) James Thomson Inspector of Poor

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

DATED this 7th (3) day of March One thousand eight hundred and sixty two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Helen Burns
2. Sex and Age,	Female - 22 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Daughter of Stone Mason, Domestic Servant
5. Religious Persuasion, so far as known,	Adherent of Free Church of Scotland
6. Previous Place of Abode,	Lunacy House Asylum Parish Portpatrick Glasgow
7. Place where Found and Examined,	Lunacy House Asylum Parish Portpatrick Glasgow
8. Length of time Insane,	4 months
9. Whether first attack,	No
10. Age (if known) on first Attack,	19 years.
11. When and where previously under Examination and Treatment,	1858. October 17. Kirkcudbright's Asylum Inch Glasgow Dumfries 1860 January 11. Carlinrig, Lanarkshire Asylum 1861 - Fourth 4. Asylum Glasgow, Lunacy House Govan
12. Duration of existing Attack,	- Four 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,	Kirkcudbright Parish.
18. Date of becoming Chargeable,	November 4th 1861
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Kerr Castle Street Kirkcudbright — Grand Uncle — No member of whose family is 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.

(SIGNATURE)* Name, James Thomson Inspector of Poor

DATED this 7th day of March One thousand eight hundred and sixty two.

* To be signed by the Party applying.

P. T.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, David Walker being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) City of Glasgow Poor House Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Helen Burns, a pauper and inmate of the Poor House and that the said Helen Burns is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) On examinate I found that the patient labours under the delusion that Captain Fraser who resides in Montrose Carries on a Correspondence with her per. Attaynther Sheis [illegible] incoherent in her manner of Carrying on a Conversation

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Hamilton, the female Superintendant in the wards for the insane, informs me that the patient labours under delusions asserting that She is in Constant Conversation with Strangers a distance

(SIGNED) *Name and Medical Designation,* David Walker Surgeon

Place of Abode, 71 Lancefield St Glasgow

DATED this fifth day of March One thousand eight hundred and 62

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Garman being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The City of Glasgow Poor House Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Helen Burns a pauper at present an Inmate of the City of Glasgow Poor House and that the said Helen Burns is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She labours under delusions, Says she does and converses with different persons [illegible] whom she knows in Glasgow during the night and when she gets up in the morning the continues talking to her and endeavouring her

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Hamilton, Matron of the female Lunacy Ward States that Helen Burns talks much and loudly during the night to persons in Glasgow and elsewhere, ordering them to go away and not to annoy her

(SIGNED) *Name and Medical Designation,* D Garman Surgeon

Place of Abode, 14 Mary Place Glasgow

DATED this Sixth day of March One thousand eight hundred and Sixty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

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

Name, _____

Place of Abode, _____

DATED this _____ day of _____ One thousand eight hundred and _____

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

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

I, William Wyamble Dunbar, Esquire (2) Steward Substitute of the (2) Stewartry of Kirkcudbright _____ having had produced to me, with a Petition at the instance of (3) Lamco Kinnear Inspector of Poor _____ Certificates under the hands of David Walker _____ and David Cannon _____, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Burns, a Pauper _____ and that the said Helen Burns _____ is a (5) person of unsound mind _____ and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Burns _____ as a Patient into the (6) Dumfries Asylum of Dumfries _____ and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Burns _____ which accompanied the said Petition.

(SIGNATURE) W. D. Dunbar

DATED this eleventh day of March One thousand eight hundred and Sixty-two

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

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

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Helen Barnard
13/3/62

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

[FORM A.]

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

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

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

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

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter Kelly. Skinner 47 Shakespeare Street is at present in a state of Mental Derangement, and 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 Kelly to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie

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

DATED this Twenty sixth (3) day of March One thousand eight hundred and Sixty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Peter Kelly
2. Sex and Age,	Male – 36
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Married – Skinner
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do –
8. Length of time Insane,	About a week
9. Whether first attack,	Yes –
10. Age (if known) on first Attack,	About 36
11. When and where previously under Examination and Treatment,	Dumfries at this time
12. Duration of existing Attack,	About a week
13. Supposed Cause,	Bad health
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries meantime
18. Date of becoming Chargeable,	26 March 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Known

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

(SIGNED)* *Name,* John Dinwoodie Inspector

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

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Wm Mercer Marshall being a (1) Graduate of the Faculty of Physicians Surgeons Glasgow and College of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Shakespeare Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Peter Kelly and that the said Peter Kelly is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Seems to have a great dislike to answering Questions States that he will not allow any Doctor to come about him but his Father (who can prevail on him to do anything) Can prevaricate

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Quin with whom he Lodges, states Literally he has become ill tempered and has Fits of furious rage

(SIGNED) *Name and Medical Designation,* Wm Mercer Marshall M.D.

Place of Abode, Brae Lodge Dumfries

DATED this 26th day of March One thousand eight hundred and Sixty two Years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Scott being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 47 Shakespeare Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Peter Kelly and that the said Peter Kelly is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) The expression of his countenance. His response & conversation generally taken in connection with the History of his Case his demands for the Friend to be with him &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Quin his Landlady states that he has been very violent threatening to assault them and latterly has become quite unmanageable

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

Place of Abode, Dumfries

DATED this 26th day of March One thousand eight hundred and Sixty two

CERTIFICATE OF EMERGENCY.

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

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

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

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

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

I, Alexander Hannay — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and William Scott , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Peter Kelly a Skinner in Dumfries a pauper and that the said
Peter Kelly is a (5) Lunatic

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

(SIGNED) Alex Hannay

DATED this Twenty sixth day of March One thousand eight hundred and sixty two years.

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

---

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

916

Peter Kelly

26th March

1862

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

[FORM A.]

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

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

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

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

The Petition of Wm Purdie Inspector of Poor Dornock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jean Irving is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jean Irving to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Wm Purdie Insp. of poor

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

DATED this 29th (3) day of March — One thousand ~~eight hundred~~ and ~~sixty two~~ 62

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jean Irving
2. Sex and Age,	Female 45 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper No occupation
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Carlisle
7. Place where Found and Examined,	Poorhouse Kirkpatrick Fleming
8. Length of time Insane,	Always imbecile but gradually getting worse
9. Whether first attack,	Ditto
10. Age (if known) on first Attack,	Ditto
11. When and where previously under Examination and Treatment,	"
12. Duration of existing Attack,	"
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dornock
18. Date of becoming Chargeable,	Four years ago
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Ann Irving 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.

(SIGNED)* *Name,* Wm Purdie Insp.

DATED this 29th day of March One thousand eight hundred and 62

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Carruthers
being a (1) Licentiate of the Royal College of Surgeons Edin
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Union Poor
in the parish of Kirkpatrick Fleming in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jean Irving an inmate of
Poorhouse and pauper belonging to Dalwick parish and that
the said Jean 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) At times she is loquacious and talks childishly, incoherently and unreasonably and sometimes she is taciturn and without any apparent reason refuses to speak or answer questions
Subject to epileptic fits

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Some of the inmates state that Although the possesses physical strength she can be taught to work or to do any work & it is doubtful if she is capable of receiving religious instruction her memory is so impaired She is of dirty habits

(SIGNED) *Name and Medical Designation,* James Carruthers, Surgeon

Place of Abode, Kirkpatrick Fleming

DATED this 28th day of March One thousand eight hundred and Sixty two years

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Thomas Williamson
being a (1) Licentiate of the Royal College of Surgeons
Edin
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries
in No 30 Queensberry St there in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jean Irving Pauper an inmate
in Kirkpatrick Fleming Poorhouse and that
the said Jean Irving is a (5) insane Lunatic
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) childishness

(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 Matron of the Workhouse that she assaulted her violently, threw her down, and threw a chamber utensil at her, and that she is subject to fits

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

Place of Abode,

DATED this twenty ninth day of March One thousand eight hundred and Sixty two

CERTIFICATE OF EMERGENCY.

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

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

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

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

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

I, Alexander Kennedy (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Burdie
Inspector of Poor of Dornoch
Certificates under the hands of James Carruthers
and Thomas Williamson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jean Young, a pauper at Lochmaben Parish Kirkpatrick Fleming, and that the said Jean Young is a (5) insane person & of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jean Young as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jean Young which accompanied the said Petition.

(SIGNED) Alex Kennedy

DATED this 29th day of March One thousand eight hundred and sixty two years

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

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

111

Sean Irving
29th March
1862

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

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

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

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

The Petition of John Lowden Inspector of Poor

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

is at present in a state of Mental Derangement, and 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 Mc George to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Lowden Inspector

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

DATED this Eleventh (2) day of April one thousand eight hundred and Sixty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Peter Mc George
2. Sex and Age,	male, about 36 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Tailor
5. Religious Persuasion, so far as known,	Relt Kirked Church
6. Previous Place of Abode,	Always in present residence
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	about Seven days
9. Whether first Attack,	no
10. Age (if known) on first Attack,	Cannot Say
11. When and where previously under Examination and Treatment,	Cannot Say
12. Duration of existing Attack,	about Seven days
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	Cannot Say
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 Urr
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary Mc George Barch of Urr. Mother So far as known, no other member of the family was ever Insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* *Name,* John Lowden Inspr.

DATED this Eleventh day of April one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1240.

Sean Survey 29th March

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Paterson Lewis MD being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Haugh of Urr in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Peter McGeorge and that the said Peter 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.:—

1. Facts indicating Insanity observed by myself: (6) Restless & excitable in his manner — talking incoherently — says that he had lumps weighing 4 stone of flesh taken from his legs which he wished cut out —

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Came down to Dalbeattie & take tea with a party that he did not know when he met, said that he was invited to do so — was with difficulty kept in his house last night, attacked & threatening the party.

(SIGNED) *Name and Medical Designation,* John Paterson Lewis MB
charge of him

Place of Abode, Dalbeattie

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Thomas Macknight Graduate being a (1) Graduate of the Edinburgh University College and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Haugh of Urr in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Peter McGeorge and that the said Peter 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.:—

1. Facts indicating Insanity observed by myself: (6) Says that he had a young one being asked what kind? said a child. Says had a Complaint inside which went away after that. Broke legs from the knees last night & was found & brought home this morn

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother declares that he is in a most excited & different from what he usually is. William Wright says that he considers that person ought to be in charge of him & wishes to send him to his own

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

Place of Abode, Dalbeattie

DATED this 11th day of April one thousand eight hundred and Sixty two

CERTIFICATE OF EMERGENCY.

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

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

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

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

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

I, John Pitcairn Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Loudon Inspector of Poor Kaugh of Urr
Certificates under the hands of John Patteson Lewis
and Thomas Macknight, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Peter McGurgy Tailor Balbeattie and that the said Peter McGurgy is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter McGurgy as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Peter McGurgy which accompanied the said Petition.

(SIGNED) John P Trotter

DATED this Twelfth day of April one thousand eight hundred and Sixty two years.

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

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

1

Peter McGeorge
12th April 1862

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

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

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

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

for the Parish of Moffat The Petition of John Bell Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Marchbank, a pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Marchbank to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) John Bell Inspector

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

DATED this 14th (3) day of April one thousand eight hundred and Sixty-two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Isabella Marchbank
2. Sex and Age,	Female aged forty one
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	House Maid or Servant when employed
5. Religious Persuasion, so far as known,	Protestant member of U.P. Church
6. Previous Place of Abode,	Moffat Causeway
7. Place where Found and Examined,	Moffat Causeway
8. Length of time Insane,	About a fortnight at three weeks
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Moffat Causeway
12. Duration of existing Attack,	about a fortnight or three weeks
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Threatens her Sister
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Moffat Parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Marchbank Head of Harbour Close Moffat Brother No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* *Name,* John Bell

DATED this 14th day of April one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1500.

MEDICAL CERTIFICATE, No. I.

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

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

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

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians in Edinburgh & licentiate of the Royal College of Su and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Long Cause Moffat Dumfries in the County of separately from any other Medical Practitioner

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

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

visited and personally examined (4) Isabella Marchbank Long Causey Moffat a Pauper and that the said Isabella Marchbank is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 herself dead & wants to be made living, talks in an incoherent violent manner

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) offering violence to her self & wants to go out of the house naked

(SIGNED) *Name and Medical Designation,* James Munro MD & Sc

Place of Abode, Moffat

DATED this 14th day of April One thousand eight hundred and sixty two

MEDICAL CERTIFICATE, No. II.

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

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

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

I, the undersigned, James Munro being a (1) Graduate of the University of Edinburgh & Physician & and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Long Causey Moffat Dumfrieshire in the County of separately from any other Medical Practitioner,

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

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

visited and personally examined (4) Isabella Marchbank a pauper lately residing at Moffat and that the said Isabella Marchbank is a (5) Person of unsound Mind and a proper Person to be detained under Care and Treatment, 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 and nervous and unable to control herself — Says her name was Isabella Marchbank but

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7) does not know what she is

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

Place of Abode, Dalton House Moffat

DATED this 14th day of April one thousand eight hundred and sixty two

CERTIFICATE OF EMERGENCY.

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

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

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and .

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

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

I, John Malcolm Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Bell Inspector of Poor of the parish of Moffat Certificates under the hands of James Munro and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Marchbank a pauper residing in Moffat and that the said Isabella Marchbank is a (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 Marchbank as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Marchbank which accompanied the said Petition.

(SIGNED) John M Trotter

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

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

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

111

Isabella Marchbanks
14th April 1862

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

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

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

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

Balmaclellan Parish) The Petition of John Muir Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Bland pauper is at present in a state of Mental Derangement, and 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 Bland to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) John Muir

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

DATED this 17th (*) day of April one thousand eight hundred and 62

STATEMENT.

If any 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 Bland
2. Sex and Age,	Male about 25 y
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,	A Cottage within the Farm of Thornyhill Parish of Balmaclellan
7. Place where Found and Examined,	At said place
8. Length of time Insane,	For a fortnight
9. Whether first Attack,	Not the first attack
10. Age (if known) on first Attack,	Cannot say
11. When and where previously under Examination and Treatment,	Kirkcudbright Prison
12. Duration of existing Attack,	
13. Supposed Cause,	Drink
14. Whether subject to Epilepsy,	not so far as I know
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Balmaclellan
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	I am of no relatives
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* Name, John Muir Inspector of Poor Balmaclellan

DATED this 17th day of April one thousand eight hundred and 62

* To be Signed by the Party applying.

[4.]

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Alfred McKinley Millman
being a (1) Doctor of Medicine of the University of Aberdeen &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Balmae Collan Village Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) David Bland a pauper belonging to the Parish of Balmaclellan and that the said David Bland is a (5) lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His delusions. Thought he heard the Almighty talking to him & commanding him to destroy himself, that he must either kill himself or be cut by the devil. The visitor found him to be [illegible] found him furiously violent & attacking

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Muir reports that he wanted to shoot himself and ask the devil's pardon for his sins, that he had sinned against the Holy Ghost, & was condemned to the lowest hell

(SIGNED) Name and Medical Designation, Alfred McKinley Millman M.D. Univer. Aberd. Rec. Gr

Place of Abode, [illegible]

DATED this Sixteenth day of April One thousand eight hundred and sixty two.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Samuel Greenow
being a (1) Member of the Royal College of Surgeons England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Bland a pauper in the Poll of Balmaclellan Parish and that the said David Bland is a (5) Pauper and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great depredation, restlessness and impurity. He stated that he had sinned so previously that he was commanded to make a self-sacrifice in order to escape consignment to everlasting torture. &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Muir states that his determination to accomplish self-destruction was great, and that he had attempted to take away his life both by stabbing and hanging.

(SIGNED) Name and Medical Designation, S Greenow M.R.C.S.

Place of Abode Southern Counties Asylum Dumfries

DATED this Seventeenth day of April one thousand eight hundred and sixty-two years.

CERTIFICATE OF EMERGENCY.

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

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

Name, Alfred McKinley Millman M. D. Lond. Edin.

Place of Abode, New Galloway

DATED this 15th day of April one thousand eight hundred and sixty two.

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

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

I, John Pitcairn Grotter Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) John Nairn Inspector of Poor Balmaclellan Certificates under the hands of Alfred McKinley Millman and Samuel Grierson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined David Bland at Balmaclellan a pauper and that the said David Bland is a (4) 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 David Bland as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Bland which accompanied the said Petition.

(SIGNED) John P. Grotter.

DATED this 17th day of April one thousand eight hundred and sixty two years.

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

---

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

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David Bland
Balmullo Fife
17th April 1862.

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

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

1. Christian Name
length, .
2. Sex and Age,
3. Married, Single,
4. Condition of Li
(if any), .
5. Religious Persu
6. Previous Place
7. Place where Fir
8. Length of time
9. Whether First A
10. Age (if known)
11. When and where
tion and Trea
12. Duration of Exis
13. Supposed Cause,
14. Whether subject
15. Whether Suicidal
16. Whether Dangero
17. Parish or Union
Pauper) is Cha
18. Date of becoming
19. Christian Name
Abode of near
Talent, and
known), and
Family know
sure, .
20. Special circumst
insertion of a

I certify, that

Dated this

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

[FORM A]

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

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

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

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

The Petition of Thomas Black Inspector of Poor for Buittle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Currie a pauper is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Currie to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) Thomas Black Inspector

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

DATED this 23rd (3) day of April one thousand eight hundred and 62

STATEMENT.

If any 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 Currie
2. Sex and Age,	Male - 26 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Logan . Parish of Buittle
7. Place where Found and Examined,	Do
8. Length of time Insane,	about eight weeks.
9. Whether First Attack,	1st Attack
10. Age (if known) on First Attack,	26 years
11. When and where previously under Examination and Treatment,	At his own house about eight weeks
12. Duration of Existing Attack,	about eight weeks
13. Supposed Cause,	Tobacco Smoking, and quarrel with fellow Servant
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,	Buittle
18. Date of becoming Chargeable,	
19. Christian Name 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,	Isabella Barbour, his wife. Logan Farm Cot. Buittle 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.

(SIGNATURE)* *Name,* Thomas Black

DATED this 23rd day of April one thousand eight hundred and 62

* To be Signed by the Party applying.

P. p.

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) East Logan
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Currie
and that
the said John Currie is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Does not know the day of the week, month of the year; nor the year; often when I am [illegible] answer at all, even when pressed; does not take notice any particulars going around him; very rare [illegible] and Oh! dear, what will I do, I cannot himself of [illegible] again &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) his [illegible] has threatened to drown himself: been in the habit of getting up at night & going out of door without any cause for some time back scarcely any food as he thought he did not it. took off a chair on day to [illegible] at throwing it at his wife

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

Place of Abode, Dalbeattie

DATED this 21st day of April One thousand eight hundred and Sixty two

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Thomas MacKnight
being a (1) Graduate of the College of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) East Logan
Kirkcudbright in the ~~County~~ of
separately from any other Medical Practitioner,
visited and personally examined (4) John Currie
and that
the said John Currie is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) was aboard and [illegible] from his then keeper because I was unable to see him and in case any body might have to [illegible] to enter his room at night or day Makes he has lived but a miserable [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His [illegible] says that the commencement of present illness was low spirits [illegible] to [illegible] present position and expected that he and wife would [illegible] their [illegible] mind and has been in a melancholy state since

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

Place of Abode Dalbeattie

DATED this 22 day of April one thousand eight hundred and Sixty two

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

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

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

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

I, John Peteain Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Black Inspector of Poor, Burtle Certificates under the hands of John Paterson Lowis and Thomas Macknight, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Currie, Logan, Burtle a pauper and that the said John Currie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Currie as a Patient into the (6) Public Asylum of Southern Counties and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Currie which accompanied the said Petition.

(SIGNATURE) John P. Trotter

DATED this Twenty third day of April one thousand eight hundred and Sixty two years.

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

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

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John Corrie
Bentlle

23d April 1862

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

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

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

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

The Petition of C. H. Campbell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Helen Campbell is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said J. H. Campbell to the Institution and to sanction ~~his~~ her admission into the said Asylum.

(SIGNED) C. H. Campbell

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

DATED this 23 (3) day of April one thousand eight hundred and Sixty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Sarah Helen Campbell
2. Sex and Age,	50 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Spinster
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	County of Edinburgh
7. Place where Found and Examined,	Leith
8. Length of time Insane,	Patient thought to be mentally unwell now
9. Whether first Attack,	Continuance of first Attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	11 years
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Not subject
15. Whether Suicidal,	Not apparently
16. Whether Dangerous to others,	Threatens
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Catherine Campbell Bankhead House, Lochgilphead Brother & nearest relative a Sister is unbalanced from the effects of Scarlet Fever
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* *Name,* C. H. Campbell

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

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1204.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, 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 Whiteside being a (1) M D of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) No 16 New Bridge St, Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Helen Campbell Spinster and that the said Helen 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.:—

1. Facts indicating Insanity observed by myself: (6)
Delusions as to her being married & having communications made to her by Secret voices.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The use of violent & threatening language &c &c

(SIGNED) *Name and Medical Designation,* Will^m Whiteside M.D

Place of Abode, 16 New Bridge St. Ayr

DATED this 23^d day of April One thousand eight hundred and Sixty two

MEDICAL CERTIFICATE, No. II.

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

I, the undersigned, Robert Dobbie being a (1) one of D Surgeons of Edinburgh and being in actual practice as a (2) Physicians Surgeons hereby certify, on soul and conscience, that I have this day, at (3) 16 & 18 New Bridge St, Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Helen Campbell Spinster and that the said Helen 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.:—

1. Facts indicating Insanity observed by myself: (6)
Her delusions as to being the subject of Secret communications, & otherwise. She has been brought here & the murderer

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
The use of forcible & profane language ~~xxxx~~ expressive of violence & others

(SIGNED) *Name and Medical Designation,* Robert Dobbie M.D. Surgeon

Place of Abode, 16 & 18 New Bridge St Ayr

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that

is a (1) hereby further certify that the Case is One of Emergency, and I recommend the immediate removal of the said

of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

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

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

I, James Robson Esq (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) Colin York Campbell of Barbreck Argyleshire Certificates under the hands of Alexr Whiteside M.D. and Robert Dobbie M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah Helen Campbell, Spinster, and that the said Sarah Helen Campbell is a (5) Person of unsound mind and a proper Person to be detained and taken care of, no HEREBY AUTHORIZE you to receive the said Sarah Helen Campbell as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Helen Campbell which accompanied the said Petition.

(SIGNED) J. Robson

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

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

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Miss Sarah Helen Campbell

24/4/62

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

[FORM A]

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

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

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

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

The Petition of Revd Archibald McEwen Episcopal Clergyman Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Caroline Josephine Murray is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Miss Caroline Josephine Murray to the Crichton Institution and to sanction her admission into the said Asylum.

Gumman Murray (SIGNATURE) A. McEwen

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

DATED this twenty (3) day of May one thousand eight hundred and fifty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Caroline Josephine Murray
2. Sex and Age,	Female 24
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Episcopal Church
6. Previous Place of Abode,	
7. Place where Found and Examined,	Castle Street Dumfries
8. Length of time Insane,	Six weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	Not known
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of Existing Attack,	Three months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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,	Col. Gumman Murray Father Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Gumman Murray (SIGNATURE)* Name, A. McEwen

DATED this twenty fifth day of May one thousand eight hundred and fifty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, James Greig M.D. Graduate in the University of Edinburgh and Licentiate of the Royal College of Physicians Edinburgh being a (1) and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Caroline Euphemia Murray residing at 24 Castle Street Dumfries and that the said Caroline Euphemia 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) Great excitement and incoherency & the existence of many decided delusions

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Restlessness & sleeplessness all acts & words coming under [illegible]

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

Place of Abode, Breadalbane Street Dumfries

DATED this Seventh day of May One thousand eight hundred and Ninety two.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Gilchrist M.D being a (1) Graduate of the University of Edinburgh and Physician and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Caroline Euphemia Murray residing at 24 Castle Street Dumfries and that the said Caroline Euphemia 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) Greatly excited and talkative under Monomania Delusions.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Restless at night supposes that Strangers enter her room with evil intent

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

Place of Abode Castle Street Dumfries

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

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Caroline Euphemia Murray is a(*) Insane Person hereby further certify that the Case of the said Caroline Euphemia Murray is one of Emergency, and I recommend the immediate removal of the said Caroline Euphemia Murray to an Asylum accordingly.

Name, James Grieve M.D. Surgeon

Place of Abode, Orchard Street Dumfries

DATED this seventh day of May One thousand eight hundred and Sixty two

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

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

I, William Stewart Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) the Rev. Archibald Arthur Episcopal Clergyman Dumfries, Certificates under the hands of James Grieve and James M'Christ, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Euphemia Murray and that the said Caroline Euphemia 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 Caroline Euphemia Murray as a Patient into the (6) Public Asylum of Crichton Institution and I authorize you to cause Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Caroline Euphemia Murray which accompanied the said Petition.

(SIGNATURE) Wm S Trotter

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

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

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

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Jas C. E. Murray
3/5/62

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

[FORM A]

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

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

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

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

The Petition of Jacob Milligan inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Nicholas Maxwell is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Nicholas Maxwell to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) Jacob Milligan

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

DATED this Eighth (3) day of May one thousand eight hundred and Sixty two years

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Nicholas Maxwell
2. Sex and Age,	Male upwards of 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,	Church of Scotland
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Second
9. Whether First Attack,	Crichton Institution
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	from This Date
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Agnes Maxwell Representations, Sister & Brother one insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNATURE)* Name, Jacob Milligan

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

* To be Signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Andrew Sommer
being a (1) Member of the College of Physicians E. An
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Bessaweltia in the Parish of Inverave in the County of Drumfries separately from any other Medical Practitioner, visited and personally examined (4) Nicholas Maxwell, Spinster, residing at Bessaweltia a pauper and that the said Nicholas Maxwell is a (5) insane or of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) That she considers she has passed away her day of grace, and is last thinks at times she is in hell and offers to commit Suicide indeed the only objection she has of going to the Asylum is, she will lose the opportunity of doing so.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Conferring what is stated above

(Signed) Name and Medical Designation, } And Sommer Physician

Place of Abode, Lauriston, Glenairn

Dated this 4th day of May One thousand eight hundred and sixty two years.

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alexander Barbour M
being a (1) graduate of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Bay Hr. Inv. Parish of Inverave in the County of Drumfries separately from any other Medical Practitioner; visited and personally examined (4) Nicholas Maxwell, Spinster residing at Bessaweltia Duncow Parish and that the said Nicholas Maxwell is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Depression of Spirits and a morbid anxiety about her worldly affairs

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Refusing Victuals and Excitement and Morbid fear of Hell in former Life

(Signed) Name and Medical Designation, } Alex. Barbour M. D.

Place of Abode Drumfries

Dated this 4th day of May one thousand eight hundred and sixty two

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

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

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

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

I, John Pitcairn Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Jacob Millajan Inspector of Poor Dunscore Certificates under the hands of Andrew Loremer and Alexander Borthwick, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Nicholas Maxwell residing at Benwalla a pauper and that the said Nicholas Maxwell is a (5) insane 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 Nicholas Maxwell 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 Nicholas Maxwell which accompanied the said Petition.

(SIGNATURE) John P Trotter

DATED this Eighth day of May one thousand eight hundred and sixty two years.

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

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

Nicholas Maxwell
Dunmore
Stk Bray Bks

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

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

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

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

The Petition of Thomas Williamson Surgeon Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gordon Thorburn a dyslocated Patient is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Gordon Thorburn to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) Tho^s Williamson

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

DATED this 6th (*) day of May one thousand eight hundred and Eighty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James G. Thorburn
2. Sex and Age,	Male 67 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Surgeon
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Do
8. Length of time Insane,	~~Some time~~ Many years
9. Whether first Attack,	No
10. Age (if known) on first Attack,	Not Known
11. When and where previously under Examination and Treatment,	R. R. Institution a few months Previously
12. Duration of existing Attack,	Uncertain
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Not Known
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* *Name,* Tho^s Williamson

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

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

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

I, the undersigned, John Dickson.
being a (1) Graduate of the University of Edinburgh
(2) Physician or Surgeon, *or otherwise, as the case may be.*
and being in actual practice as a (2) Physician
(3) *Insert the street and number of the house (if any), or other like particulars.*
hereby certify, on soul and conscience, that I have this day, at (3) the Prison
Dumfries
in the County of
separately from any other Medical Practitioner,
(4) *Insert Name, Designation and Residence, and if a Pauper, state so.*
visited and personally examined (4) James Y. Thorburn
James Y Thorburn
and that
(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*
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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Statement - Incoherency - Delusions of various kinds - believes himself to be under certain spiritual influences which benefit him to see visions - &c. perplexed

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Stole various articles. chiefly referring to his delusive notions.

(SIGNED) *Name and Medical Designation,* John Dickson

Place of Abode, Buccleuch Street Dumfries

DATED this twenty fifth day of May One thousand eight hundred and sixty two.

MEDICAL CERTIFICATE, No. II.

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

I, the undersigned, William Scott
being a (1) graduate of the University of Edinburgh
(2) Physician or Surgeon, *or otherwise, as the case may be.*
and being in actual practice as a (2) Physician
(3) *Insert the street and number of the house (if any), or other like particulars.*
hereby certify, on soul and conscience, that I have this day, at (3) the Prison
of Dumfries
Dumfries
in the County of
separately from any other Medical Practitioner,
(4) *Insert Designation and Residence, and if a Pauper, state so.*
visited and personally examined (4) James Y. Thorburn
(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*
the said James Y Thorburn
of unsound mind
and that
is a (5) person
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) high state of excitement, delusions of various kinds, believes himself to be under some spiritual influences &c

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

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Stole certain articles referring to his delusion - & Violent & says he has been returned to the asylum six times,

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

Place of Abode, Dumfries

DATED this 8th day of May one thousand eight hundred and sixty two -

CERTIFICATE OF EMERGENCY.

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

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

Name, John Dickson M.D.

Place of Abode, Bruce Crescent Street Dumfries

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

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

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

I, Mr Peter Watter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Williamson Surgeon Annan, Mr Dickson and William Scott, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Gordon Thorburn a Surgeon and that the said James Gordon Thorburn is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Gordon Thorburn as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Gordon Thorburn which accompanied the said Petition.

(SIGNED) Peter Watter

DATED this tenth day of May one thousand eight hundred and sixty two Years

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

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Louis Mrotzek Thorsen

8/15/62

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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]

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

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

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

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

The Petition of Euphemia Nelson Springfield Castledouglas humbly sheweth that it appears from the subjoined Statement, and accompanying Medical Certificates, that Anna Douglas my cousin is at present in a state of Mental Deraugement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Anna Douglas Hutton to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNATURE) Euphemia Nelson

(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 May one thousand eight hundred and 62.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Anna Douglas
2. Sex and Age,	Female 62
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	St. Michaels Lodge
8. Length of time Insane,	About 20 years
9. Whether First Attack,	About 40
10. Age (if known) on First Attack,	Crichton Royal Institution
11. When and where previously under Examination and Treatment,	About Seven Months
12. Duration of Existing Attack,	Death of mother
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 his Family known to be or to have been Insane,	Sir Aunt Jean Nelson Springfield Castledouglas Aunt Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNATURE)* Name, Euphemia Nelson

DATED this 10th day of May one thousand eight hundred and 62.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, James Murray McCulloch M: D: &c.
being a (1) Graduate of the University of Edinburgh &c.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) St Michaels Cottage Dumfries in the County of Dumfriesshire separately from any other Medical Practitioner, visited and personally examined (4) Miss Anna Douglas and that the said Anna Douglas is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :

(6) *State the fact.*

1. Facts indicating Insanity observed by myself: (6) Greatly excited, especially at night; imagines that she has the power of pleasing testing counts; that she is going to hell; that Miss Smith, the lady with whom she stays, has "been trying to poison her with medicine; talks incessantly, shouts & makes a most disturbance; prays the one moment & swears the other &c. &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The same; this is the third attack of insanity.

(SIGNED) *Name and Medical Designation,* James M. McCulloch M: D: &c.

Place of Abode, 38 Castle Street, Dumfries.

DATED this 9th day of May One thousand eight hundred and sixty two years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Hugh Grainger Stewart
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Anna Douglas Spinster Dumfries and that the said Anna Douglas is a (5) Queen of Insane mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Restless manner, Apprehension of being poisoned Belief that she will die in a short time

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has threatened self destruction as informed by Miss Wilson

(SIGNED) *Name and Medical Designation,* Hugh G Stewart M.D. Crichton Institution

Place of Abode

DATED this 10th day of May one thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Euphemia
Nelson, Springfield Cottage Dumfries
Certificates under the hands of Angus Murray McCulloch
and Hugh Granger 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)
Anna Douglas at Drumlanrig Cottage Thornhill and that the said
Anna Douglas is a (5) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Anna Douglas 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 Anna Douglas which accompanied the said Petition.

(SIGNATURE) A Barrie

DATED this Tenth day of May one thousand eight hundred and sixty two years.

To the Superintendent of the (6) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

893
Ann Dowlden
1876/62

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Berwick *of* Berwick *and his Substitutes.*

The Petition of William Graham humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Sardine is at present in a state of Mental Derangement, and 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 Sardine to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Wm Graham, Inspector of Poor Hoddom

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (3) day of May One thousand eight hundred and Sixty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Sardine
2. Sex and Age,	Male — 33 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Weaver
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Broadmeadow Ecclefechan
7. Place where Found and Examined,	Broadmeadow
8. Length of time Insane,	not known
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	not Known
13. Supposed Cause,	not Known (has been a little excited for the last 14 days)
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,	Hoddom Parish
18. Date of becoming Chargeable,	15th May 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Janet Irving, wife, John Sardine, Son, His brother was in asylum mon for a short time
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Wm Graham Inspector of Poor Hoddom

DATED this Fifteenth day of May One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Young being a (1) Licentiate of Royal College of Surgeons Edin and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Broadmeadow in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Sardney and that the said George Sardine is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Very restless and furious, incoherent talk and sometimes singing, preaching & yelling as threatening to strike.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

going to the Rev Mr Davis' manse, breaking furniture and otherwise conducting himself in a furious manner

(SIGNED) *Name and Medical Designation,* William Young. Surgeon

Place of Abode, Ecclefechan

DATED this fifteenth day of May One thousand eight hundred and Sixty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Samuel Gregson being a (1) Member of the Royal College of Surgeons of London and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern County Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Sardine a pauper on the Roll of Hoddam poor and that the said George Sardine is a (5) person of unsound mind and a proper person to be detained 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 excited, impulsive and at times violent. Has many abnormal sensations, hears voices from within him inciting him to every act of extravagance which he has no power to withstand. Is

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

The attendant states that he was sleepless, restless and refuses to remain in bed during the night

(SIGNED) *Name and Medical Designation,* Samuel Gregson M.R.C.S.E.

Place of Abode, Southern County Asylum Dumfries

DATED this sixteenth day of May One thousand eight hundred and Sixty-two

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that George Jardine is a (1) Lunatic hereby further certify that the Case of the said George Jardine is One of Emergency, and I recommend the immediate removal of the said George Jardine to Broadmeadows, to an Asylum accordingly.

Name, William Young, Surgeon

Place of Abode, Ecclefechan

DATED this fifteenth day of May One thousand eight hundred and sixty two

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~John Ritchie Grotter~~ (2) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Graham Inspector of Poor, Peebles Certificates under the hands of William Young and Samuel Cuncon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Jardine, Weaver, Broadmeadows, a pauper and that the said George Jardine 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 George Jardine 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 George Jardine which accompanied the said Petition.

(SIGNED) [signature]

DATED this sixteenth day of May One thousand eight hundred and sixty two years.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

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(2) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

George Lansdale
Rodham
Esq
Surrey
1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries—humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mc Gill residing at Rashgill Dumfries is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Mc Gill to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (3) day of May One thousand eight hundred and Sixty two—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Mc Gill
2. Sex and Age,	Male 52 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pig Dealer
5. Religious Persuasion, so far as known,	Established Religion of Scotland
6. Previous Place of Abode,	Rashgill Dumfries
7. Place where Found and Examined,	do do
8. Length of time Insane,	about a fortnight
9. Whether first attack,	Yes —
10. Age (if known) on first Attack,	about 52 years
11. When and where previously under Examination and Treatment,	Rashgill Dumfries
12. Duration of existing Attack,	About a fortnight
13. Supposed Cause,	Strong Drink I
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,	15 May 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Alexander Mc Gill, father. his wife & the Mother of the patient was in a Nervous State a short time before she 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.

(SIGNED)* *Name,* John Dinwoodie—

DATED this Fifteenth day of May One thousand eight hundred and Sixty two

P. P.

* To be signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) graduate of the University of Glasgow and College of Physicians & Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Dumfries Roxgill in the County of separately from any other Medical Practitioner, visited and personally examined (4) John McGill and that the said John McGill 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 thinks that by delivering his soul to be immediate danger but cannot assign a cause, such belief talks incoherently &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His friends & Agency state that for the last 6 he has been a very hostile and dangerous of most threatening, ill and sullen with disth

(SIGNED) *Name and Medical Designation,* Marshall M.D

Place of Abode, Buccleuch Street Dumfries

DATED this 15th day of May One thousand eight hundred and sixty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Dumfries Roxgill in the County of separately from any other Medical Practitioner, visited and personally examined (4) John McGill and that the said John 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) Great depression alternating with furious excitement during which he is dangerous to those near him - Incoherence of thought & action - perplexity, and delusions of various character

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He threatened & injure those near him.

(SIGNED) *Name and Medical Designation,* John Dickson

Place of Abode, Buccleuch Street Dumfries

DATED this 15th day of May One thousand eight hundred and sixty two.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter (1) Sheriff Substitute
of the (2) Shire of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor of the parish of Dumfries
Certificates under the hands of William Marshall
and John Dickson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John McGill, Pipedealer, Rankill, a pauper and that the said
John McGill is a (5) Lunatic & person of unsound
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John McGill as a Patient into the
(6) Public Asylum of Southern Counties, Dumfries and I authorize
hie Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McGill which accompanied the said Petition.

(SIGNED) John P Trotter

DATED this Fifteenth day of May One thousand eight hundred and Sixty two years.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

1 F

John McGill
Dumfries
15th May 862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire

(1) Sheriff or Steward.
(2) Shire or Stewartry.

of Dumfries and his Substitute.

The Petition of Samuel Rigg Esq Junr Draper Wigton Cumberland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Rigg Esq Junr Second Cousin is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Rigg Esq to the Govt Royal Lunatic Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) Samuel Rigg Junr

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 16th (3) day of May one thousand eight hundred and sixty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Rigg
2. Sex and Age,	Male - Forty Five years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk in a Bank
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Carlisle
7. Place where Found and Examined,	Lowther Street Carlisle
8. Length of time Insane,	Five years at intervals
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Forty years
11. When and where previously under Examination and Treatment,	was at Dumfries Lodge Asylum from July 15th 1867 to April 1862
12. Duration of Existing Attack,	Three weeks
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
~~17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,~~	
~~18. Date of becoming Chargeable,~~	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Saml Rigg - Wigton - Cumberland - Cousin - no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Has an income (small) of his own

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* Samuel Rigg Junr

DATED this 16th day of May one thousand eight hundred and sixty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Reeves ~~Member of the Roy~~ being a (1) Member of the Royal College of Surgeons of Lond and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 16, Lowther S Carlisle in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) Thomas Rigg formerly a clerk in a Bank at Carlisle and that the said Thomas Rigg is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
I have seen Thomas Rigg in a excited state of excitement; & w the extreme, yelling & shouting - praying

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
On monday the 12th of May 1862 - he walked those who had charge of Even quarter of a mile into the Carlisle Cathedral during divine service & yelled to the organist to shake up the Hallelujah chorus & pushed the dean & as brothers - he was pronounced & removed under care - as stated by Dr Ca

(SIGNED) Name and Medical Designation, } William Reeves. Sur

Place of Abode, 15. Lowther Street Carli

DATED this 16th day of May One thousand eight hundred and Sixty two -

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Giffen being a (1) Member of the Royal College of Surgeons of England Licentiate of the Society of Apothecaries, London. and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) No 16. Lowther St Carlisle in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) Thomas Rigg, formerly a Bank Clerk in Carlisle and that the said Thomas Rigg is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Have seen him labouring under fits of uncontrolla excitement especially on religious subjects, and as a consequence of excitement has suffering from temp person of mind. -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by his medical Attendant Dr Ho that he has been for the last few days suffering fr by intense excitement & occasional attack of mania & I not regu two strong men to prevent him doing harm to himself

(SIGNED) Name and Medical Designation, } Robert Giffen

Place of Abode Wigton, Cumberland

DATED this fifteenth day of May one thousand eight hundred and Sixty two. -

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Thomas Rigg Jr is a (1) Person of unsound mind, hereby further certify that the Case of the said Thomas Rigg Jr is one of Emergency, and I recommend the immediate removal of the said Thomas Rigg Jr to an Asylum accordingly.

Name, William Reeves. Surgeon L.

Place of Abode, 15. Lowther Street. Carlisle.

DATED this 16th day of May One thousand eight hundred and sixty two.

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Samuel Rigg Jr Draper Wigton Cumberland and Certificates under the hands of William Reeves and Robert Jeffrey, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Rigg Clerk Lately in Carlisle and that the said Thomas Rigg is a (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 Rigg as a Patient into the (6) Public Asylum of Crichton Royal Institution 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 Thomas Rigg which accompanied the said Petition.

(SIGNATURE) A. McHannay

DATED this 17th day of May one thousand eight hundred and sixty two years.

To the Superintendent of the (6) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

233
900
Norman Rigg.
Nov 18th 1862

20 & 21 *Vict., Cap.* 71, *Sect.* 84.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Wigton and Kirkcudbright ~~*~~ *and his Substitutes,—*

The Petition of Richard Hewat Inspector of poor Kelton in the Stewartry of Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Brown in the Union Poor House Kirkcudbright is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Brown to the and to sanction his admission into the said Asylum.

(SIGNED) Rich Hewat Inspector

(1) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this sixteenth (2) day of May one thousand eight hundred and sixty two 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 Brown
2. Sex and Age,	Male. 81
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Union Poor House, Kirkcudbright
7. Place where Found and Examined,	Not known
8. Length of time Insane,	First attack known 81.
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Not known
12. Duration of existing Attack,	Not known
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Supposed Insane charged with to Kelton at present
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Rich Hewat Inspector

DATED this sixteenth day of May one thousand eight hundred and sixty two years.

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

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, James Laidlaw Licentiate of the Royal Col
being a (1) of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Union Poo
House, Kirkcudbright
in the County o
Kirkcudbright
separately from any other Medical Practitioner
visited and personally examined (4) John Brown, a Pauper
and tha
the said John Brown is a (5) person of unsou
mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Labours under various
delusions, imagines that he is engaged in work which he is
totally unable to perform, talks about things which pass in his
manner entirely unintelligible - now he is talkative - hurried and
violent: constantly making incoherent statements

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By
Governor of the Union Poor House informs me that this man
is in habit of periodical destruction - has attempted to strike when offered
his breakfast & jumps out of the window - tears his shirt
a propensity to remove the bed clothes from the inmates during

(SIGNED) *Name and Medical Designation,* James Laidlaw L.R.C.S

Place of Abode, Castle Douglas

DATED this fifteenth day of May One thousand eight
hundred and sixty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Johnstone M.D. and Licen
being a (1) of College of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Union Poo
House - Kirkcudbright
in the County of
Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) John Brown, a Pauper
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.:—

1. Facts indicating Insanity observed by myself: (6) From his labouring
under various delusions - constantly muttering incoh
statements - Suspicious

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
By the Governor of Poor House - From destroying h
bedclothes and wearing clothes - By being dangerous
to others and to himself - has made attempts to get ou
of windows during the night - Wm Johnstone M

(SIGNED) *Name and Medical Designation,*

Place of Abode, Kirkcudbright

DATED this 15th day of May one thousand eight
hundred and sixty two

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that _____ is a (1) _____ hereby further certify that the Case of the said _____ is One of Emergency, and I recommend the immediate removal of the said _____ to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this _____ day of _____ one thousand eight hundred and _____

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Blair Esquire Steward (1) Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Richard Wenal. Inspector of Poor. Kelton Certificates under the hands of James Laidlaw and William Johnstone, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Brown 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 (Southern Counties) Asylum of Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Brown which accompanied the said Petition.

(SIGNED) David Blair St

DATED this Seventeenth day of May one thousand eight hundred and Sixty two years

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

1750

Thurlow Lodge
Section
Wyke Regis
Weymouth

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(SIGNED) _____ *Superintendent.*

DATED at this (4) day of

one thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(SIGNED) _____

(7) _____

DATED this day of one thousand eight hundred and

---

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert particulars.
(6) Insert particulars.
(7) Add Designation.

Lunacy Board.—Dec.—37.—1256.

(*Copies.*)

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(†) Sheriff or Steward.
(‡) Shire or Stewartry.

Unto the Honourable the (†) Sheriff *of the* (‡) County of Dumfries *and his Substitutes,—*

The Petition of Samuel Hyslop, Farmer at Auchenbrinzie, Burnfoot

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Hyslop, my Sister.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Hyslop to the Southern Counties Asylum and to sanction ~~his~~ her admission into the said Asylum.

(SIGNED) Samuel Hyslop

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (*) day of May one thousand eight hundred and Eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Hyslop
2. Sex and Age,	Female 20 years & 4 months
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Dairy Maid
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	11 years at Auchenbrinzie
7. Place where Found and Examined,	Auchenbrinzie
8. Length of time Insane,	with intervals about 3 months
9. Whether first Attack,	First Attack
10. Age (if known) on first Attack,	20 years & 1 month
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	one week
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Suicidal
16. Whether Dangerous to others,	~~yes~~ dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Her Brother in law and Sister Robert Wallace & Agnes Hyslop - Auchenbrinzie
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Samuel Hyslop

DATED this 20th day of May one thousand eight hundred and eighty two

* To be Signed by the Party applying.

(Copies.)

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dalziel. M.D.
being a (1) Licentiate of the Royal College of Physicians in Edinburgh
and being in actual practice as a (2) Physician & Surgeon, in Penpont,
hereby certify, on soul and conscience, that I have this day, at (3) Auchenbenzie,
in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Isabella Hyslop, Spinster, Auchenbenzie,
and that
the said Isabella Hyslop is a (5) Person of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Grounds of ill-will to her nearest relatives, & threatening of violence to them.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* J. Dalziel, Physician & Surgeon.

Place of Abode, Penpont

DATED this nineteenth day of May One thousand eight hundred and sixty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Boyle Grierson
being a (1) Surgeon & Licentiate of 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) Auchenbenzie
in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Isabella Hyslop residing
at Auchenbenzie Cottage and that
the said Isabella Hyslop is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Unable to control feelings; Supposing that her friends have ill will to her. Spoke of drowning herself. Her mental character has completely changed.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her brother-in-law told me that upon being controlled she became very violent. That she has given up all work, that she doesn't sleep.

(SIGNED) *Name and Medical Designation,* T. Grierson Licentiate of the Royal College of Surgeons Edinburgh

Place of Abode Thornhill.

DATED this nineteenth day of May one thousand eight hundred and sixty two.

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an Insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Samuel Mylop residing at Auchenbeg in Penpont
Certificates under the hands of John Balfour
and Thomas Boyd Cowan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mylop residing at Auchenbeg in Penp and that the said
Isabella Mylop 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 Isabella Mylop as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Mylop which accompanied the said Petition.

(SIGNED) J. Mc Trotter

DATED this Twentieth day of May one thousand eight hundred and Sixty two years.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Old Stranbelly Mews Abbey

(1) Sheriff or Steward.
(2) Shire or Stewartry.

of Dumfries *and his Substitutes.*

The Petition of John Copland

Old Stranbelly Mews

my sister

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Copland or Lorrimer is at present in a state of Mental Derangement and 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 Copland or Lorrimer the Crichton Royal Institution and to sanction the admission into the said Asylum.

(SIGNATURE) John Copland

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22nd (3) day of May one thousand eight hundred and fifty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jessie Copland or Lorrimer
2. Sex and Age,	Female 38
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Farmers wife Est. Church of Scotland
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Old Stranbelly Mewabbey
7. Place where Found and Examined,	
8. Length of time Insane,	a few months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	a few months
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	No Fits of it
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 his Family known to be or to have been Insane,	Elspeth Copland Old Stranbelly Mewabbey No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* John Copland

DATED this 22nd day of May one thousand eight hundred and fifty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

I, the undersigned, John Dickson.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3). Crichton House Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jessie Copland or Lorrimer
and that
the said Jessie Copland or Lorrimer is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) -
Confusion & paroxysmal attack of intense mental excitement she becomes violent & dangerous to others.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Entire loss of self control as regards statements. Has threatened violence to her mother. & is said to have talked of taking away her own life

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, Buccleuch Street.

DATED this Twenty Second day of May One thousand eight hundred and Eighty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

London

(6) *State the facts.*

I, the undersigned, James Johnstone M.D.
being a (2) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton House Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jessie Copland or Lorrimer Farmer wife of Abel Shankbolly Kirkcudbright
the said Jessie Copland or Lorrimer is a person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) is restless and despondent. Complains to medical attendant that she cannot sleep. Refuses to take nourishment or control her actions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has been subject to paroxysmal attacks of excitement for several years. Has been under the influence of stimulants for several years. Latterly has been becoming more violent & threatening to her mother & to injure herself. Information given by her brother.

(SIGNED) *Name and Medical Designation,* James Johnstone M.D.

Place of Abode Crichton House Dumfries

DATED this 23rd day of May one thousand eight hundred and Eighty two.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Jessie Copeland or Lorimer is a (1) Person of Unsound mind hereby further certify that the Case of the said Jessie Copeland or Lorimer is one of Emergency, and I recommend the immediate removal of the said Jessie Copeland or Lorimer to an Asylum accordingly.

Name, John Dickson

Place of Abode, Buccleuch Street

DATED this twenty third day of May One thousand eight hundred and sixty two.

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Malcolm Sotter, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Copeland Old Shambelly Annandale John Dickson and James Aitchison, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie Copeland or Lorimer residing at Old Shambelly Annandale and that the said Jessie Copeland or Lorimer is a (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 Copeland or Lorimer as a Patient into the (6) Public Asylum of Buchlon 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 Jessie Copeland or Lorimer which accompanied the said Petition.

(SIGNATURE) John D. Sotter

DATED this Twenty third day of May one thousand eight hundred and Sixty two years.

To the Superintendent of the (6) Public
Asylum of Buchlon Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

Adelia Downes
Aug 23 1862
Age

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Lieglown and his Substitutes.

The Petition of Henry Watt. Inspector of Poor. Parish of Shankaer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Murphy is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said ~~Victor~~ William Murphy to the Crichton Royal Institution and to sanction admission into the said Asylum.

(SIGNATURE) H. Watt Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twentieth (3) day of May one thousand eight hundred and sixty two

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Murphy
2. Sex and Age,	M. Fifty nine 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,	Kirkcowan
7. Place where Found and Examined,	St John Street Stranraer
8. Length of time Insane,	two weeks
9. Whether First Attack,	First
10. Age (if known) on First Attack,	Fifty nine years
11. When and where previously under Examination and Treatment,	two weeks ago. St John St. Lunatic.
12. Duration of Existing Attack,	Last Summer.
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Stranraer
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name 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,	Jessie Murphy. Bridge Street, Stranraer. Jeanie Murphy, Kirkcowan - (Daughters) Hugh Mc Crae. Bridge St. Stranraer Lunatic Cousin.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* Name. H. Watt Insp. of Poor. Parish of Stranraer

DATED this Twentieth day of May one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

P. p.

Certificates May 22nd 1862

MEDICAL CERTIFICATE, No. I.

I, the undersigned, David Easton
being a (1) Doctor of medicine and a Licentiate of the Royal College of Surgeons, Edinburgh
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) St. John Street Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) William murphy, a pauper St John Street, Stranraer and that the said William Murphy is a (5) Insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the 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*

1. Facts indicating Insanity observed by myself: (6) He labours under a variety of delusions, Imagines he is Owner of a Farm and wishes away to collect his rents. That his food is poisoned, that his relations and friends are not his friends but are seeking his life. At times he is very outrageous requiring several persons to restrain him. very profane; and distructive & Property he is very restless, has a wild expression, and cannot sit down, or sleep for the above reason can hardly be prevailed upon to take food. [illegible]

(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 received by his daughter Jessie Murphy, ~~wife~~ his son-in-law Wife Mr Grace Flesher Bridget Stranraer - And by the Individuals who have been attending him.

(SIGNED) *Name and Medical Designation,* David Easton M. D. &c.

Place of Abode, Church Street, Stranraer

DATED this ~~[illegible]~~ Nineteenth day of May — One thousand eight hundred and Sixty two.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Ebenezer Fleming M.D.
being a (1) Doctor of medicine and Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) St John St. Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) William Murphy, Pauper St John Street Stranraer and that the said William Murphy is a (5) Insane and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *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*

1. Facts indicating Insanity observed by myself: (6)
Very Suspicious, particular & Whatever. Very outrageous in manner and profane in Conversation. Labours under Mental delusions and is possessed with the idea, that he is the Proprietor of Land & Stock he presents the appearance of a person in a state of Confirmed Insanity.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
If not restrained would do violence to persons & Property, requires to be watched night and day by an attendant who Corroborates the above Statements

(SIGNED) *Name and Medical Designation,* Ebenezer Fleming M.D.
Stranraer

Place of Abode

DATED this Nineteenth day of May one thousand eight hundred and Sixty two years.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Murray Esquire (2) Sheriff Substitute
of the (3) County of Wigtown
having had produced to me, with a Petition at the instance of (4) Henry Watt Inspector of Poor parish of Stranraer
Certificates under the hands of David Easton M.D.
and Ebenezer Fleming M.D. —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5)
William Murphy a pauper — and that the said
William Murphy — is a (5) an insane person —
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Murphy — as a Patient into the (6) Crichton — Asylum of Dumfries — and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Murphy — which accompanied the said Petition.

(SIGNATURE) Thos Murray

DATED this twenty first day of May one thousand eight hundred and sixty two

To the Superintendent of the (6) Crichton
Asylum of Dumfries.

Thos Murray

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

William Murphy
29 Bray
1863

(*) Sheriff or Steward.
(†) Sub-or Stewardry.

(‡) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

1. Christian Name
length, .
2. Sex and Age,
3. Married, Single,
4. Condition of Li
[I say), .
5. Religious Persua
6. Previous Place o
7. Place where Fou
8. Length of time I
9. Whether First A
10. Age (if known)
11. When and where
ties and Treat
12. Duration of Exis
13. Supposed Cause,
14. Whether subject
15. Whether Suicidal
16. Whether Dangero
17. Parish or Union
Purpes) in Cha
18. Date of becoming
19. Christian Name a
Kinds of near
Patient, and
known), and
Family know
ance, .
20. Special circumsta
insertion of a

I certify, that,

Dated this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of William Alte Macqueen Interim Inspector of Poor, Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Fallows, Widdy Dairymaid at Fallas, near Newton Stewart is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Fallows to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) W Macqueen Int Insp of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 30th (3) day of May one thousand eight hundred and sixty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Fallows
2. Sex and Age,	Female. 23 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Dairy maid
5. Religious Persuasion, so far as known,	U. P. Church
6. Previous Place of Abode,	Sanquhar
7. Place where Found and Examined,	do
8. Length of time Insane,	So long ago as Martinmas last.
9. Whether First Attack,	No- affected last year at the time of the revivals.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	Five days
13. Supposed Cause,	By excitement of the revival meetings of last year.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	no- She never made any attempt upon her own life but has given expression to a desire to die.
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sanquhar.
18. Date of becoming Chargeable,	
19. Christian Name 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 Fallows, Sanquhar, her father. No member of family either on the father's or mother's side ever known to have been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* W Macqueen Int Insp of Poor

DATED this 30th day of May one thousand eight hundred and sixty two.

* To be Signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson. M.D
being a (1) Member of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Hannanrum and Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mary Fallas and that the said Mary Fallas is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Paroxysms of excitement, alternating with depression. Hallucinations - incoherence, - hurried speech - delusions referring chiefly to religious matters.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) delusions & various acts of mental unsoundness detailed by her father.

(SIGNED) Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street. Dumfries

DATED this 30th day of May One thousand eight hundred and Eighty two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Grierson
being a (1) Member of the Royal College of Surgeons of London
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Fallas, dairymaid and pauper and that the said Mary Fallas is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Great excitement lasting at times, & the commission of acts of violence, and quite uncontrollable; incoherent speech, and wild incoherent expression. Has delusion of the most painful character.

2. ~~Other Facts (if any) indicating Insanity communicated to me by others~~ (7)

Will take sleep & refuses food.

(SIGNED) Name and Medical Designation, J. Grierson M.B.C.S.

Place of Abode Southern Counties Asylum

DATED this 31st day of May one thousand eight hundred and Eighty-two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. 1, hereto annexed, to the effect that Mary Fallas is a (1) Pauper of unsound mind hereby further certify that the Case of the said Mary Fallas. is one of Emergency, and I recommend the immediate removal of the said Mary Fallas to an Asylum accordingly.

Name John Dickson.

Place of Abode, Buccleuch Street Dumfries.

DATED this 35th day of May One thousand eight hundred and sixty two.

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Otto Macqueen Interim Inspector of Poor, Langholm, Certificates under the hands of John Dickson and Samuel Gibson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Fallows Dairymaid, Langholm, a pauper and that the said Mary Fallows is a (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 Fallows as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Fallows which accompanied the said Petition.

(SIGNATURE) A. McMurray

DATED this Fifth day of June one thousand eight hundred and sixty two years.

To the Superintendent of the (6) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

Mary Fellows
To the Privy 1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Stewart.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Larkin wife of Dan Larkin, Labourer in Dumfries is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Larkin to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirtieth (3) day of May One thousand eight hundred and Sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Larkin
2. Sex and Age,	Female – 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,	Dumfries –
7. Place where Found and Examined,	do
8. Length of time Insane,	Since Yesterday
9. Whether first attack,	Yes –
10. Age (if known) on first Attack,	40 years
11. When and where previously under Examination and Treatment,	Dumfries
12. Duration of existing Attack,	Since Yesterday
13. Supposed Cause,	Not Known –
14. Whether subject to Epilepsy,	Has taken fits since seized with her present malady
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries at present
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars, *	not Known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* John Dinwoodie Inspector

DATED this Thirtieth day of May One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow Roy. 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) Young's Close Dumfries. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Larkin and that the said Mrs Mary Larkin is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 at times unconscious as to how to give a reasonable answer to any given question & has a state of imperfect memory as to the question at times. Raves and shouts at times

(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 sometimes is excited and wants out of doors and that all mental derangement has arisen from her sister's illness & death.

(SIGNED) Name and Medical Designation, } W Marshall M.D

Place of Abode, Buccleuch Street Dumfries

DATED this 30th day of May One thousand eight hundred and sixty two 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, Patrick Murray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Young's Close Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Larkin Dumfries and that the said Mary Larkin is a (5) Idiot of and a proper person to be detained under Care and Treatment, 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, cannot give a definite reply to any question addressed to her, is constantly speaking to herself that she is going to

(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 was perfectly sane up to the time of her sisters illness & death, & varying ever since.

(SIGNED) Name and Medical Designation, } P Murray M.D

Place of Abode, Dumfries

DATED this 30 day of May One thousand eight hundred and 62

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Pearson Foster Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mrs Dunwoodie
Inspector of Poor Dumfries William Marshall
Certificates under the hands of
and Patrick Murray , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mrs Mary Larkins a Pauper and that the said
Mary Larkins is a (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 Larkins as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Larkins which accompanied the said Petition.

(SIGNED) James P Foster

DATED this Second day of June One thousand eight hundred and Sixty two years

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

930

Mary Larkins

2d June 1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of John Carruthers Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Armstrong is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Armstrong to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) John Carruthers Inspector of Poor of Parish of Kirkpatrick Fleming

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this thirty first (3) day of May one thousand eight hundred and Sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Armstrong
2. Sex and Age,	Female - 44 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Farmers Widow, and Farmer
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Nosthill Kirkpatrick Fleming
7. Place where Found and Examined,	Do Gallen Village
8. Length of time Insane,	About six Months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	About Six Months
13. Supposed Cause,	Anxiety about the future welfare of Family & family
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No - never at least has made any attempt
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Fleming
18. Date of becoming Chargeable,	At this date
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Irving Kirkpatrick Fleming 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.

(SIGNATURE)* Name, James Irving
John Carruthers

DATED this thirty first day of May one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an Idiot, *or* a person of unsound mind.

I, the undersigned, James Carruthers being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon &c. hereby certify, on soul and conscience, that I have this day, at (3) Hollee Village Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Armstrong Hollee Village — Pauper and that the said Isabella Armstrong is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) Troubled mind Weeps & Smiles alternately Walks to & fro and says she is awfully unhappy and never gets any sleep by night or day

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Janet Johnston, her cousin, says her temper is excitable or irritable and she appears disposed to strike, but has never done so

(SIGNED) *Name and Medical Designation,* James Carruthers, Surgeon

Place of Abode, Kirkpatrick Fleming

DATED this thirty first day of May One thousand eight hundred and sixty two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an Idiot, *or* a person of unsound mind.

I, the undersigned, William Young being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon &c. hereby certify, on soul and conscience, that I have this day, at (3) Hollee Village, Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Armstrong Hollee Village — Pauper and that the said Isabella Armstrong is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great depression of spirits and dread of coming evil, restlessness

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) It is stated by her Cousin Janet Johnston that she has threatened & commit suicide

(SIGNED) *Name and Medical Designation,* William Young, Surgeon

Place of Abode Ecclefechan

DATED this thirty first day of May one thousand eight hundred and sixty two

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Mr Peter Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Carruthers Inspector of Poor Kirkpatrick Fleming Certificates under the hands of James Carruthers, Surgeon and William Young, Surgeon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Armstrong Kirkpatrick Fleming a pauper and that the said Isabella 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 Armstrong as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Armstrong which accompanied the said Petition.

(SIGNATURE) Peter Trotter

DATED this Second day of June one thousand eight hundred and sixty two years.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

Lafayette County Arkansas
31 May 1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of James Common, Shepherd, Aboyne

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Common, my wife is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Common ——— to the Crichton Asylum and to sanction her re-admission into the said Asylum.

(Signature) James Common

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 8th (3) day of June one thousand eight hundred and Sixty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Common
2. Sex and Age,	Female 25
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
6. Previous Place of Abode,	Stennis Water — Water Kirk
7. Place where Found and Examined,	Aboyne
8. Length of time Insane,	Four Months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	25 Years
11. When and where previously under Examination and Treatment,	Stennis Water
12. Duration of Existing Attack,	about four months
13. Supposed Cause,	Retrospective Excitement
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has threatened to drown herself
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a Pauper
18. Date of becoming Chargeable,	——
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	On the Maternal side, One Uncle and Niece both were confined in Lunatic Asylums, but not quite recently
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signature)* Name, James Common

Dated this 8th day of June one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

F. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William J. Keerby, Doctor of Medicine, being a (1) Doctor of Medicine

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Abbeyg in Parish of Canonbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Common - Abbeyg, Canonbie in the County of Dumfries and that the said Mary Common 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) Great incoherence and irritability: frequent muttering, alienation of feeling towards her relations and friends —

(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 also been communicated to me by her husband James Common - Her father & Mother Wm & Mrs Grosie Abbeyg

(Signed) *Name and Medical Designation,* W. J. Keerby L. M. Dr Edinr

Place of Abode, Annan

Dated this 27th day of June One thousand eight hundred and Eighty two —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Alexr Alexander being a (1) Member of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Abbeyg in the Parish of Canonbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Common, Abbeyg in the Parish of Canonbie and that the said Mary Common is a (5) Lunatic 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) Latter movements of Jumping people not whishing to be in the room when removed she has a tendency to incoherent expressions —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Subjects mostly delusionary tendency — Communicated to me by her Aunt Mrs Lowe

(Signed) *Name and Medical Designation,* A. Alexander M. Fac. Surgeon Glas

Place of Abode Gretna Green, Cumberland

Dated this 27th day of June one thousand eight hundred and Eighty two

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic *or* an insane person, *or* an idiot, *or* a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Wm Pitcairn Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) James Common
Shepherd, Abbeyhill
Certificates under the hands of William J. Carlyle
and Aeneas Macaulay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Common at Abbeyhill and that the said
Mary Common is a (5) Person of unsound mind
and insane
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Common as a Patient into the (6) Public Asylum of Crichton 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 Common which accompanied the said Petition.

(SIGNATURE) John R. Trotter

DATED this Tenth day of June one thousand eight hundred and sixty two years.

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, *or* Private.

Mary Conway
Aged 10 Yrs 1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Wigtown and Stewartrie *and his Substitutes,—*

The Petition of George Drysdale Insp of Poor Parish of Whithorn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Walker is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Walker to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) George Drysdale Insp of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirteenth (3) day of June One thousand eight hundred and Sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Walker
2. Sex and Age,	Male 35 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Mariner
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Liverpool
7. Place where Found and Examined,	Whithorn
8. Length of time Insane,	first symptoms on 8th June inst.
9. Whether first attack,	
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	—
13. Supposed Cause,	Cause not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	seems to be at times
16. Whether Dangerous to others,	supposed to be Glassserton Parish
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	June 12th /62
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	David Walker his Father residing in Whithorn No Member of the Family, (with the exception) known to be Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* George Drysdale Insp of Poor

DATED this Thirteenth day of June One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Dunbar White
being a (1) graduate in Medicine of Edenburgh College and a Licentiate of the Royal College of Surgeons Edin
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the house of his uncle Hugh Cutcheon in the Burgh of Whithorn in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) Thomas Walker Pauper at present residing in the said house of his uncle in Whithorn and that the said Thomas Walker is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) His Eyes & countenance present at times the Expression of Vacancy, watchfulness, Suspicion, Dejection, joy, Animosity, terror, rage. He cannot be engaged in rational Conversation on any Subject, and seems at times to have little or no Voluntary Control over the Current of his thoughts and he appears absent & unconscious of persons under the belief that he sees them before him. He is subject to frequent paroxysms of Excitement exhibiting in their turn Dejection joy with laughing, Merriment, fear leading up to Terror with Muscular Shrinking, Wringing of hands & Ejaculations under the delusion that he is being destroyed, & also rage with abuse of friends.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father, Uncle & Aunt tell me that before this acute state of Mania supervened, he existed on religious subjects & at times confused in his ideas - that they have observed a change in his Mind - They have observed all the facts above mentioned as this present state, and say that under the paroxysms of fury he would strike and bite those near him, if not forcibly restrained -

(SIGNED) Name and Medical Designation, Dunbar White M.D

Place of Abode, Whithorn

DATED this 13th day of June One thousand eight hundred and Sixty two

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street and number of the house (if any), or other like particulars.
(4) Insert Designation and Residence, and if a Pauper state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) State the facts.
(7) State the information, and from whom derived.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alex[r] M[c] Millan
being a (1) Licentiate of the R. College of Surgeons Edenburgh
and being in actual practice as a (2) Surgeon in Whithorn
hereby certify, on soul and conscience, that I have this day, at (3) the House of his Uncle Hugh Cutcheon in the Burgh Whithorn in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Thomas Walker Pauper at present residing in the said house of Uncle in Whithorn and that the said Thomas Walker is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) His Eyes were fixed when I saw him on sunday last. he would not speak nor shew his tongue seemed to be without sense or motion & moving his arms he made a firm resistance I visited him but never could get him to speak till today: he talked quite incoherently

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That at times he is outrageous requiring force and restraint for their own safety that imagines there are in the bed and other Hallucinations

(SIGNED) Name and Medical Designation, Alex[r] M[c] Millan Surgeon

Place of Abode, Whithorn

DATED this 13th day of June One thousand eight hundred and Sixty two

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street and number of the house (if any), or other like particulars.
(4) Insert Designation and Residence, and if a pauper state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) State the facts.
(7) State the information, and from whom derived.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Murray Esquire 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 for the Parish of Whithorn
Certificates under the hands of Dunbar White MD and Alexander M'Millan Surgeon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Walker a pauper and that the said Thomas Walker is a (5) insane person

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Walker as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Walker which accompanied the said Petition.

(SIGNED) Thos Murray

DATED this fourteenth day of June One thousand eight hundred and sixty two

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

3

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Arthur Guthrie, Publisher, Aberdeen humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Calderwood, my brother-in-law is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Calderwood to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) A Guthrie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighteenth (3) day of June one thousand eight hundred and Sixty-two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Calderwood
2. Sex and Age,	Male – fourty-eight years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Hosier.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Kilmarnock
7. Place where Found and Examined,	Do
8. Length of time Insane,	fortnight
9. Whether First Attack,	second attack
10. Age (if known) on First Attack,	Fourty-seven
11. When and where previously under Examination and Treatment,	– Kilmarnock
12. Duration of Existing Attack,	fortnight
13. Supposed Cause,	over exertion
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,	George Calderwood, Merchant Bill London. Brother one hand been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* Arthur Guthrie

DATED this Eighteenth day of June one thousand eight hundred and Sixty-two

* To be Signed by the Party applying.

P. T.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, being a (1) Dr. Macleod. M.D. graduate of the University of Gla[illegible]

and being in actual practice as a (2) Physician

hereby certify, on soul and conscience, that I have this day, at (3) Kilmarnock Asylum in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) James. G. Calderwood and that the said James Calderwood is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

He is labouring under the delusion that he is to die without salvation & that he is to be cursed by the Devil

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

by his Aunt— That he roared & cursed at times— is very restless & at times violent

(SIGNED) *Name and Medical Designation,* Don. Macleod, M.D.

Place of Abode, Kilmarnock Asylum

DATED this 16th day of June One thousand eight hundred and Fifty two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, being a (1) John Paxton M.D. Graduate of the University of Edinburgh

and being in actual practice as a (2) Physician

hereby certify, on soul and conscience, that I have this day, at (3) Kilmarnock Asylum in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) James G. Calderwood and that the said James G. Calderwood is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Sleepless nights and supposes that he has intercourse with the Devil, and sings Hymns & Scriptures in the dark at night.—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

by his Aunt, That he is at times violent and dangerous —

(SIGNED) *Name and Medical Designation,* John Paxton M.D.

Place of Abode Kilmarnock Asylum

DATED this seventeenth day of June one thousand eight hundred and fifty two.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. 1, hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Arthur Guthrie
Publisher Ardwell
Certificates under the hands of Donald McLeod —
and John Paton , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Calderwood Pioneer Kilmarnock and that the said
James Calderwood — is a (5) Lunatic —

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Calderwood — 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 Calderwood — which accompanied the said Petition.

(SIGNATURE) J Mark Trotter

DATED this Eighteenth day of June one thousand eight hundred and Sixty two years.

To the Superintendent of the (6) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

James Caldwood
June 15th 1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of James Taylor Smith Kilmarnock Engineer and Draughtsman

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Smith my wife is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Smith to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNATURE) James Taylor Smith

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20 (3) day of June one thousand eight hundred and Sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Smith.
2. Sex and Age,	Female. Fifty one,
3. Married, Single, or Widowed,	Married,
4. Condition of Life, and previous Occupation (if any),	In Comfortable Circumstances,
5. Religious Persuasion, so far as known,	Established Church of Scotland,
6. Previous Place of Abode,	Kilmarnock,
7. Place where Found and Examined,	Kilmarnock,
8. Length of time Insane,	a Week.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	Fifty one,
11. When and where previously under Examination and Treatment,	now here,
12. Duration of Existing Attack,	One week protracted Fatigue & Exertion
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 his Family known to be or to have been Insane,	James Taylor Smith Kilmarnock Husband,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	"

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* James Taylor Smith

DATED this 20th day of June one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

P. p.

James Taylor Smith June 20th 1862

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Don.C Macleod MD Graduate of the University of Glas

and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Portland Terrace Kilmarnock Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jane Smith. and that the said Jane 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) Delusion - That she is for ever ruined and in poverty - She is very restless & cunning requiring great watchfulness to prevent her Committing Suicide -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From Sister. That she refuses to take food and threatened to Commit Suicide by drinking Laudanum -

(SIGNED) *Name and Medical Designation,* Don. Macleod MD

Place of Abode, Kilmarnock

DATED this 20 day of June One thousand eight hundred and Sixty two -

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, being a (1) John Borland MD Graduate of the University of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Portland Terrace Kilmarnock Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jane Smith the said Jane Smith and that is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Refused to take food - is restless & watchful imagines she is ruined & has a suicidal tendency. -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From sister. That she refuses to take food & threatened to Commit Suicide several times lately

(SIGNED) *Name and Medical Designation,* John Borland MD

Place of Abode Portland Terrace Kilmarnock

DATED this 20th day of June one thousand eight hundred and sixty two. —

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. 1., hereto annexed, to the effect that Jane Smith is a (1) Lunatic hereby further certify that the Case of the said Jane Smith — is one of Emergency, and I recommend the immediate removal of the said Jane Smith to an Asylum accordingly.

Name, Dr Macleod MD.

Place of Abode, Kilmarnock

DATED this 21 day of June One thousand eight hundred and forty two

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Rogers Rotter (1) Sheriff Substitute — of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Taylor Smith Chemist and Druggist Kilmarnock Certificates under the hands of Dondd Macleod and John Rorland, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Smith wife of the Petitioner and that the said Jane Smith is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Smith as a Patient into the (6) Public Asylum of Buchton 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 Smith which accompanied the said Petition.

(SIGNATURE) John R Rotter

DATED this Twenty fourth day of June one thousand eight hundred and forty two years.

To the Superintendent of the (6) Public
Asylum of Buchton Royal Institution
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

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Jane Smith

June 21st 1862

(*) Sheriff or Steward.
(†) Mayor or Secretary.

(‡) The date of the Petition must be within a fourteen clear days following the dates of the Medical Certificates.

1. Christian Name
length, .
2. Sex and Age,
3. Married, Single
4. Condition of
(if any), .
5. Religious Pers
6. Previous Place
7. Place where Fo
8. Length of time
9. Whether First
10. Age (if known)
11. When and wher
tion and Fro
12. Duration of Ex
13. Supposed Cause
14. Whether subject
15. Whether Suicid
16. Whether Dange
17. Parish or Union
Pauper) is C
18. Date of becomi
19. Christian Name
Abode of ne
Patient, and
known), and
Family know
nate, .
20. Special circum
insertion of

I certify, that

Dated this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of Thomas Lamie Invergloustown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Francis Lamie of Nithside Cloustown is at present in a state of Mental Derangement and 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 Lamie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) Thos Lamie Invergloustown

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25 (3) day of June one thousand eight hundred and sixty two 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,	Francis Lamie
2. Sex and Age,	Male age 72 years
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Farmer the most of his life
5. Religious Persuasion, so far as known,	the U.P. Church
6. Previous Place of Abode,	Nithside Cloustown
7. Place where Found and Examined,	Do — Do
8. Length of time Insane,	more of less for last 12 months
9. Whether First Attack,	Been afflicted with epilepsy for a few years
10. Age (if known) on First Attack,	72 years —
11. When and where previously under Examination and Treatment,	never in any asylum before
12. Duration of Existing Attack,	cannot exactly say
13. Supposed Cause,	Epilepsy
14. Whether subject to Epilepsy,	yes —
15. Whether Suicidal,	no —
16. Whether Dangerous to others,	no —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper
18. Date of becoming Chargeable,	June 25 — 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas Lamie Invergloustown Brother to Francis never any one in Lunacy —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.*

(SIGNATURE)* *Name,* Thos Lamie Invergloustown

DATED this 25 day of June one thousand eight hundred and 62 years.

* To be Signed by the Party applying.

P. 9.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Andrew Crichton Chalmers being a (1) Doctor of Medicine of Edinburgh University & a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (1) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Nithside in the Parish of Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Francis Laurie and that the said Francis Laurie is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state 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 upset Dinner pretext - in very much excited upset food &c. his altogether very considerable time extreme restlessness - His usual manner very good

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

Confirmation of the above from Dr Carruthers this wife, with whom he has been living for some time past.

(SIGNED) *Name and Medical Designation,* And.r C. Chalmers M.D.

Place of Abode, Thornhill

DATED this 25th day of June One thousand eight hundred and Seventy two

Corrected by A Chalmers

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Grierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon & hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Francis Laurie and that the said Francis Laurie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Incoherence Loss of Memory, & Childishness. He is restless and walks over about with a bewildered anxious stare

(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 Attendant who accompanied him that he is subject to fits of some kind

(SIGNED) *Name and Medical Designation,* S. Grierson M.R.C.S.

Place of Abode Southern Counties Asylum Dumfries

DATED this 28th day of June one thousand eight hundred and Seventy two

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Frances Laurie is a (1) Lunatic hereby further certify that the Case of the said Frances Laurie is one of Emergency, and I recommend the immediate removal of the said Frances Laurie to an Asylum accordingly.

Name, Andr C. Chalmers M.D.

Place of Abode, Thornhill

Dated this 25th day of June One thousand eight hundred and sixty two

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

Consulted by a Colleague

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Crotty (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Laurie Farmer Torquistown Certificates under the hands of Andrew Crichton Chalmers and Samuel Gibson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Frances Laurie of Nithside Closeburn and that the said Frances Laurie 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 Frances Laurie as a Patient into the (6) Public Asylum of Southern Counties Asylum 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 Laurie which accompanied the said Petition.

(Signature) J Pitcairn Crotty

Dated this twenty sixth day of June one thousand eight hundred and sixty two years.

To the Superintendent of the (6) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

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Francis Laurie

25th June 1862

20 & 21 *Vict., Cap.* 71, *Sec.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of James B Milligan Grocer Buccleuch Street Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Milligan my brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Milligan to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) James B Milligan

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2d (3) day of July one thousand eight hundred and Sixty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Milligan
2. Sex and Age,	Male, 28 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Manufacturer
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Buccleuch Street, Dumfries
7. Place where Found and Examined,	Same place Do Do
8. Length of time Insane,	Three days
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	24 years
11. When and where previously under Examination and Treatment,	Bradford
12. Duration of existing Attack,	Three days
13. Supposed Cause,	Religious excitement
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Likely so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Milligan Esqr, his Father, Buccleuch Street, Dumfries
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James B Milligan

DATED this Second day of July one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Murray McCulloch being a (1) Graduate & Physician of Edinburgh and being in actual practice as a (2) Physician in Dumfries hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mr William Milligan Manufacturer and that the said William Milligan 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 that God has cut off the top of his thumb – which he has in order to prevent his relations being damned; Was excited, incoherent & violent &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Attempted to drown himself, cut off the top of his thumb as stated &c.

(SIGNED) *Name and Medical Designation,* James Mc McCulloch

Place of Abode, 38 Castle Street, Dumfries

DATED this 2nd day of July One thousand eight hundred and sixty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Grainger Stewart being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician No 2 hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Milligan Buccleuch Street Dumfries and that the said William 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) Restlessness Sleeplessness Says he has a mission from God, and that he has direct communication with heaven

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Informed by his wife that he attempted to drown himself this morning in the River

(SIGNED) *Name and Medical Designation,* Hugh G. Stewart

Place of Abode, Crichton Institution

DATED this 2nd day of July one thousand eight hundred and July 2nd two –

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that William Milligan is a (1) Lunatic & Dangerous hereby further certify that the Case of the said William Milligan is One of Emergency, and I recommend the immediate removal of the said William Milligan to an Asylum accordingly.

Name, James M. McCulloch M.D. &c.

Place of Abode, 38 Castle Street, Dumfries

DATED this 2nd day of July one thousand eight hundred and sixty two years.

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Foster (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James B. Milligan residing Buccleuch Street Dumfries Certificates under the hands of James Murray McCulloch and Hugh Granger 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 Milligan Buccleuch St Dumfries and that the said William Milligan is a (5) Lunatic & of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Milligan as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Milligan which accompanied the said Petition.

(SIGNED) John P. Foster

DATED this Third day of July one thousand eight hundred and sixty two Years

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, or Private.
(7) Public, District, or Private.

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907
William Milligan
July 2d 1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Johnstone is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Johnstone to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourth (3) day of July One thousand eight hundred and Sixty two—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Johnstone
2. Sex and Age,	Female 74 years
3. Married, Single, or Widowed,	Widow —
4. Condition of Life, and previous Occupation (if any),	do — Field Labourer
5. Religious Persuasion, so far as known,	Protestant (Established Church)
6. Previous Place of Abode,	Dumfries —
7. Place where Found and Examined,	do
8. Length of time Insane,	About five or six weeks
9. Whether first attack,	No —
10. Age (if known) on first Attack,	Not known
11. When and where previously under Examination and Treatment,	Dumfries and S. C. Asylum
12. Duration of existing Attack,	About five or six weeks
13. Supposed Cause,	Supposed to be in some measure owing to the marriage of a daughter who resided with her
14. Whether subject to Epilepsy,	No —
15. Whether Suicidal,	No —
16. Whether Dangerous to others,	No —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, John Dinwoodie Inspector

DATED this Fourth day of July One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Toronto Ont 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) Grey House Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) ~~Patient~~ Isabella Johnston and that the said ~~Isabella~~ Johnston is a (5) ~~Patient~~ Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She talks incoherently, goes away into a stream of language on various subjects, the meaning of which altogether, unintelligible & is constantly wandering

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Much the same as above

(SIGNED) *Name and Medical Designation,* Wm Marshall M.D.

Place of Abode, Brucefield & Dumfries

DATED this 1st day of July One thousand eight hundred and Sixty two years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Murray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Grey House Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) ~~Patient~~ Isabella Johnston Pauper and that the said ~~Isabella~~ Johnston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great excitement of speech, imagining that she is possessed of wonderful powers to kill her children refuses to take food &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Tears and cuts to the head she has given to the parents about the house

(SIGNED) *Name and Medical Designation,* P Murray M.D.

Place of Abode, Brucefield & Dumfries

DATED this 2nd day of July One thousand eight hundred and 62

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Marshall M.D. and Patrick Alloway 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) Isabella Johnstone a widow residing in Dumfries a pauper and that the said Isabella 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 Isabella Johnstone as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Johnstone which accompanied the said Petition.

(SIGNED) John Trotter

DATED this Fourth day of July One thousand eight hundred and sixty two years.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict.*, *Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) County of Wigtown of Kirkcudbright, and his Substitutes

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Dr. G. L. Scott, Medical Officer of Minnigaff

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Flyn

is at present in a state of Mental Derangement and 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 Flyn to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) George F. L. Scott

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eleventh (3) day of July one thousand eight hundred and Sixty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Flyn
2. Sex and Age,	Male, about Twenty two years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm servant
5. Religious Persuasion, so far as known,	Unknown
6. Previous Place of Abode,	Minnigaff Parish
7. Place where Found and Examined,	Found in Minnigaff, lodged thereafter with a sister in Newton Stewart, & examined there
8. Length of time Insane,	8 Four or five days
9. Whether First Attack,	9 First Attack
10. Age (if known) on First Attack,	~~~
11. When and where previously under Examination and Treatment,	~~~
12. Duration of Existing Attack,	Four or five days
13. Supposed Cause,	Uncertain
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not particularly so as yet
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan probably, Minnigaff pro tem
18. Date of becoming Chargeable,	10th July 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mother & various brothers & sisters are alive at Kirkcowan. No insanity in the family
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* Name George F. L. Scott

DATED this Eleventh day of July one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Moore
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) Newton Stewart
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Flinn, pauper
pauper and that
the said James Flinn is a (5) person
of unsound mind. and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
His general appearance & demeanour denote manifest
derangement of mind. He entertains absurd notions about
the most common affairs. Thinks some of his friends are attempting
his life.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His character & disposition have undergone an entire change
within the last few days. From being quiet and inoffensive, he is
outrageous and under the strongest excitement. He was seen wandering
through the fields, during night, only half dressed.

(SIGNED) Name and Medical Designation, James Moore

Place of Abode, Newton Stewart.

DATED this 4th day of July One thousand eight hundred and sixty two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Murray
being a (1) Doctor of Medicine & Master in Surgery
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Newton Stewart
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Flinn, pauper
servant, pauper and that
the said James Flinn is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) His appearance
and manner indicate great excitement.
Conversation his expressions are confused
& incoherent. He also labours under delusion
with regard to his late brother's funeral. Refuses

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Conduct
Until four days ago he had conformed regularly
& quietly to usual disposition. But since that
period has been acting [illegible]
[illegible] excited condition. Occupied the early
part of the night preparing for his
coming journey. The bride
mentioned being various

(SIGNED) Name and Medical Designation, John Murray, of M. M.D.

Place of Abode Newton Stewart

DATED this 4th day of July one thousand eight hundred and sixty two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic *or* an insane person, *or* an idiot, *or* a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Kennedy (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) George J. C. Scott
Inspector of Poor at
Certificates under the hands of James Rivers —
and John 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)
James Glenn farmservant a pauper and that the said
James Glenn is a (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 Glenn 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 James Glenn which accompanied the said Petition.

(SIGNATURE) A McKenny

DATED this Eleventh day of July one thousand eight hundred and sixty two years.

To the Superintendent of the (7) Public
Asylum of Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, *or* Private.

936

James Flinn

11th July 1862

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(1) Shire or Stewartry.

Unto the Honourable the (1) ~~Steward~~ ~~of the~~ (1) ~~Stewartry~~ Sheriff of Brigton and ~~of~~ Kirkcudbright and his Substitutes,—

The Petition of James Sproat Inspector of Poor of Balmaghie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Thompson L.R.C.S. Edinburgh is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Thompson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) James Sproat

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fifth (2) day of June one thousand eight hundred and Sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Thompson
2. Sex and Age,	Male. Fifty One years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Practising as a Surgeon
5. Religious Persuasion, so far as known,	Established Church.
6. Previous Place of Abode,	Launceston
7. Place where Found and Examined,	Do —
8. Length of time Insane,	About a month —
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,	Domestic affliction, death recently of his wife & only child
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	He has contemplated suicide
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Balmaghie
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	No near relatives residing in this part of the country, and no Member of his Family known to have been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, James Sproat

DATED this twenty fifth day of June one thousand eight hundred and sixty two

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1296.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Anderson being a (1) Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Balmaghie Kirkmaidbright Lauriston in the County separately from any other Medical Practitioner visited and personally examined (4) John Thompson Licentiate of the Royal College of Surgeons Edinburgh Lauriston, and that the said John Thompson 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Labours under the delusion that he is accused of having murdered his daughter & is imprisoned with the belief that he is about to be executed for the crime and was released from gaol in case from the gaol officer who told him that he was to be executed

2 He believes also that there is some article of food or drink placed on his table is poisoned

2. Other facts (if any) indicating Insanity communicated to me by others. (7) the application of Mr Kennedy Lawn of Woodhall for an order to remove his sister Lady Arrested on a charge of forgery at the same time presented to Mr Lawn a petition of the pauper telling him that he was come to poison [illegible]

(7) *State the information, and from whom derived.*

(SIGNED) Name and Medical Designation, Patrick Anderson L.R.C.S.

Place of Abode, Castle Douglas

DATED this Twenty fifth day of June One thousand eight hundred and Sixty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Findlay M.D. of the College of Glasgow being a (1) General Practitioner and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Balmaghie Lauriston in the County of Kirkmaidbright separately from any other Medical Practitioner, visited and personally examined (4) John Thompson Licentiate of the Royal College of Surgeons Edinburgh and that the said John Thompson 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) Labours under the delusion that his neighbours have conspired against him to take his life and a person that he has down body have been on their premises for the purpose of taking his life & that he is to be poisoned by his victuals

2. Other facts (if any) indicating Insanity communicated to me by others. (7) His landlady told me that he wanted her to get a coffin made & would make it for himself that his friends were to be paid by the parish into his keeping [illegible] Procurator Fiscal in pursuing the

(7) *State the information, and from whom derived.*

(SIGNED) Name and Medical Designation, James Findlay M.D.

Place of Abode, Castle Douglas

DATED this Twenty fifth day of June one thousand eight hundred and Sixty two

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. 1., hereto annexed, to the effect that

is a (1) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Wyamth Dunbar (1) Esquire, Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Thompson James Sproat, Inspector of Poor Certificates under the hands of Patrick Anderson and James Findlay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Thompson a Pauper and that the said John Thompson is a (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 Thompson as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Thompson which accompanied the said Petition. two undorlettered.

(SIGNED) W. Wyamth Dunbar

DATED this Twenty fifth day of June one thousand eight hundred and Sixty two

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

934

John Thompson

26th June 1862

908

12/7/62

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict. Cap.* 71 *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of John Stark Inspector of Poor, Johnstone

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rebecca Bridges, Pauper, is at present in a state of Mental Derangement, and 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 Bridges to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Stark

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twelfth (3) day of July One thousand eight hundred and Eighty-two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rebecca Bridges
2. Sex and Age,	Female 53 years
3. Married, Single, or Widowed,	Widow (she says)
4. Condition of Life, and previous Occupation (if any),	Formerly House Servant
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Kirkbank Linn Johnstone
7. Place where Found and Examined,	~~Johnstone~~ Five days at present
8. Length of time Insane,	~~Johnstone~~ and for several months, the
9. Whether first attack,	third : two previous times
10. Age (if known) on first Attack,	Forty six
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries and Insane Department Poor house Kensyde
12. Duration of existing Attack,	~~Johnstone~~ Five days
13. Supposed Cause,	She says fatigue
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,	Johnstone
18. Date of becoming Chargeable,	April 1847 put on the Role
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Ann Charteris Kirkland Linn Johnstone. Aunt now known not to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, John Stark

DATED this twelfth day of July One thousand eight hundred and eighty-two

* To be signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Sanders
being a (1) Licentiate of the Faculty of Physicians & Surgeons of
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kinnel Line Johnstone
Parish in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Rebecca Bridges residing at Kinnel
Johnstone Parish (Pauper) and that
the said Rebecca Bridges 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)
We conversing with her she speaks quite coherently at first but on speaking on certain topics such as the Royal Family she fancies herself intimately connected with them, she throws her body into various forms. speaks of teaching people boxing, dances very cunning, and looks nervous.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Nurse states sleepless at night rising & dancing through the house jumping off the seat stuck to another in the room, strikes her son, took her aunts umbrella from her & struck her on the shoulder afterwards ran over a tree

(SIGNED) *Name and Medical Designation,* William Sanders L.F.P.S.

Place of Abode, Dumfries

DATED this tenth day of July One thousand eight hundred and Sixty two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Thomas Alexander Fraser Scott
being a (1) Member of the Royal College of Surgeons England and Fellow of the Faculty of Midwifery
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kinnel Line
Johnstone parish in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Rebecca Bridges residing
at Kinnel Line Johnstone parish (Pauper) and that
the said Rebecca Bridges 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) Restlessness & apparent nervousness, speaks at first coherently but has an idea she is nearly related to the Royal family, the Buchanans also thinks she is related to myself & says she likes to box and keep men in order. cannot stay

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She is dangerous to others especially her own son whom she takes great dislikes, is very noisy especially at night, getting up and dancing through the gardens, struck aunt with an umbrella and then broke it she has been in an Asylum before

(SIGNED) *Name and Medical Designation,* Thos A.F. Scott L.F.P.S. & L.M.

Place of Abode, High Street Lochmaben

DATED this Eleventh day of July One thousand eight hundred and Sixty two

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Stark
Inspector of Poor of the parish of Edinston —
Certificates under the hands of William Landes
and William Alexander Fraser Lovett —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Rebecca Bridges, a pauper from Edinston and that the said
Rebecca Bridges — (5) is an insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rebecca Bridges 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 Rebecca Bridges — which accompanied the said Petition.

(SIGNED) A. Hannay

DATED this 12th day of July — One thousand eight hundred and sixty two years.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

937

Rebecca Bridges

12th July 1862

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of Eliza Wright, residing in Stirling humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Frances Wright, her 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 Miss Frances Wright to the Crichton Royal Institution of Dumfries and to sanction her admission into the said Asylum.

(SIGNED) X Eliza Wright

(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 July one thousand eight hundred and fifty-two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Frances Wright
2. Sex and Age,	Female - 53
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. Previous Place of Abode,	Stirling
7. Place where Found and Examined,	Sanquhar Parish Asylum
8. Length of time Insane,	Several years
9. Whether first Attack,	No
10. Age (if known) on first Attack,	Early in life
11. When and where previously under Examination and Treatment,	Morningside & Sanquhar Asylums
12. Duration of existing Attack,	More than two years
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has attempted suicide by Drowning
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Miss Wright her sister residing at Stirling
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* X Eliza Wright

DATED this fourteenth day of July one thousand eight hundred and fifty-two

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1500.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith
being a (1) Fellow of R. Pl College of Physicians of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Asylum
Sauchtonhall Asylum
of Middleton
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Frances Wright of Stirling, now a
inmate of Sauchtonhall Asylum
and that
the said Frances Wright
is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Great violence, swearing & bad language

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The same facts mentioned to me by the
Matron & attendants

(SIGNED) *Name and Medical Designation,* John Smith M.D.

Place of Abode, 20 Charlotte Square
Edinr

DATED this 14th day of July One thousand eight
hundred and sixty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Henry Lowe
being a (1) Fellow of the Royal College of Physicians of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Sauchtonhall
Midlothian
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) the Frances Wright of Stirling, now a
inmate of the Asylum of Sauchtonhall
and that
the said Miss Frances Wright
is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Great Violence, Swearing & Indecency

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Similar state of maniacal violence described
me by Dr Shaw & others

(SIGNED) *Name and Medical Designation,* H. W. Lowe M.D.

Place of Abode, Bellevue Morningside

DATED this fourteenth day of July one thousand eight
hundred and Sixty two

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. 1., hereto annexed, to the effect that

is a (1) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

Dated this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Jacques Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Eliza Wright residing in Stirling and John Smith Certificates under the hands of and William Henry Lowe, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Frances Wright an inmate of Laughton Hall Asylum and that the said Frances Wright is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Frances Wright as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Frances Wright which accompanied the said Petition.

(Signed) John J. Trotter

Dated this Twenty third day of July one thousand eight hundred and sixty two years.

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

No. 701

Saveen Nagla
July 16th
1862

(1) Sheriff or Steward.
(2) Clerk or Secretary.

(3) The date of the
Notice must be with
a fourteen clear days
following the dates o
the Medical Certificates

1. Christian Name
length, .

2. Sex and Age,

3. Married, Single,

4. Condition of Li
(if any),

5. Religious Persua

6. Previous Place

7. Place where Fou

8. Length of time I

9. Whether first Att

10. Age (if known)

11. When and where
sion and Touch

12. Duration of exist

13. Supposed Cause,

14. Whether subject

15. Whether Suicidal

16. Whether Dangero

17. Parish or Union
Pauper) is Ch

18. Christian Name
Abode of near
Patient, and
known), and
Family known
sane, .

19. Special circumsta
insertion of a

I certify, that

DATED this

Clerk to the Guardians of the Poor of the Union of

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Ayrtown *and his Substitutes,—*

The Petition of James M Donald Coloure Newton Stewart humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Menzies residing in Newton Stewart is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Menzies to the the Southern Counties Asylum Dumfries, and to sanction his admission into the said Asylum.

(SIGNED) James M Donald

(1) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fourteenth (2) day of July one thousand eight hundred and sixty two 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 Menzies
2. Sex and Age,	Male Thirty seven years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Stone Dyker
5. Religious Persuasion, so far as known,	Member of Reformed Presbyterian Church
6. Previous Place of Abode,	Newton Stewart
7. Place where Found and Examined,	new Lunatic ward
8. Length of time Insane,	For the last two Months been in Asylum at Perth
9. Whether first Attack,	No - a more severe attack about 17 years ago
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	In Glasgow Asylum
12. Duration of existing Attack,	about two Months, became so a few days
13. Supposed Cause,	about two weeks ago when he threw himself out. Intemperate & constitutionally nervous
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	Was so on former occasion - has a constant fear that he may injure some one
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not pauper in any parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Menzies Bookseller Oban Son
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James Goodall

DATED this 14th day of July one thousand eight hundred and sixty two

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1200.

Living to Lochgilphead at the Oban I have seen & sign the above statement JG

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, Charles Smith being a (1) Surgeon Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Newton Stewart in the County of Wigton separately from any other Medical Practitioner visited and personally examined (4) William Menzies and that the said William Menzies is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) Insert Designation and Residence, and if a Pauper, state so.

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His countenance is expressive of deep dejection. He states that he is much depressed about religious matters, as to make his life burdensome

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) About ten days he attempted to drown himself

(SIGNED) *Name and Medical Designation,* Charles Smith Surgeon

Place of Abode, Newton Stewart

DATED this Fourteenth day of July One thousand eight hundred and Sixty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, John Murray being a (1) Doctor of Medicine & Master in Surg Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Newton Stewart Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Menzies and that the said William Menzies is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) Insert Designation and Residence, and if a Pauper, state so.

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His countenance is expressive of deep dejection. He states that he is so wretched as to make life burdensome that he has already attempted suicide and that upon whom he may be tempted to do murder

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From James McDonald. A cousin of Menzies attempted to commit suicide by drowning.

(SIGNED) *Name and Medical Designation,* John Murray A.M. M.D.

Place of Abode, Newton Stewart

DATED this twelfth day of July one thousand eight hundred and sixty two.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that

is a (1) hereby further certify that the Case

of the said is One of Emergency, and I recommend the immediate removal of the said

to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esquire Sheriff-Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) James Mc Donald labourer Newton Stewart Certificates under the hands of Charles Smith Surgeon and John Murray M D _____, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Menzies residing in Newton Stewart and that the said William Menzies is a (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 Menzies as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Menzies which accompanied the said Petition.

(SIGNED) _____

DATED this fifteenth day of July one thousand eight hundred and sixty two

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

William Mungie
16 July 1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff~~ Sheriff of ~~the~~ (2) ~~Kirkcudbright~~ Nithsdale and of Kirkcudbright ——— *and his Substitutes,—*

The Petition of James Thomson, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Lyons, a Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Lyons to the Southern Counties Asylum, Dumfries and to sanction the admission into the said Asylum.

(SIGNATURE) James Thomson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth (3) day of July One thousand eight hundred and Sixty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Lyons
2. Sex and Age,	Female, aged 35 years
3. Married, Single, or Widowed,	Married, – Deserted by Husband
4. Condition of Life, and previous Occupation (if any),	Pauper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Ireland
7. Place where Found and Examined,	Kirkcudbright
8. Length of time Insane,	3 or 4 days
9. Whether first attack,	No – has at several times since 1857, suffered from depression
10. Age (if known) on first Attack,	Has been subject to depression of Spirits, Since
11. When and where previously under Examination and Treatment,	Lasciviously, at several times, since Early November 8 ~~Kirkcudbright about 5 years ago~~, chiefly during Winter
12. Duration of existing Attack,	3 or 4 days.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	July 16. 1862, as Insane, & a Pauper for her Children – 1857. – July 25. 1857.–
19. Christian Name 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 Hewitt, High Street. Kirkcudbright. Mother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* James Thomson

DATED this Seventeenth day of July One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Bland being a (1) Fellow of the 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) Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Sarah Lyons (Hewit) Kirkcudbright a Pauper and that the said Sarah Lyons (Hewit) is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Facts in my wakefulness and imaginary things not founded in fact.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) assault committed on her mother within the last week. and report current among the neighbours as to attack of above mentioned occurring during pregnancy.

(SIGNED) *Name and Medical Designation,* John Bland L.R.C.S.E.

Place of Abode, Kirkcudbright

DATED this 16th day of July One thousand eight hundred and Sixty-two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, David Blair being a (1) L.R.C.S.E. and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Prison of Kirkcudbright Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Sarah Lyons a Pauper and that the said Sarah Lyons is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 outrageous conduct at one time & her facetiousness at another & her conduct generally

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) the Mother has told me of repeated attacks upon her.

(SIGNED) *Name and Medical Designation,* David Blair Surgeon

Place of Abode, Kirkcudbright

DATED this 17th day of July One thousand eight hundred and Sixty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I William Macneath Dunbar Esqr Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Thomas Thomson
Inspector of Poor for the Parish of Kirkcudbright
Certificates under the hands of John Shand
and David Blair, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Sarah Kyons and that the said
Sarah Kyons is a (5) Lunatic
Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Kyons as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Kyons which accompanied the said Petition. Nine words deleted

(SIGNATURE) W M Dunbar

DATED this eighteenth day of July One thousand eight hundred and Sixty two

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Wigtown and ~~of~~ Kirkcudbright *and his Substitutes, for the* County of Wigtown The Petition of Jane Mc queen, Laigh Balcray humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Dalrymple is at present in a state of Mental Derangement, and 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 Dalrymple at Balcray to the Southern Counties' Asylum and to sanction his admission into the said Asylum.

(Signed) Jane Mc Queen

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twenty ninth (3) day of July one thousand eight hundred and sixty two 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 Dalrymple
2. Sex and Age,	Fifty two years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers son. Never fit for any occupation.
5. Religious Persuasion, so far as known,	A United Presbyterian
6. Previous Place of Abode,	Whithorn
7. Place where Found and Examined,	Laigh Balcray
8. Length of time Insane,	More especially so for a month two years ago, and during the last three weeks
9. Whether first Attack,	The second.
10. Age (if known) on first Attack,	Fifty years
11. When and where previously under Examination and Treatment,	At Laigh Balcray
12. Duration of existing Attack,	A month
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Rather inclined to take his own life & that of others
16. Whether Dangerous to others,	Rather so.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	New Luce - if he become a pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Neither his father nor mother are alive. John Dalrymple, Congleton, England being his next youngest brother, may be considered his nearest known relative. No member of his family has ever been known to be insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signed)* *Name,* Jane Mc Queen

Dated this 29 day of July one thousand eight hundred and sixty two.

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Broadfoot being a (1) Licentiate of the Royal College of Surgeons of Edinb
and being in actual practice as a (2) Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) the farm La
in the parish of Whithorn and in the County
Wigtown separately from any other Medical Practitione
visited and personally examined (4) James Dalrymple a lad whose mask i
unfitted him for any occupation, and who now resides with his
and th
the said James Dalrymple is a (5) Lunatic, more
and a proper Person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) About 4 days ago, w
he talked a great deal, but not a word of sense for instance he
on the head and face of his attendant and such like. To day he was inform
being asked who I was, replied "auld johnny Glass

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He
attendant the other day that he had been hearing a sermon
and that the text was divided into 365 ~~days~~ six hours — H
became a "howdy" and delivered a woman, and many similar obs

(SIGNED) Name and Medical Designation, } Robert Broadfoot Surgeon

Place of Abode, Whithorn

DATED this 29 day of July One thousand eigh
hundred and sixty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Mr M Millan
being a (1) Licentiate of the Royal College of Surgeons of Edinburg
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Farm of Laigh Ha
in the Parish of Whithorn and in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) James Dalrymple a man of weak intelle
all times Residing with his Sister Mrs M Queen at Laigh Baker and that
the said James Dalrymple 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.:— His Eyes dark staring mad ~~asleep~~ his Clothes rent and

1. Facts indicating Insanity observed by myself: (6) I could not make out
altogether I never saw a person seemingly bereft of reason to the

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
That he would throw any object at or strike his attendants
he is restrained

(SIGNED) Name and Medical Designation, } Mr M. Millan Surgeon

Place of Abode, Whithorn

DATED this 29th day of July one thousand eight
hundred and 62

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esquire Sheriff (1) Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Jane Macqueen
Laigh Balmay
Certificates under the hands of Robert Broadfoot Surgeon
and Alexander Mc. Millan Surgeon, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Dalrymple residing at Balmay and that the said
James Dalrymple is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Dalrymple as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorise
his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Dalrymple which accompanied the said Petition.

(SIGNED) M. Mack

DATED this thirtieth day of July one thousand eight hundred and sixty two.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

3

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

940
James Dalrymple
31st July 1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Region and of Kirkcudbright and his Substitutes,

The Petition of James Thomson Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Gourlay / Pauper is at present in a state of Mental Derangement, and 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 Gourlay to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) James Thomson Insp. of Poor Parish of Kirkcudbright

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourth (3) day of August One thousand eight hundred and Sixty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Gourlay
2. Sex and Age,	Male – 16 years
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Son of Seamayman Shoemaker (deceased) – Scholar.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	High Street, Kirkcudbright
7. Place where Found and Examined,	High Street Kirkcudbright
8. Length of time Insane,	3 days
9. Whether first attack,	Yes. –
10. Age (if known) on first Attack,	. . . .
11. When and where previously under Examination and Treatment,	. . . .
12. Duration of existing Attack,	3 days
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	August 2nd 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary Gourlay – High Street Kirkcudbright Mother of Patient Nor Members of family have died Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* Name, James Thomson

DATED this fourth day of August One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

I, the undersigned, Archd. K. Campbell being a (1) Member of the R.C.P. & S. Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High St. Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John Gourley High St. Kirkcudbright Pauper and that the said John Gourley 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 surrounded by heaps of coal dust & bowls & from he is constantly speaking

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* Archd. K. Campbell Surgeon

Place of Abode Castle St. Kirkcudbright

DATED this 4th day of August One thousand eight hundred and 62

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

I, the undersigned, David Blair being a (1) L.R.C.P.E. and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John Gourley a Pauper and that the said John Gourley is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) outrageous behaviour & conduct generally

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* David Blair Surg

Place of Abode, Kirkcudbright

DATED this 3d day of August One thousand eight hundred and sixty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyacinth Dunbar (2) Steward Substitute
of the (3) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (4) James Thomson
Inspector of the Poor for the parish of Kirkcudbright
Certificates under the hands of Doctor A. K. Campbell
and David Blair, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) John
Gourlay Pauper in Kirkcudbright and that the said
John Gourlay is a (6) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Gourlay as a Patient into the
(7) Southern ~~Asylum of~~ Counties Asylum 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 Gourlay ——— which accompanied the said Petition.

(SIGNATURE) W H Dunbar

DATED this fourth day of August One thousand eight hundred and sixty two years

To the Superintendent of the (8) Southern Counties
Asylum of Dumfries

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(2) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(7) Public, District, or Private.
(8) Public, District, or Private.

941

John Gourlay
5th Augt 1862

Portrait
of
John Gourlay
1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Thomas Crosbie, Gamekeeper humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Crosbie Gamekeeper at Speddoch Holywood, is at present in a state of Mental Derangement and 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 Crosbie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) Thomas Crosbie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifth (3) day of August one thousand eight hundred and Sixty two 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 Crosbie.
2. Sex and Age,	Male -
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Game Keeper.
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Speddoch
7. Place where Found and Examined,	Speddoch
8. Length of time Insane,	Speddoch
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	Sixty two years
11. When and where previously under Examination and Treatment,	At his own house
12. Duration of Existing Attack,	About six months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	~~No~~ yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper as yet
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas & David Crosbie brothers residing in the neighbourhood No member of the family was insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* Name, Thomas Crosbie

DATED this Fifth day of August one thousand eight hundred and sixty two years.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson being a (1) graduate of the University of Edinb and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern C Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Crosbie, Game Keep Speddoch and that the said George Crosbie is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Depression of mind - hesitation of manner - Admits himself to a Relation of Ill treatment and that the delusions of insanity recorded below have not ye abandoned him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He has been very excited & has threatened the life of my brother - Various delusions are mentioned Suspicions of designs upon him & Rob Ferguson

(SIGNED) *Name and Medical Designation,* John Dickson

Place of Abode Buccleuch Street

DATED this Fifth day of August One thousand eight hundred and Sixty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Andrew Crichton Chalmers being a (1) Doctor of Medicine of Edinburgh University & a Member of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician &c hereby certify, on soul and conscience, that I have this day, at (3) Speddoch in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Crosbie, Game Keeper Speddoch and that the said George Crosbie 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 very much depressed in spirits - His temper is very variable.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife & brother speak of his being attended with violent threatenings when they attempted restraining him from leaving the house without an object. They & James Ferguson (his servant) tell me that he long he is suspicious & that he has full of crazy fancies & hymns & songs & that he sometimes speaks of his mental temptations, which he attributes -

(SIGNED) *Name and Medical Designation,* Andr. C. Chalmers M.D. Registered -

Place of Abode Thornhill

DATED this Fourth day of August one thousand eight hundred and sixty two -

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that George Crosbie is a (1) Lunatic & unsound mind hereby further certify that the Case of the said George Crosbie is one of Emergency, and I recommend the immediate removal of the said George Crosbie to an Asylum accordingly.

Name, John Dickson M.D

Place of Abode, Buccleuch Street

DATED this 5th day of August One thousand eight hundred and sixty two.

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Wm Pitcairn Rutter (2) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Crosbie Game Keeper, Shedoch Certificates under the hands of Wm Dickson and Andrew Cuthbert Chalmers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Crosbie Game Keeper at Shedoch and that the said George Crosbie 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 George Crosbie 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 George Crosbie which accompanied the said Petition.

(SIGNATURE) John P Rutter

DATED this Sixth day of August one thousand eight hundred and Sixty two years

To the Superintendent of the (6) Public
Asylum of Southern Counties Dumfries

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

942

George Crookshank
8th August 1862

D. Gilchrist

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries *and his Substitutes,*—

The Petition of J. Crichton Inspector of Poor Annandale humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Armstrong Carter Crosshead is at present in a state of Mental Derangement and 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 Armstrong Carter to the Dumfries Crichton Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) J. Crichton Inspector of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eight (3) day of August one thousand eight hundred and Sixty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Armstrong
2. Sex and Age,	Male aged 28
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Carter
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Crosshead
7. Place where Found and Examined,	Crosshead
8. Length of time Insane,	about 10 to weeks 3 weeks
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Crosshead
12. Duration of Existing Attack,	The whole day
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,	Canonbie
18. Date of becoming Chargeable,	3 Aug 62
19. Christian Name 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 Armstrong Brother Canonbie yes on the father side
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.

(SIGNATURE)* *Name,* ~~Henry Armstrong~~ J. Crichton

DATED this Fifth day of August one thousand eight hundred and Inspector of Poor Sixty two

* To be Signed by the Party applying.

P. p.

Form must be signed by the Petitioner

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Armstrong - Carter a pauper and that the said John Armstrong is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is in a state of dementia, with occasional attacks of violence & impulsive destructive tendencies.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I am told that he has attempted to commit suicide

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information, and from whom derived.*

(Signed) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

Dated this twelfth day of August One thousand eight hundred and sixty one

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Adam Macaulay being a (1) Member of the Faculty of Physicians & Surgeons and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Armstrong - Carter not a Pauper and that the said John Armstrong is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

His appearance, demeanour, & conduct indicate great mental derangement

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

It said he has attempted to commit suicide - By his wife & neighbours

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

(Signed) *Name and Medical Designation,* Adam Macaulay Surgeon

Place of Abode Crichton

Dated this fifth day of August one thousand eight hundred and Sixty-two

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. 1, hereto annexed, to the effect that John Armstrong - a Pauper - is a (1) Person of Unsound Mind hereby further certify that the Case of the said John Armstrong is one of Emergency, and I recommend the immediate removal of the said John Armstrong to an Asylum accordingly.

Name, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this Twelfth day of August One thousand eight hundred and sixty two.

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Crichton Inspector of Poor Canonbie Certificates under the hands of John Dickson and Rufus Abernethy, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Armstrong Carter Crofthead and that the said John 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 John Armstrong 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 Armstrong which accompanied the said Petition.

(SIGNATURE) A Barrie

DATED this Eighteenth day of August one thousand eight hundred and sixty two years.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

943

Jno Armstrong

12th August 1862

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (†) Shire of Dumfries *and his Substitutes.*

The Petition of Elizabeth Arnold of Holmside Grasmere Ambleside humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Archibald William Arnold 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 Archibald William Arnold to the Dumfries Royal Lunatic Asylum and to sanction his admission into the said Asylum.

(SIGNED) Elizabeth Arnold.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 11th (*) day of August one thousand eight hundred and Seventy two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Archibald William Arnold.
2. Sex and Age,	male Thirty
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Clergyman
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Oxford.
7. Place where Found and Examined,	London
8. Length of time Insane,	4 years
9. Whether first Attack,	first attack
10. Age (if known) on first Attack,	26
11. When and where previously under Examination and Treatment,	no where
12. Duration of existing Attack,	4 years
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	doubtful
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Mr Abergavenny
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Elizabeth Arnold Mother Holmside Grasmere no other member of family insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Elizabeth Arnold

DATED this 11th day of August one thousand eight hundred and Seventy two

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Edward J. Robert Gwyn being a (1) Fellow of the Royal College of Surgeons of [illegible] Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) the Great [illegible] Hotel Bonchurch Street London in the County of Middlesex separately from any other Medical Practitioner, visited and personally examined (4) Kirchner William Arnold (Clerg[illegible] of 30 Beaumont Street Oxford and that the said Kirchner William Arnold is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 conversation [illegible] about the Society of Sacred Missions and [illegible] any person [illegible] and brought home by the [illegible] to be at large. Wanting to call [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible] From the Rev[illegible] William Upcher[illegible] [illegible] [illegible] without progression and stopping short [illegible] saying his food is poisoned

(SIGNED) *Name and Medical Designation,* Edward Robert Gwyn Fellow of the Royal College [illegible]

Place of Abode 30 Beaumont Street Oxford

DATED this eleventh day of August One thousand eight hundred and sixty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Gilbert M[illegible] being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Carlton House Terrace Royal Institution Hampton in the County of [illegible] separately from any other Medical Practitioner, visited and personally examined (4) Kirchner William Arnold Clergyman (has been travelling) and that the said Kirchner William Arnold is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 undecided stupid and talks incoherently

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Made an unprovoked assault upon a stranger as stated by his Father

(SIGNED) *Name and Medical Designation,* James Gilbert M[illegible]

Place of Abode, Carlton House Terrace

DATED this 12th day of August one thousand eight hundred and sixty two

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. 1., hereto annexed, to the effect that Rev Archer William Arnold (Clerk) is a (1) person of unsound mind, hereby further certify that the Case of the said Rev Archer William Arnold is One of Emergency, and I recommend the immediate removal of the said Rev Archer William Arnold to an Asylum accordingly.

Name, Edward Robert Bevan

Place of Abode, 30 Beaumont Street Oxford

DATED this eleventh day of August one thousand eight hundred and sixty two

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Elizabeth Arnold of Holmside Grasmere Windermere Certificates under the hands of Edward Robert Bevan and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Archer William Arnold Clergyman Oxford and that the said Archer William Arnold is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Archer William Arnold as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorise no Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Archer William Arnold which accompanied the said Petition.

(SIGNED) A Barrie

DATED this Fifteenth day of August one thousand eight hundred and Sixty two years.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

243
P10
Norton Wm Arnold
12/8/62

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Stewart.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Wigtown and his Substitutes,—

The Petition of James Henry, Inspector of Poor Dwel humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Durham is at present in a state of Mental Derangement, and 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 Durham, to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) James Henry Insp of Poor

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifth (*) day of August one thousand eight hundred and Sixty two 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 Durham
2. Sex and Age,	Male. aged 25 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Carpenter
5. Religious Persuasion, so far as known,	Protestant-
6. Previous Place of Abode,	Drumnecklech-
7. Place where Found and Examined,	Portpatrick, and examined at Stranraer Castle.
8. Length of time Insane,	Several Weeks
9. Whether first Attack,	First attack-
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Not previously under examination or treatment-
12. Duration of existing Attack,	Several weeks
13. Supposed Cause,	Not Clearly Known.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes.- Violent and becoming more so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Inch Parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Durham. Port of Shittle Portpatrick Father.- No other Member of the Family insane-
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James Henry Insp of Poor

DATED this Fifth day of August one thousand eight hundred and Sixty two Years

[4]

* To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Ebenezer Fleming, M.D., Stranraer, being a (1) Doctor of Medicine, and a Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Stranraer aforesaid in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John Dunbar, Pauper and that the said John Dunbar is a (5) Insane Person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Has been under my notice for several weeks, wandering about vacant, listless manner. Latterly the Symptoms have become violent, threatens all who approach him, and destroys property.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Owing to his threatening language and gestures his father other friends, have at times had under the necessity of leaving house, at times he wanders about in a State of nakedness.

(SIGNED) Name and Medical Designation, Ebenezer Fleming, M.D.

Place of Abode, Stranraer

DATED this Fifth day of August One thousand eight hundred and Sixty two Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Orpell being a (1) a Licentiate of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Old Castle of Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John Burbon a Pauper residing at Portpatrick parish and that the said ~~Portpatrick~~ John Burbon is a (5) person of unsound mind and a proper person to be detained 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 for some past been in the habit of calling on me and his Conversation on those occasions, & taken, has constantly & observed by me of a person of unsound mind. He has also for some time past been wandering from place to place without any object.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by Mr Kerr, Inspector of Poor of the Parish that he frequently threatened violence to his family, has turned them all out of the house & locked them out, is a furious & dangerous Lunatic, quite contrary to natural disposition

(SIGNED) Name and Medical Designation, John Orpell Surgeon

(She word delete)

Place of Abode Stranraer

DATED this Fifth day of August one thousand eight hundred and Sixty two

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that

[illegible] is a (1) [illegible] hereby further certify that the Case of the said [illegible] is One of Emergency, and I recommend the immediate removal of the said [illegible] to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this _____ day of _____ one thousand eight hundred and _____.

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esquire Advocate Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Kerr Inspector of Poor Inch
Certificates under the hands of Ebenezer Fleming M.D. ——
and John Argill Surgeon ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Durham, pauper, —— and that the said John Durham —— is a (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 Durham —— as a Patient into the (6) Crichton Asylum of Dumfries — and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Durham —— which accompanied the said Petition.

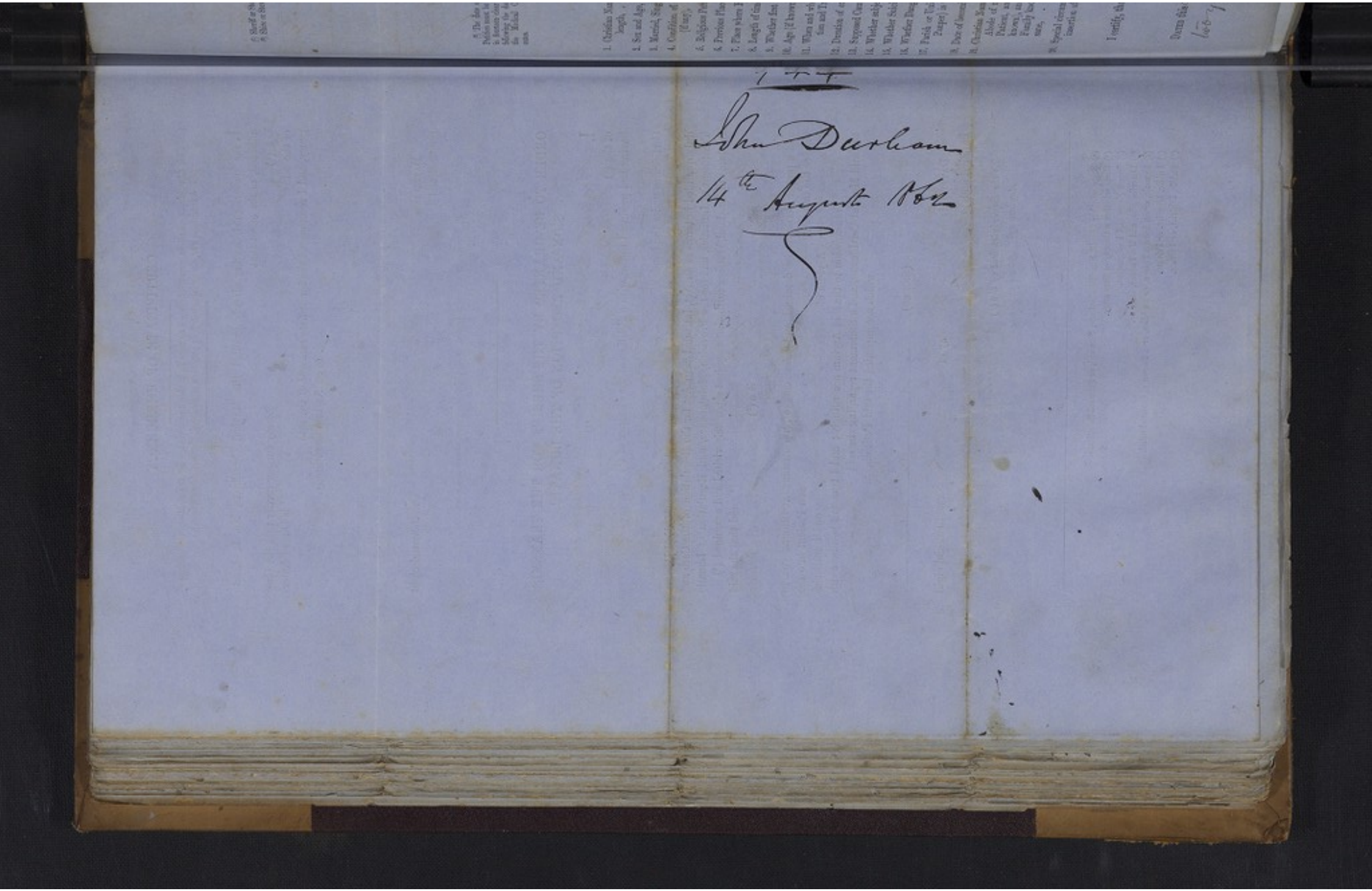
(SIGNED) M. Rhind

DATED this eleventh day of August one thousand eight hundred and sixty two.

To the Superintendent of the (7) Crichton
Asylum of Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.



N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Wigtown and Kirkcudbright: ~~of~~ : Bright: and his Substitutes,— for the County of Wigtown.

The Petition of William Mackie, Inspector of Poor, Wigtown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elisabeth Mitchell or Edgar residing at Wigtown is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elisabeth Mitchell or Edgar to the Southern Counties Asylum, Dorfield and to sanction her admission into the said Asylum.

(Signature) Wm Mackie Insp. of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Thirteenth (3) day of August One thousand eight hundred and sixty-two years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elisabeth Mitchell or Edgar
2. Sex and Age,	Female — Age 43 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Fishermans wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wigtown
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	Has had the appearance of being of unsound mind for last ten months or so
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,	Probably ten 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,	Wigtown
18. Date of becoming Chargeable,	August 2nd, 1862
19. Christian Name 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 Edgar, Wigtown, her Husband— She has two Cousins for a short time under treatment for Insanity
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signature)* Name, Wm Mackie Insp. of Poor

Dated this Thirteenth day of August One thousand eight hundred and sixty-two years.

* To be signed by the Party applying.

P. T.

Wm Dec'd Aug 13th 1862

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robt. Rose being a (1) Member 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) Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Elisabeth Mitchell or Edgar residing in Wigtown and that the said Elisabeth Mitchell or Edgar is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She labours under a delusion that I am in Conversation. She has called frequently at my house at unreasonable hours during the night, & when I was at times, she seemed in a very excited state of mind and insisted that her husband was in my house although told the contrary.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From many respectable people I also hear her husband informs me that she frequently leaves about during the night going into peoples houses at unseasonable hours to their great annoyance. Mr. Mitchell informs me that she accuses him of being unfaithful to her which accusation he quite denies.

(SIGNED) Name and Medical Designation, Robt. Rose M.R.C.S.

Place of Abode, Wigtown

DATED this 12th day of August One thousand eight hundred and sixty two 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, Samuel Snowdon being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Elisabeth Mitchell or Edgar residing in Wigtown and that the said Elisabeth Mitchell or Edgar is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks incoherently. She told me that her best friends were continually watering her for the purpose of doing her bodily injury and defaming her character. She said the most of her own family tried both her as much injury as possible.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Christie informs me that she never attends to her household duties, & when he brings food into the house she sometimes throws it into the fire. Him also informs by respectable people in the neighbourhood that she wanders about at night at unseasonable hours & goes into respectable peoples houses to complain from her enemies as she says.

(SIGNED) Name and Medical Designation, S. Snowdon Med.

Place of Abode, Wigtown

DATED this 12th day of August One thousand eight hundred and sixty two years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and .

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind, Esquire, Advocate, 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 Poors Wigtown
Certificates under the hands of Robert L. Rose Surgeon
and Samuel Swanston M.D. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Elizabeth Mitchell or Edgar and that the said
Elizabeth Mitchell or Edgar is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Mitchell or Edgar as a Patient into the (6) Crichton Asylum of Dumfries and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Mitchell or Edgar which accompanied the said Petition.

(SIGNATURE) M. Rhind

DATED this thirteenth day of August One thousand eight hundred and sixty two

To the Superintendent of the (7) Crichton
Asylum of Dumfries

3

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Elizabeth Pritchard
or
Edgar
6th August 1859

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Renfrew *and his Substitutes,—*

The Petition of James Stewart

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Archibald McPhair is at present in a state of Mental Derangement, and 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 McPhair to the Glasgow Royal Institution, Dumfries and to sanction his admission into the said Asylum.

(SIGNED) James Stewart, Minister of Govan Church, Greenock

(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 August one thousand eight hundred and Sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Archibald McPhair
2. Sex and Age,	Male – 33 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Theological Student
5. Religious Persuasion, so far as known,	Scottish Presbyterian, Established Church
6. Previous Place of Abode,	Greenock
7. Place where Found and Examined,	Do
8. Length of time Insane,	Supposed to have been slightly affected more than two years ago.
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	Supposed to have been about thirty
11. When and where previously under Examination and Treatment,	Examined at intervals during the past eighteen months.
12. Duration of existing Attack,	Supposed the over two years.
13. Supposed Cause,	Not known – Just by over study.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	From his epileptic fears have been entertained – Otherwise not apparently dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	[illegible]
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Archibald McPhair – Father of the Patient – No member of family known to have been insane – Mother very aged & infirm
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, James Stewart

DATED this Sixteenth day of August one thousand eight hundred and Sixty two.

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or* otherwise, *as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Wallace being a (1) Graduate in Medicine of the University of Glasgow &c - and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Union St., Renfrew in the County of Renfrew separately from any other Medical Practitioner, personally examined (4) Archibald McClair Sergt 17th Lancers & Renfrew and that the said Archibald McClair is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Entertains delusions, such as that there is poison in his eye, that Dr Mackie put it there years ago at the instigation of his own comrades against whom he is on guard, going to make a report, &c &c, that certain persons have a machine for subjecting him to electric shocks by which means they can read his thoughts & that they are trying to poison him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From information received from Dr Mackie, that certain persons have a machine for subjecting him to electric shocks by which means they can read his thoughts & that they are trying to poison him.

(SIGNED) *Name and Medical Designation,* James Wallace

Place of Abode, Renfrew, Aug 14/82

DATED this 14th day of August one thousand eight hundred and eighty two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or* otherwise, *as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Yule M.B. Graduate in Medicine of the University of Glasgow being a (1) and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 17 Westbourne Gardens Glasgow in the County of Renfrew separately from any other Medical Practitioner, personally examined (4) Archibald McClair Sergt of 17th Lancers Cochrane Street Renfrew and that the said Archibald McClair is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is in the habit of masturbation to excess. Has got poisoned & is suffering from it. Is under the impression that he is watched by Freemasons & constantly on the watch to guard against their intrigues.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7)

(SIGNED) *Name and Medical Designation,* John Yule M.B.
Physician & Surgeon

Place of Abode, 17 Westbourne Gardens Glasgow

DATED this 16th day of August one thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that

is a (1) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas King Esquire — (1) Sheriff Substitute of the (2) County of Perth having had produced to me, with a Petition at the instance of (3) James Stewart Minister of Carlsburn Parish and residing in the said Parish of Crieff Certificates under the hands of Nancy Wallace and Helen Fox, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mc Nair and that the said Archibald Mc Nair is a (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 Mc Nair as a Patient into the (6) Private Asylum of the Crichton Royal Institution Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Archibald Mc Nair which accompanied the said Petition.

(SIGNED) Tho King

DATED this Eighteenth day of August one thousand eight hundred and Sixty two years.

To the Superintendent of the (7) Private
Asylum of the 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, or Private.
(7) Public, District, or Private.

911
Archibald McMain
13/8/62

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honorable the (1) Sheriff *of the* (2) Shire Kirkcudbright *of* Dumfries *and his Substitutes.*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of William Sharpe Auchenreoch by Gatehouse humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Milligan or McKie spouse to William Sharpe Auchenreoch by Gatehouse is at present in a state of Mental Derangement and 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 Milligan or McKie to the Dumfries & Galloway Royal Asylum and to sanction the admission into the said Asylum.

(SIGNATURE) Wm Sharpe

(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 August one thousand eight hundred and fifty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Milligan or McKie
2. Sex and Age,	Female 49
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Farmers wife
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Keir
7. Place where Found and Examined,	D. & G. Asylum Dumfries
8. Length of time Insane,	about ten years
9. Whether First Attack,	No
10. Age (if known) on First Attack,	about 39
11. When and where previously under Examination and Treatment,	D. & G. Asylum
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No 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 his Family known to be or to have been Insane,	John McKie Gatehouse Husband Keir Her sister Mrs Hamilton Mrs Keir do
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* William Sharpe

DATED this 25th day of August one thousand eight hundred and fifty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson M.D.
being a (1) graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern Co
Asylum Dumfries. in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Gilligan or Mc Kie
and that
the said Mary Gilligan or Mc Kie is a (5) Lunatic and
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is at present
in a State of Mania, & intense Excitement - Confused
before Coming to the institution she was obstructed to
& Determined to kill her friends & then herself. Seems
to have various vague delusions about the Effects of Electricity upon

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Was very excited when admitted -

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information, and from whom derived.*

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, Buccleuch Street. Dumfries

DATED this 25th day of August One thousand eight hundred and Sixty two

MEDICAL CERTIFICATE, No. II.

I, the undersigned James Gibson M.D.
being a (1) Graduate of the University
of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern
Counties Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Gilligan or Mc
Kie a Woman about forty Five and that
the said Mary Gilligan or Mc Kie is a (5) Person
of Unsound Mind and a proper person to be detained
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 ex
cited and incoherent

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information, and from whom derived.*

(SIGNED) *Name and Medical Designation,* James Gibson M.D.

Place of Abode Crichton Institution

DATED this 25th day of Aug. one thousand eight hundred and sixty two.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Mary Mulligan or McKie. is a (1) Person of unsound mind hereby further certify that the Case of the said Mary Mulligan or McKie is one of Emergency, and I recommend the immediate removal of the said Mary Mulligan or McKie to an Asylum accordingly.

Name, John Dickson M.D.

Place of Abode, Buccleuch Street. Dumfries.

DATED this 25th day of August One thousand eight hundred and Sixty Two.

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Sharpe in Auchenrath Parkmuirhouse Certificates under the hands of Mr Dickson and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Mulligan or McKie and that the said Mary Mulligan or McKie is a (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 Mulligan or McKie as a Patient into the (6) Public Asylum of Dumfries and Galloway and 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 Mulligan or McKie which accompanied the said Petition.

(SIGNATURE) A. Hannay

DATED this 26th day of August one thousand eight hundred and Sixty two

To the Superintendent of the (7) Public Asylum of Dumfries Galloway

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

Mary Milligan
or Mc Kee
25 th August 1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Wigtown *and his Substitutes,—*

The Petition of John M'Callum

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Macanally is at present in a state of Mental Derangement, and 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 Macanally to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John M'Callum

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty eighth (3) day of August One thousand eight hundred and sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Macanally
2. Sex and Age,	Male age 18
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Torrismuir Newton Stewart
7. Place where Found and Examined,	
8. Length of time Insane,	Newly grown insane
9. Whether first attack,	yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Never before under examination
12. Duration of existing Attack,	
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	At present to Penninghame but Wigtown appears to be the Parish on which he has a claim
18. Date of becoming Chargeable,	
19. Christian Name 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,	Susannah Macfarlane or Macanally his mother. None of the family known to be insane before
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Never saw him before till to day

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, John M'Callum Inspector of Poor

DATED this twenty eight day of August One thousand eight hundred and sixty two -

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Murray
being a (1) Doctor of Medicine and Master in
Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Newton Stewart
Wigtown
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James McAnally
Pauper James McAnally
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 extreme
violent talks incoherently - says I am
Lord Jesus Christ -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From Police Office and his mother
violently assaults the latter - Broke
window by forcing his head through
(SIGNED) Name and Medical Designation, John Murray M.A., M.B.
Place of Abode, Newton Stewart
DATED this twenty eighth day of August One thousand eight
hundred and Sixty two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James More
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) Newton Stewart
Wigtown
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James McAnally
Pauper James McAnally
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 outrageous and in a state of the greatest excitement
Has delusions of an absurd kind & has one in parti-
cular - He thought I was the Lord -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has been very violent & assaulted the police
& others who are watching him

(SIGNED) Name and Medical Designation, James More M.D.
Place of Abode, Newton Stewart
DATED this [illegible] day of [illegible] One thousand eight
hundred and Sixty two.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that James McAnulty is a (1) person of unsound mind hereby further certify that the Case of the said James McAnulty is One of Emergency, and I recommend the immediate removal of the said James McAnulty to an Asylum accordingly.

Name, John Murray

Place of Abode, Newton Stewart

DATED this twenty fifth day of August One thousand eight hundred and sixty two

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Reid, Sheriff Substitute of the (2) County of Wigtown, having had produced to me, with a Petition at the instance of (3) John McCallum, Inspector of Poorhouse, and Certificates under the hands of John Murray M.D. and James Moore 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) the said James McAnulty and that the said James McAnulty is a (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 McAnulty as a Patient into the (6) Crichton Asylum of Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James McAnulty which accompanied the said Petition.

(SIGNED) A. Reid

DATED this 28th day of August, One thousand eight hundred and sixty two.

To the Superintendent of the (7) Crichton
Asylum of Dumfries.

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(2) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(7) Public, District, or Private.
(7) Public, District, or Private.

F. F.

James McAnally

28th August 1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & County of Dumfries and his Substitutes,—

The Petition of Alexander Neurson, Inspector of Poor Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Caroline Kevan or Thomson is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Caroline Kevan or Thomson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) Alex. Neurson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty ninth (3) day of August one thousand eight hundred and Sixty Two years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Caroline Kevan wife of Andrew Thomson
2. Sex and Age,	Female - 32 Years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	in humble circumstances - dom sert
5. Religious Persuasion, so far as known,	Presb -
6. Previous Place of Abode,	Glasgow - Barony Poors House
7. Place where Found and Examined,	Lunacy Wards Bamhill Poors House Glas.
8. Length of time Insane,	two months
9. Whether First Attack,	— First attack
10. Age (if known) on First Attack,	32 years
11. When and where previously under Examination and Treatment,	only in above named
12. Duration of Existing Attack,	two 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,	Morton Parish
18. Date of becoming Chargeable,	17 July 1862 —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Andrew Thomson, husband, residence not known - Margaret Kevan sister in Bridgeton Street Glasgow
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Said to be fond of Spirits

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* Name, Alex. Neurson

DATED this 29th day of August one thousand eight hundred and 62

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Borthwick M.D.
being a (1) Graduate in the University of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Gentlemen
Country Asylum in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Catherine Keenan or Thompson
Conveyed from Lochmaben Asylum this day a Lunatic and that
the said Catherine Keenan or Thompson is a (5) Person of Unsound
Mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Yes a very deprived
Old person and answers questions very slowly and
appears to be quite ignorant of all around her
Has a wandering look and appears
Quite unconscious of Time & where she came from to day

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Reports the attendant in the Lochmaben Asylum that
she is very dirty and Melancholic and filthy
in her habits, and that she has attempted to take away her life

(Signed) *Name and Medical Designation,* Alex Borthwick M.D.

Place of Abode, Dumfries

Dated this 29th day of August One thousand eight
hundred and Sixty two

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Gilchrist M.D.
being a (1) Graduate of the University of
Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Gentlemen
Country Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Catherine Keenan or Thomson
Transferred from Glasgow Poor House and that
the said Catherine Keenan or Thomson is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) is depressed
Facetious and stupid. Speaks with
hesitation and difficulty — has
Imbecile tendencies

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(Signed) *Name and Medical Designation,* James Gilchrist M.D.

Place of Abode Crichton House Dumfries

Dated this 30th day of August One thousand eight
hundred and Sixty two

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Caroline Kerran or Thompson is a (1) Lunatic & Insane person & Idiot hereby further certify that the Case of the said Caroline Kerran or Thompson is one of Emergency, and I recommend the immediate removal of the said Caroline Kerran or Thompson to an Asylum accordingly.

Name Alex. Borthwick M. D.

Place of Abode Dumfries

DATED this 30th day of August One thousand eight hundred and fifty two

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Dewar Inspector of Poor of Morton Certificates under the hands of Alexander Borthwick and James Colquhoun, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kerran or Thompson from Langrig, and that the said Caroline Kerran or Thompson is a (5) pauper person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Caroline Kerran or Thompson 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 Caroline Kerran or Thompson which accompanied the said Petition.

(SIGNATURE) A. Hannay

DATED this Thirtieth day of August one thousand eight hundred and fifty two years.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

Caroline Mewis of Thompson
29th August 1862

Certificate Received 30th August 1862

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) ~~Stewartry~~ County of Dumfries *and his Substitutes,*—

The Petition of William Bee Borland Colonel

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Bee, his 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 Isabella Bee to the Crichton Institution Dumfries and to sanction her admission into the said Asylum.

(SIGNED) William Bee

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this First (3) day of September one thousand eight hundred and Sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Bee
2. Sex and Age,	Female - 38
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers daughter.
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Borland Colonel
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Five weeks
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,	Five weeks
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. Christian Name 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,	A sister was insane & in the Crichton Institution Charles Bee Borland Colonel
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* William Bee

DATED this First day of September one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

Dr Dickson
Buccleuch St

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Bie and that the said Isabella Bie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Considerable nervous excitement & agitation, with delusion or wrong subject - accounts for her recent & present condition on the ground of spinal disease of which there is no evidence - also wrong delusions 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) sent by her brother & have been at times more seriously excited - declaring that the Lord had revealed to her the resurrection & return of her mother (recently dead) & other similar delusions of a similar character.

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, Buccleuch Street

DATED this First day of September One thousand eight hundred and Sixty One.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Gelston M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Bie Spinster a pauper Lunatic and that the said Isabella Bie is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, 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 and excitable, believes that she is suffering from a spinal disease of which there is no proof

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7) By letter and testimonials as stated by the Magistrates.

(SIGNED) *Name and Medical Designation,* James Gelston M.D.

Place of Abode, Crichton Royal

DATED this Second day of September one thousand eight hundred and Sixty two.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Isabella Bie is a (1) Person of unsound mind hereby further certify that the Case of the said Isabella Bie is One of Emergency, and I recommend the immediate removal of the said Isabella Bie to an Asylum accordingly.

Name, John Dickson M.D

Place of Abode, Buccleuch Street Dumfries.

DATED this First day of September one thousand eight hundred and sixty two.

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Bie Borland Colvend & John Dickson ——— Certificates under the hands of and James Culcheth ——— , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Bie Borland Colvend ——— and that the said Isabella Bie ——— is a (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 Bie ——— as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Bie ——— which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this Third day of September one thousand eight hundred and sixty two years.

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, or Private.
(7) Public, District, or Private.

9/12

Isabella Bird

1/9/62

N.B.—This Paper shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Stewartry *of* Kirkcudbright *and his Substitutes.*—

The Petition of William Rigg

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Nicholas Mc Minn is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Nicholas Mc Minn to the Crichton Asylum and to sanction the admission into the said Asylum.

(SIGNATURE) Will: Rigg

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ninth (3) day of September one thousand eight hundred and sixty two

STATEMENT.

Where any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Nicholas Mc Minn
2. Sex and Age,	55 — Female
3. Married, Single, or Widowed,	Single —
4. Condition of Life, and previous Occupation (if any),	Spinster —
5. Religious Persuasion, so far as known,	— Protestant
6. Previous Place of Abode,	— Kirkcudbright
7. Place where Found and Examined,	— ditto —
8. Length of time Insane,	— Five years —
9. Whether First Attack,	— First —
10. Age (if known) on First Attack,	— 50 years —
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	— No.
16. Whether Dangerous to others,	— 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,	Isabella Mc Minn & Sarah Mc Minn — Sisters — residing in Kirkcudbright —. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* Will: Rigg

DATED this ninth day of September — one thousand eight hundred and sixty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Shand being a (1) Fellow of Royal College of Physicians Edinburgh & M.D. Edinb. Univ. and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) 4 Carlton Terr. Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Nicholas Mc Minn Shoemaker Kirkcudbright and that the said Nicholas Mc Minn is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6)
Melancholia — occasional violence & wakefulness &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr William Rae's reports past difficulty in keeping him quiet & from calling out so as to alarm the neighbourhood and Mrs Brown states he came to the door at 4 o'clock & wanted to be provided with food &c

(SIGNED) *Name and Medical Designation,* Wm Shand M.D. F.R.C.P.

Place of Abode, Kirkcudbright

DATED this 9th day of Sept One thousand eight hundred and Sixty two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Johnstone being a (1) M.D. of Edin. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 4 Castle Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Nicholas Mc Minn and that the said Nicholas Mc Minn is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) Melancholia, incoherent mutterings. Sleeplessness — &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From sudden and unprovoked outbursts of passion &c

(SIGNED) *Name and Medical Designation,* Wm Johnstone M.D.

Place of Abode Kirkcud.

DATED this 9th day of Sept. one thousand eight hundred and 62

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic *or* an insane person, *or* an idiot, *or* a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyamilton Dunbar, (1) Esquire Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) William Rigg, Certificates under the hands of John Rhind and William Johnston, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Nicholas McMinn and that the said Nicholas McMinn is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Nicholas McMinn as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Nicholas McMinn which accompanied the said Petition.

(SIGNATURE) W H Dunbar

DATED this Ninth day of September one thousand eight hundred and Seventy two years.

To the Superintendent of the (7) Provincial
Asylum of Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, *or* Private.

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Michael McMahon

10/12/62

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) ~~Shire~~ County of Dumfries *and his Substitutes.*—

The Petition of John Copeland Inspector of Poor Kirkgunzeon

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Templeton or Ferguson is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Templeton or Ferguson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Copeland Inspector of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 23 (3) day of September one thousand eight hundred and Sixty two 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 Templeton Alias Ferguson
2. Sex and Age,	Female 52 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	a Domestic Servant
5. Religious Persuasion, so far as known,	Presbyterian Establishment
6. Previous Place of Abode,	Drummaid Kirkgunzeon
7. Place where Found and Examined,	at Drummaid Kirkgunzeon
8. Length of time Insane,	about 12 months
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	about 52
11. When and where previously under Examination and Treatment,	Drummaid Kirkgunzeon and Southern counties Asylum
12. Duration of existing Attack,	continuous
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,	Kirkgunzeon
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Ferguson Drummaid Husband
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James Ferguson

DATED this 23d day of September one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, Thomas Mackenzie being a (1) Graduate of the Edinr Univers and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Drum Lodgings in the ~~County~~ Parish of Dalgetty separately from any other Medical Practitioner visited and personally examined (4) Mary Templeton or Ferguson a pauper and the said Mary Templeton or Ferguson 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.:—

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That she attempted to bleed herself to Death as the easiest death because her neighbours were murdering her slowly but at a favourable time she could manage that as she chose when she is

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband says that she endeavoured to go to the fields and to keep permanent home but to give her chloroform the last time as the last

(SIGNED) *Name and Medical Designation,* Thomas Mackenzie Physician

Place of Abode, Dalgetty Parish

DATED this 23rd day of September One thousand eight hundred and Sixty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, Thomas Mackenzie being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and Licentiate of the College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Templeton or Ferguson a pauper and that the said Mary Templeton or Ferguson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *Insert Designation and Residence, and 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) Talks much in magnificent terms and that all people are set to accompany her and that they come about her person and cry on at the windows night and day &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 appears to cease wandering about the fields after

(SIGNED) *Name and Medical Designation,* Thomas Mackenzie M.D.

Place of Abode, Dalgetty Parish Dumfries

DATED this 22nd day of September one thousand eight hundred and Sixty two years

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that

is a (2) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Kennay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Copland Inspector of Poor & Registrar and Certificates under the hands of Thomas Mackenzie & H. Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Templeton or Ferguson, Drummyll, a Pauper, and that the said Mary Templeton or Ferguson is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Templeton or Ferguson as a Patient into the (6) Public Asylum of Southern Counties Dumfries, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Templeton or Ferguson which accompanied the said Petition.

(SIGNED) Alex Kennay

DATED this Twenty third day of September one thousand eight hundred and Sixty two years.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Mary Laughlin
Longford
25th September 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]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire Kincardineshire of Dumfries, *and his Substitutes.*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Mrs Janet Stratton Inkside humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mr George Carmichael Mey 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 Mr George Carmichael to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) Janet Stratton

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty ninth (3) day of September one thousand eight hundred and 862, eighthundred and sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mr George Carmichael
2. Sex and Age,	Male 22
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,	Australia
7. Place where Found and Examined,	Royal Asylum Edinburgh
8. Length of time Insane,	8 m
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	About 20
11. When and where previously under Examination and Treatment,	Surrey Home Hammersmith London
12. Duration of Existing Attack,	About 2 years
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Gavin Carmichael Brother Australia No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* Janet Stratton

DATED this twenty ninth day of September one thousand eight hundred and sixty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Smith Clouston being a (1) Graduate in Medicine of Edin. University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Royal Edin. Asylum Edinburgh in the County of Edinburgh separately from any other Medical Practitioner, visited and personally examined (4) Mr George Carmichael and that the said Mr George Carmichael is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He becomes excitable violent and dangerous to others at times. He thinks that his father & mother may meet in his room last night and that his father was dead in this house; his father died some time ago as was his mother. His general propensities are greatly exaggerated, and he imagines that he gets messages from women to elevate him.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) Name and Medical Designation, T. S. Clouston M.D.

Place of Abode, Royal Edin. Asylum

DATED this twenty fourth day of September One thousand eight hundred and sixty two.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Sibbald being a (1) Doctor of Medicine of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Royal Edinburgh Asylum Edinburgh in the County of Edinburgh separately from any other Medical Practitioner, visited and personally examined (4) Mr George Carmichael and that the said Mr George Carmichael is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Great incoherence in conversation. Frequent violence, without any apparent reason. Says in the same sentence that he wishes to go to College to study Law, to go and travel, and to go

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Delusions as to people speaking to him who are dead or in other parts of the country. Frequent and great violence, and uncertain

(SIGNED) Name and Medical Designation, John Sibbald M.D.

Place of Abode Lochgilphead Argyll

DATED this twenty seventh day of September one thousand eight hundred and sixty two.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Mark Napier (1) Sheriff
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Wm Smith
Stranton, Kirkbride, Kincardineshire
Certificates under the hands of Thomas Smith Closeburn
and John Sibbald , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Carmichael in Royal Edinr Asylum and that the said
George Carmichael is a (5) person of unsound
mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Carmichael 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 George
Carmichael which accompanied the said Petition.

(SIGNATURE) Mark Napier

DATED this Twenty ninth day of September one thousand eight hundred and sixty two years

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

914
Scotch Commissioner
5/7/62

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire Carlisle *of* Dumfries *and his Substitutes,—*

The Petition of John Hodgson 35 Cecil Street,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Hilda Hodgson, my daughter, is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine Hilda Hodgson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNATURE) John Hodgson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this thirtieth (3) day of September one thousand eight hundred and fifty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Catherine Hilda Hodgson
2. Sex and Age,	Female 19
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Governess
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	35 Cecil St Carlisle
7. Place where Found and Examined,	35 Cecil St
8. Length of time Insane,	three weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name 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 Hodgson Father 35 Cecil Street Carlisle no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* John Hodgson

DATED this thirtieth day of September one thousand eight hundred and fifty two.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Armstrong being a (1) M.R.C.S. England and a Licentiate of the Society of Apothecaries London and being in actual practice as a (2) Surgeon & hereby certify, on soul and conscience, that I have this day, at (3) 35 Castle St in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) Catherine Hilda Hodgson and that the said Catherine Hilda Hodgson 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)

Labouring under the delusion of having no heart.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

threatens to commit suicide Mrs Hodgson

(SIGNED) *Name and Medical Designation,* Wm Armstrong Licentiate M.R.C.S. England &c.

Place of Abode, Carlisle

DATED this 30th day of September One thousand eight hundred and Sixty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, Robert Brown being a (1) Member of the Royal Coll. of Surgeons London and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 35 Castle St. in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) Catherine Hilda Hodgson and that the said Cath.ne Hilda Hodgson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

says she has neither head nor heart.
& that she must kill herself & all her family

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

pulled her bible down on the floor & attempted to injure her. Mrs Hodgson informed me

(SIGNED) *Name and Medical Designation,* Robert Brown Surgeon

Place of Abode Carlisle

DATED this 30th day of September one thousand eight hundred and Sixty two

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Catherine Hilda Hodgson is a (1) Lunatic hereby further certify that the Case of the said Catherine Hilda Hodgson is one of Emergency, and I recommend the immediate removal of the said Catherine Hilda Hodgson to an Asylum accordingly.

Name, Henry Jno Ross

Place of Abode, Carlisle

DATED this Fourteenth day of September One thousand eight hundred and Forty Two.

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie (1) Sheriff Substitute of the (2) County of Dumfries. having had produced to me, with a Petition at the instance of (3) Hew John Hodgson 35 Castle Street Carlisle Certificates under the hands of Elleray Armstrong and Robert Brown being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine Hilda Hodgson 35 Castle St. Carlisle and that the said Catherine Hilda Hodgson is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine Hilda Hodgson 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 Catherine Hilda Hodgson which accompanied the said Petition.

(SIGNATURE) A Barrie

DATED this Sixth day of October one thousand eight hundred and Forty two years.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

915 1/15

Coleman Hilda Hodgson

30/9/62

Transferred to

H.C.

12/11/62

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,—

The Petition of John Tweddle, Farmer, Warenhill in the Parish of Covington & County of Lanark humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Lieutenant Colonel George Wightman at present residing at Moffat, my Cousin is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Lieutenant Colonel George Wightman to the Crichton Royal Institution, Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) John Tweddle

(†) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 30th (†) day of September One thousand eight hundred and Sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length, ... Lieutenant Colonel George Wightman
2. Sex and Age, ... Male, Understood to be in his ninetieth year
3. Married, Single, or Widowed, . . . Widowed.
4. Condition of Life, and previous Occupation (if any), . . . Lieutenant Colonel. Was in the British Army, but retired upwards of 40 years ago.
5. Religious Persuasion, so far as known, He is a Member of the Church of England
6. Previous Place of Abode, . . . He has resided for about two months in Moffat, and previously to that in Ryde
7. Place where Found and Examined, Examined by Dr Chrichton in Edinburgh, and by Dr Kerr in Moffat
8. Length of time Insane, . . . I had not seen Colonel Wightman for about a year previous to June
9. Whether first attack, . . . 1862. I saw him then, and thought him insane. He came to Moffat
10. Age (if known) on first Attack, . . . in the beginning of August. Since then he has got worse. He
11. When and where previously under Examination and Treatment, . . . has not been under treatment as an insane person,— his attendants having looked after him.
12. Duration of existing Attack, . .
13. Supposed Cause, ... Never felt he met with about 9 or 10 months ago by which his head
14. Whether subject to Epilepsy, . . . was injured and his leg fractured:— And also old age.
15. Whether Suicidal, ... I cannot answer this question.
16. Whether Dangerous to others, . . So far as I am aware, he has not attempted suicide, but I think it would be unsafe to leave him alone.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . . When he is excited which he sometimes is, I consider him dangerous to others
18. Date of becoming Chargeable, . . . Colonel Wightman is not a Pauper.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, ... I can give no information about Colonel Wightman's relations by the Father's side. The Colonels Mother Jessie Weir, and my Grand mother, Elizabeth Weir, were Sisters. I am therefore a Cousin by the Mother's side, one removed, and I am the nearest legitimate relative on that side. Colonel Wightman never had any family, and he has no Brothers nor Sisters nor their descendants alive. I have heard that Colonel Wightman's maternal Grandfather was insane before 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.

(SIGNATURE)* Name, John Tweddle

DATED this 30th day of September One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Christison, M.D being a (1) Fellow of the College of Physicians, Edinburgh.

and being in actual practice as a (2) Physician

hereby certify, on soul and conscience, that I have this day, at (3) 157 Princes Street Edinburgh in the County of Edinburgh separately from any other Medical Practitioner visited and personally examined (4) Lieutenant Colonel George Wightman and that the said Lt. Col. Wightman is ~~(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) Delusions as to attempts to rob him during night; violent proceedings in consequence, as detention by himself; restlessness; inability to account for the expenditure of his money.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) various facts illustrative of the above delusions; attempts at violence; ignorance of the value of paper-money; aimless travelling, — communicated by his relatives, agent, and military medical attendant.

(SIGNED) *Name and Medical Designation,* R. Christison

Place of Abode, 40 Moray Place. Edinburgh

DATED this twenty-ninth day of September One thousand eight hundred and sixty-two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, D. Mackintosh being a (1) ~~Surgeon~~ Physician Extra Ordinary to the Queen in Scotland and Surgeon Oculist in Ordinary to the Queen in Scotland and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Union Cottage Moffat in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Lieut. Col. George Wightman formerly Deputy Commissary General in Canada and Paymaster 42nd Royal Highlanders and that the said George Wightman is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions being in possession of Bank Notes & Gold which he supposed to be Bank Notes, refusing to take Bank Notes in exchange for Gold, refusing to pay Bank Notes in exchange for Gold, refusing to pay Bank Notes for Hotel Bills, refusing to pay Bank Notes for Horses & Carriages, refusing to pay Bank Notes for Provisions, refusing to pay Bank Notes for Wine, refusing to pay Bank Notes for Tobacco, refusing to pay Bank Notes for Cigars, refusing to pay Bank Notes for Whisky, refusing to pay Bank Notes for Brandy, refusing to pay Bank Notes for Rum, refusing to pay Bank Notes for Gin, refusing to pay Bank Notes for Beer, refusing to pay Bank Notes for Cider, refusing to pay Bank Notes for Perry, refusing to pay Bank Notes for Mead, refusing to pay Bank Notes for Metheglin, refusing to pay Bank Notes for Hydromel, refusing to pay Bank Notes for Oxymel, refusing to pay Bank Notes for Sack, refusing to pay Bank Notes for Canary, refusing to pay Bank Notes for Malmsey, refusing to pay Bank Notes for Madeira, refusing to pay Bank Notes for Port, refusing to pay Bank Notes for Sherry, refusing to pay Bank Notes for Claret, refusing to pay Bank Notes for Champagne, refusing to pay Bank Notes for Burgundy, refusing to pay Bank Notes for Hock, refusing to pay Bank Notes for Moselle, refusing to pay Bank Notes for Tokay, refusing to pay Bank Notes for Constantia, refusing to pay Bank Notes for Lacrima Christi, refusing to pay Bank Notes for Falernian, refusing to pay Bank Notes for Chian, refusing to pay Bank Notes for Cyprus, refusing to pay Bank Notes for Rhenish, refusing to pay Bank Notes for Johannisberger, refusing to pay Bank Notes for Steinberger, refusing to pay Bank Notes for Liebfraumilch, refusing to pay Bank Notes for Rüdesheimer, refusing to pay Bank Notes for Assmannshäuser, refusing to pay Bank Notes for Hochheimer, refusing to pay Bank Notes for Marcobrunner, refusing to pay Bank Notes for Schloss Johannisberger, refusing to pay Bank Notes for Schloss Vollrads, refusing to pay Bank Notes for Schloss Rheinhartshausen, refusing to pay Bank Notes for Schloss Reichartshausen, refusing to pay Bank Notes for Schloss Eltville, refusing to pay Bank Notes for Schloss Kiedrich, refusing to pay Bank Notes for Schloss Hattenheim, refusing to pay Bank Notes for Schloss Erbach, refusing to pay Bank Notes for Schloss Mittelheim, refusing to pay Bank Notes for Schloss Oestrich, refusing to pay Bank Notes for Schloss Winkel, refusing to pay Bank Notes for Schloss Geisenheim, refusing to pay Bank Notes for Schloss Rüdesheim, refusing to pay Bank Notes for Schloss Assmannshausen, refusing to pay Bank Notes for Schloss Hochheim, refusing to pay Bank Notes for Schloss Marcobrunn, refusing to pay Bank Notes for Schloss Johannisberg

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Fleeming Rotter, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Tweddle, farmer Warrenhill, Lanarkshire Certificates under the hands of Robert Christison and Daniel Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Lieut Col. George Watkinson, and that the said George Watkinson is a (5) person of unsound mind and insane and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Watkinson 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 George Watkinson which accompanied the said Petition.

(SIGNATURE) John F. Rotter.

DATED this First day of October One thousand eight hundred and Sixty two years.

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(2) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(7) Public, District, or Private.
(7) Public, District, or Private.

916

Lt. Col. Mightman

1/10/62

[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 ~~Alexander Gallie Dowler~~ Alexander Slight, Engineer, 7 Castle Wynd, Edinburgh, being desirous to transfer Joseph Johnston, Solicitor Supreme Courts, Edinburgh at present a Patient in Whitehouse Asylum, Inverness, 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 Joseph Johnston and a Medical Certificate with respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, *or* whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Alex Slight

Patient is my Uncle's Cousin (2)

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Edinburgh this day of October One thousand eight hundred and sixty two

STATEMENT.

1. Christian Name and Surname of Patient at length,	Joseph Johnston
2. Sex and Age,	Male – about 48
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Solicitor Supreme Courts
5. Religious Persuasion, so far as known,	Protestant Presbyterian
6. Date of Admission into Asylum,	15th August last
7. Length of time Insane,	Fully two months
8. Whether first Attack,	Temporarily existed about five years ago. but better in a day or two apparently well since up till recent attack
9. Age (if known) on first Attack,	Forty three
10. Duration of existing Attack,	Fully two months
11. Supposed Cause,	Softening of Brain
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Thought not
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Alexander Johnston, Tailor in Dumfries, his Father

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Alex Slight

DATED this 21st day of October One thousand eight hundred and sixty two

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 Andrew Halliday Douglas being (1) a Fellow of the Rl College of Physicians hereby certify that I have this day at (2) Whitehouse Asylum Inverness personally examined Mr Joseph Johnston at present a Patient in said Asylum, and with respect to his Mental State that he is of unsound mind labouring under Delusion as the subject of Marriage & his affairs estate & affairs ; and with respect to his Bodily Health and Condition that he labours under a paralytic feebleness of long standing

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

A. Halliday Dougl

Dated this Twentieth day of October One thousand eight hundred and sixty two.

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) Alexander Sligh to authorize the transfer of Joseph Johnston from Whitehouse Asylum at Musselburgh to Crichton Institution Dumfries and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Joseph Johnston as requested.

James Coxe *Commissioner.*

Dated at Edinburgh, this 21st day of October One thousand eight hundred and Sixty two.

Jos Johnston
22/10/62

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire Maghie *of* Dumfries *and his Substitutes,—*

The Petition of Samuel Crocket Croghs Balmaghie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Crocket my wife is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Crocket to the Dumfries Royal Infirmary and to sanction her admission into the said Asylum.

(SIGNATURE) Samuel Crocket

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (3) day of October one thousand eight hundred and eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Crocket
2. Sex and Age,	Female 30
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Ploughmans wife
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	America.
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	About four years
9. Whether First Attack,	Fourth
10. Age (if known) on First Attack,	About 26
11. When and where previously under Examination and Treatment,	In America
12. Duration of Existing Attack,	About ten days
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Samuel Crocket Husband Croghs Balmaghie
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.

(SIGNATURE)* *Name,* Samuel Crocket

DATED this 25th day of October one thousand eight hundred and

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Agnes Crockett carpenter resident at Creaghs Balmaghie and that the said Mrs Agnes Crockett is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6).
Extreme depression, taciturnity, abstinence from food -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has attempted to commit suicide by drowning the reason which she assigns being fearing to [illegible] Has previously been insane on the three occasions

(SIGNED) Name and Medical Designation, John Dickson M.D

Place of Abode, Breeden Street Dumfries

DATED this twenty fifth day of October One thousand eight hundred and sixty two.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Gilchrist M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Agnes Crockett Carpenter resident at Creaghs Balmaghie and that the said Mrs Agnes Crockett is a (5) person of unsound Mind and a proper person to be detained 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 pale and haggard - does not speak - appears suspicious & moves uneasily her mind undecided as to how she is

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has attempted suicide and has had former attacks of insanity as stated by her husband

(SIGNED) Name and Medical Designation, James Gilchrist M.D

Place of Abode Crichton Royal Dumfries

DATED this 25th day of October One thousand eight hundred and Sixty Two -

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Mrs Agnes Crockett, Carpenters wife, Balmaghie is a (1) Lunatic & Insane Person hereby further certify that the Case of the said Mrs Agnes Crockett is one of Emergency, and I recommend the immediate removal of the said Mrs Agnes Crockett to an Asylum accordingly.

Name John Dickson MD

Place of Abode, Broadcroft Street Dumfries

DATED this twenty fifth day of October One thousand eight hundred and sixty two.

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Potts Dalton (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Samuel Crockett Creoghs Balmaghie Certificates under the hands of John Dickson and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Agnes Crockett residing at Creochs and that the said Mrs Agnes Crockett is a (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 Agnes Crockett 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 Agnes Crockett which accompanied the said Petition.

(SIGNATURE) John P Dalton

DATED this Third day of November one thousand eight hundred and Sixty two years.

To the Superintendent of the (6) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries *and his Substitutes,*

This Petition of John Cannithers Supt. of Poor of Kirkpatrick Fleming humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elspeth Masterton is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elspeth Masterton to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Cannithers

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28th (3) day of October one thousand eight hundred and sixty two 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,	Elspeth Masterton
2. Sex and Age,	Female – 64 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Of the working class
5. Religious Persuasion, so far as known,	Bred a Presbyterian
6. Previous Place of Abode,	No previous place of abode
7. Place where Found and Examined,	Muirkland
8. Length of time Insane,	40 years or thereabouts
9. Whether first Attack,	Never recovered from first attack
10. Age (if known) on first Attack,	about 24
11. When and where previously under Examination and Treatment,	was at one time, many years ago, an inmate of the Dumfries Asylum
12. Duration of existing Attack,	Since the first
13. Supposed Cause,	Being crossed in love
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Fleming
18. Christian Name 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,	She has a sister living, and her nephew, Thomas Masterton Muirkland, lives in family with his mother and her – None of the family besides known to have been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* John Cannithers

DATED this 28th day of October one thousand eight hundred and sixty two

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, James Carruthers being a (1) Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Merklan in the Parish of Kirkpatrick Fleming, in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Elspeth Masterton, Merk land, a Pauper and that the said Elspeth Masterton is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Her conversation is rambling and inconsistent She laughs without any apparent reason and gives absurd answers to questions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Sometimes when alone she sings and dances immoderately, She alleges that she has servants and keeps a carriage of her own.
Her sister in law, Mrs Masterton, is my informant

(Signed) *Name and Medical Designation,* James Carruthers, L.R.C.

Place of Abode, Kirkpatrick Fleming

Dated this twentyeighth day of October One thousand eight hundred and Sixty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, John Rae being a (1) Licentiate of the Royal College of Surgeons in Edinburgh. and being in actual practice as a (2) Surgeon. hereby certify, on soul and conscience, that I have this day, at (3) Merklan in the Parish of Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elspeth Masterton, Merk. land a pauper. and that the said Elspeth Masterton. is a (5) person of unsound Mind. and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
In conversation her remarks are frequently inappropriate. She laughs and appears amused without any cause, apparently.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She imagines she has servants, she sings talks, and acts unreasonably at times. So Mrs Masterton, her sister in law has informed me.

(Signed) *Name and Medical Designation,* John Rae L.R.C.S.E.

Place of Abode, Kirkpatrick Flemin

Dated this twenty eighth day of October one thousand eight hundred and sixty-two

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

Dated this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Wm Stearne Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Carruthers Inspector of Poor of Kirkpatrick Fleming
Certificates under the hands of James Carruthers
and John Rae , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elspeth Masterton Muirland a pauper and that the said Elspeth Masterton is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elspeth Masterton as a Patient into the (6) Public Asylum of Southern Counties and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elspeth Masterton which accompanied the said Petition.

(Signed) Wm S Trotter

Dated this thirtieth day of October one thousand eight hundred and sixty two years

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Elizabeth Masterton
10th November 1862

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Inverness and his Substitutes,—

The Petition of Peter McNay. Farmer Craigbinnoch

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew McLeod is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Andrew McLeod to the Crichton Royal Institution Dumfries, and to sanction his admission into the said Asylum.

(SIGNED) Peter McNay

(*) The date of the Petition must be within fourteen clear days allowing the dates of the Medical Certificates.

DATED this Tenth (*) day of November one thousand eight hundred and Sixty two years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Andrew McLeod
Sex and Age,	aet. 27 years. Male
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Merchant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	
Place where Found and Examined,	Charlotte St Stranraer
Length of time Insane,	present attack, Two weeks
Whether first Attack,	Second attack
Age (if known) on first Attack,	Twenty six years
When and where previously under Examination and Treatment,	Not previously under treatment in a public Institution
Duration of existing Attack,	Two weeks.
Supposed Cause,	The Cares of business
Whether subject to Epilepsy,	No
Whether Suicidal,	A decided tendency to commit Suicide
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs McLeod or Jane McNay, his Mother resides with him. His Father was subject to fits of Mental aberration.
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, Peter McNay

DATED this Tenth day of November, one thousand eight hundred and Sixty two years.

[4.] * To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

I, the undersigned, Ebenezer Fleming M.D. Stranraer
being a (1) Doctor of medicine And a Licentiate of the Royal
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) Charlotte St
Stranraer in the County
Wigtown
visited and personally examined (4) Andrew McSeech separately from any other Medical Practitioner
and t
the said Andrew McSeech is a (5) Person of
Lunatic Mind and a proper Person to be detained
under Care and Treatment, 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 unsteady disturbed
Mind. Idle, Averse to conversation altogether changed in his
habits and disposition admits that he feels an irresistible
to commit Suicide; and is constantly expressing a desire
to go away somewhere, especially to Lunatic Asylum

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His mother, Sister and uncle Peter McHarg Corroborate
the above and State in addition that he is much disturbed
strained from sleeping out of the house - and that he is
subject to paroxysms. When such tendencies are noticed

(SIGNED) Name and Medical Designation, Ebenezer Fleming M.D.

Place of Abode, Stranraer Wigtownshire

DATED this Sixth day of November One thousand eight
hundred and Sixty two 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 Orrill Surgeon
being a (1) Licentiate of the Faculty of Physicians & Surgeons
of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Charlotte
Stranraer in the County
Wigtown
visited and personally examined (4) Andrew McSeech separately from any other Medical Practitioner
and t
the said Andrew McSeech is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, 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 taci
and unwilling to enter into conversation c
to his usual disposition; and acknowledges
irrepressible desire to commit Suicide, and he
desire to wander about without aim or object

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother & his uncle Peter McHarg who are unanimous on him, state that he frequently rises from bed
& throws himself recklessly about and endeavours to
escape from the house evidently not knowing well what
he is doing or what he intends to do

(SIGNED) Name and Medical Designation, John Orrill Surgeon

Place of Abode Stranraer.

DATED this Seventh day of November one thousand eight
hundred and Sixty two

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of one thousand eight hundred and

(1) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Maclean (1) Sheriff-Substitute
of the (2), County of Haughtown
having had produced to me, with a Petition at the instance of (3) Peter M'Stary
farmer Craigburnoch
Certificates under the hands of Ebenezer Fleming
and John Argill , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Andrew M'Leoch of Shannan and that the said
merchant M'Leoch
Andrew M'Leoch is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew M'Leoch as a Patient into the (6) Crichton Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew M'Leoch which accompanied the said Petition.

(SIGNED) P. MacLean Sheriff

DATED this Tenth day of November one thousand eight hundred and sixty two.

To the Superintendent of the (7) Public Crichton Royal Institution
or Asylum of Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

919
Andrew McGarth
11/11/62

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Miss Ann Hansen
of Newcastle upon Tyne
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Catherine Sophia Hansen
daughter in law
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Miss Catherine Sophia Hansen
to Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) Ann Hansen

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 11th (3) day of Nov. one thousand eight hundred and fifty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Catherine Sophia Hansen
2. Sex and Age,	female 19 last March
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	no occupation.
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Newcastle upon Tyne
7. Place where Found and Examined,	Newcastle Tyne
8. Length of time Insane,	from Childhood
9. Whether first Attack,	first from childhood
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	never under treatment
12. Duration of existing Attack,	several months
13. Supposed Cause,	Congenital
14. Whether subject to Epilepsy,	not subject to Epilepsy
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Peter Wotton Hansen
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Father 28 Albion St Newcastle upon Tyne Uncle was insane for several years —
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* P. W. Hansen
Ann Hansen Surgeon

DATED this fifth day of November one thousand eight hundred and

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Scott Lyle Lightfoot
being a (1) Licentiate of the College of Surgeons of Edin
and Licentiate of the Apothecaries Company
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 23 allen
New Castle upon Tyne ——— in the County
New Castle upon Tyne separately from any other Medical Practitioner,
visited and personally examined (4) Catherine Sophia Hanson
and that
the said Catherine Sophia Hanson is a (5) person
of unsound mind ——— and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has violently
assaulted - stole the property of others - deserts it children
often - neglectful of decency - tells me she took
property does not know she is unnatural

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Childhood by whom she was delivered of illegitimate
the most highly untidy and dirty habits
stolen and deserted does not seem to feel her position -
by the Magistrates
member of the mother side
subject to insane - paternal uncle
also insane - has been peculiar
for childhood ———

(SIGNED) Name and Medical Designation, R. S. Lightfoot Surgeon

Place of Abode, 37 North Dr. St. New Castle

DATED this 11th day of November One thousand eight
hundred and 62.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, 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 Workman
being a (1) Member of the Royal College of Surgeons
and Licentiate of the Apothecaries Company
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 23 Allen
New castle on Tyne ——— in the County
New Castle on Tyne separately from any other Medical Practitioner,
visited and personally examined (4) Catherine Sophia Hanson
and that
the said Catherine Sophia Hanson is a (5) person
of unsound mind ——— and a proper Person to be detained
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 reserved
suspicious to the last - has regard for truth she
answered in her manner to a

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Has been from 9 years of age guilty of the
falsehood - taking things not her own - which
with the same, feels no shame nor regret - Her step
informs me that Parents insane on both the father's and mother's
side

(SIGNED) Name and Medical Designation, William Workman Surgeon

Place of Abode, 2 Northumberland Street New Castle upon Tyne

DATED this 11th day of November one thousand eight
hundred and Sixty two -

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Mr Alexander Scatter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Ann Hansen
residing in Newcastle on Tyne Lightfoot
Certificates under the hands of Robert Trevelyan
and William Needham —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Sophia Hansen Newcastle on Tyne and that the said Catherine Sophia Hansen is a (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 Sophia Hansen as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Sophia Hansen which accompanied the said Petition.

(SIGNED) A Scatter

DATED this Thirtieth day of November one thousand eight hundred and Sixty two

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

920
Catherine Sophia Gaussen
13/10/62

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Stewartry of Kirkcudbright and his Substitutes,—

The Petition of George McTaggart Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Kennedy is at present in a state of Mental Derangement, and 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 Kennedy to the Crichton Asylum in Dumfries and to sanction his admission into the said Asylum.

(Signed) George McTaggart

(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 November one thousand eight hundred and Sixty Two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Kennedy
2. Sex and Age,	Male age Sixty Nine
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Labourer
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Upon the Berwick Coulaw Berwick
7. Place where Found and Examined,	
8. Length of time Insane,	About a fortnight
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	About Sixty Six
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	Derangement with his following wounds
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Wm Kennedy his brother Inspector of Poor in the parish of Stonykirk by Stranraer does not know that any of his family has ever been Insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signed)* *Name,* George McTaggart

Dated this Eleventh day of November one thousand eight hundred and Sixty Two

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1260.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Johnstone being a (1) Licentiate of the College of Surgeons Edinr. & M.D. of the University of Edinburgh - and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Parlour of the parish of Berwick and in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) David Kennedy residing at Ore and that the said David Kennedy is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) From his conversation & signs himself and others - also from his appearance & incoherent talk

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The same kind of facts stated by Mr and Mr Taggart of Dalfeden. when he also presents

(SIGNED) *Name and Medical Designation,* Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this 11 day of Nov. One thousand eight hundred and Sixty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Archd A. McCampbell being a (1) Surgeon and being in actual practice as a (2) Surgeon in Actual Prac over Lan hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) David Kennedy and that the said David Kennedy is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherent conversation but when coherently, and under the influence of imaginary violence from

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7) The above facts are confirmed by Mr Mc Taggart of Dalfeden as observed by himself

(SIGNED) *Name and Medical Designation,* Archd A. McCampbell Surgeon

Place of Abode, Kirkcudbright

DATED this 12th day of November one thousand eight hundred and 62

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hamilton Dunbar, (1) Esq. Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) George Mc: Laggart Certificates under the hands of William Johnston and Archibald K. Campbell, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Kennedy and that the said David Kennedy is a (5) a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Kennedy as a Patient into the (6) Dicatun Asylum of Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Kennedy which accompanied the said Petition.

(SIGNED) W H Dunbar S.S.

DATED this Twelfth day of November one thousand eight hundred and Sixty two

To the Superintendent of the (7) Crichton
Asylum of Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

921
David Kennedy
13/11/62

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes.*

The Petition of Mrs Mary McCall Sister Resident in Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet McCall Spr from Dumfries is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet McCall to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) Mary McCall Dumfries

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eleventh (3) day of December one thousand eight hundred and sixty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet McCall
2. Sex and Age,	39
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Acted as Housekeeper at Spur Inn
5. Religious Persuasion, so far as known,	Presbyterian Church
6. Previous Place of Abode,	Spur Inn Jr
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	A year
9. Whether First Attack,	many previous attacks of a similar kind
10. Age (if known) on First Attack,	29
11. When and where previously under Examination and Treatment,	here
12. Duration of Existing Attack,	A week
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Brother & Sisters Mary McCall Sister Dumfries James McCall Brother Dumfries None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* Mary McCall

DATED this eleventh day of December one thousand eight hundred and sixty two.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson M.D.
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Lyne Inn
in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Janet McCall
and that
the said Janet McCall is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) - Violent excit
accompanied by threatenings of injury.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
- Has threatened frequently to commit suicide, a
has on various occasions, attempted to injure others
attacks of violence, alternate with periods of depres

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, Buccleuch Street.

DATED this eleventh day of November One thousand eight
hundred and sixty two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Gilchrist M.D.
being a (1) Graduate of the University
of Edinburgh Physician and Surgeon
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries - in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Janet McCall House
Keeper Resident at Lyne Inn Dumfries and that
the said Janet McCall is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is depressed
and sullen - Speaks with deliberation - admits that she has been
disturbed in her sleep and does not
know why -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Attendant says she has been
frequently violent, and dangerous

(SIGNED) *Name and Medical Designation,* James Gilchrist M.D.

Place of Abode Crichton House Dumfries

DATED this 12th day of Nov. one thousand eight
hundred and sixty two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. 1., hereto annexed, to the effect that Janet McCall is a (1) Person of unsound mind hereby further certify that the Case of the said Janet McCall is one of Emergency, and I recommend the immediate removal of the said Janet McCall to an Asylum accordingly.

Name, John Dickson M.D

Place of Abode, Buccleuch Street - Dumfries.

DATED this eleventh day of November One thousand eight hundred and sixty two.

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Steavenson Scott (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mary McCall residing in Dumfries Certificates under the hands of John Dickson and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet McCall Housekeeper in Dumfries and that the said Janet McCall is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet McCall 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 Janet McCall which accompanied the said Petition.

(SIGNATURE) John S Scott

DATED this thirteenth day of November one thousand eight hundred and sixty two

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, or Private.

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Genl. McCall

11/11/62

Transferred to C.R.R.

1st/11/62

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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.]

20 & 21 *Vict., Cap.* 71., *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mc Gill residing at Rashgill Dumfries is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Mc Gill to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twentieth (3) day of November One thousand eight hundred and Sixtytwo

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Mc Gill
2. Sex and Age,	Male - 52 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pipe Dealer
5. Religious Persuasion, so far as known,	Established Religion
6. Previous Place of Abode,	Rashgill Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	About three or four days
9. Whether first attack,	Second attack -
10. Age (if known) on first Attack,	About 52 years
11. When and where previously under Examination and Treatment,	Rashgill. Dumfries & S. C. Asylum
12. Duration of existing Attack,	About three or four days
13. Supposed Cause,	Strong 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,	Dumfries
18. Date of becoming Chargeable,	20 Nov. 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Alexander Mc Gill, father His wife and mother of the Patient is said to have been in a Nervous state before she 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.

(SIGNED)* Name, John Dinwoodie

DATED this Twentieth day of November One thousand eight hundred and Sixtytwo

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Rashyll Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John McGill and that the said John McGill is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

He the says that all those around him are determined to shoot him, talks incoherently and at times almost totally unmanageable

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

the men who have had care of him state he is determined to take away his life and of a particular desire that Gilmour had head off. Should be in the fire

(SIGNED) *Name and Medical Designation,* William Marshall M.D.

Place of Abode, Friendship St Dumfries

DATED this 24th day of Nov One thousand eight hundred and sixty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Brown being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Rashyll Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John McGee Dumfries and that the said John McGee is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Became violent excited talks incoherently imagines the people in the house, his wife & family that they poison his drink & meat &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Struck the man in attendance, put fire in water attempted to put a knife in the fire, put a hot iron on his mouth

(SIGNED) *Name and Medical Designation,* P Brown M.D.

Place of Abode, Dumfries

DATED this 25 day of November One thousand eight hundred and 62

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

*Name,*_____

*Place of Abode,*_____

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and Patrick Murray , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John McGill Rashgill a pauper and that the said
John McGill is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John McGill as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McGill which accompanied the said Petition.

(SIGNED) A Barrie

DATED this Twentieth day of November One thousand eight hundred and Seventy two years

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

John McGill

20th November

1862

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of Elisabeth Little residing in New Longholme humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Adam Little Mayson is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Adam Little to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Elisabeth Little

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (3) day of November one thousand eight hundred and Sixty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Adam Little
2. Sex and Age,	Male, 22 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Teacher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Longholme
7. Place where Found and Examined,	Longholme
8. Length of time Insane,	Since the end of July 1862
9. Whether first Attack,	First
10. Age (if known) on first Attack,	Twenty two years.
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Three Months
13. Supposed Cause,	Over Study
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Never attempted suicide, but has talked of doing so
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Elisabeth Little, Mother Insane not
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Elisabeth Little

DATED this 21st day of November one thousand eight hundred and Sixty two.

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

For Mr Little
20 & 21 Victoria
Cap 71 Section 34

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, David Jardine, being a Me
(1) Ed. & Surgeons (Edinr.)
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Mary Sta
St. Langholm
Dumfries
in the County o
separately from any other Medical Practitioner

(4) *Insert Designation and Residence, and if a Pauper, state so.*

visited and personally examined (4) Adam Little Pauper Mary
St. Langholm
and tha

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

the said Adam Little
Unsound Mind
is a (5) person of
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Peculiar appe
of Eyes & Countenance, which though insuf
alone to prove Insanity would, in Conju
with the facts below, indicate unsound
Mind

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sta
by his Mother, that he labours under
and various delusions; frequent incoherent
wandering at night, and allusions to
Killing Himself

(Signed) *Name and Medical Designation,* David Jardine, Su

Place of Abode, Charles Street New La

Dated this 21st day of November One thousand eight hundred and Sixty two

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, William Johnston Eastlea
being a (1) Doctor of Medicine (Edin 1841)
Member of the Royal College of Surgeons Edin.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Mary Stree
New Langholm
Dumfries
in the County of
separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a Pauper, state so.*

visited and personally examined (4) Adam Little, Pauper, Mary Stree
New Langholm
and that

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

the said Adam Little
Unsound Mind
is a (5) person of
and a proper Person to be detained
under Care and Treatment, 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 frequent
Conversations I have had with him, I consider
his Intellect in a deranged state. Given to
incoherence and occasionally great excitement
about trifles, and has expressed a fear that he
Sent to Commit Suicide,

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
The above facts have also been communica
to me by his Brother, and brother in law (Archib

(Signed) *Name and Medical Designation,* W. J. Eastlea M.D.

Place of Abode, Langholm

Dated this 21st day of November one thousand eight hundred and Sixty two.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thos Steam Hatter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Elizabeth Little residing in Newtonhangholm
Certificates under the hands of David Hardie
and William Johnstone Wylie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Adam Little Hacker Mary street Newtonhangholm and that the said Adam 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 Adam Little as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Adam Little which accompanied the said Petition.

(SIGNED) Thos Steam Hatter

DATED this Twenty fourth day of November one thousand eight hundred and Sixty two years.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Adam Little
27th November
862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of William Gunyon, Rhonehouse near Castle Douglas humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Theodore Gunyon is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Theodore Gunyon, my Son to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) + Wm Gunyon

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty eighth (3) day of November one thousand eight hundred and Sixty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Theodore Gunyon
2. Sex and Age,	Male - 57.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Merchant
5. Religious Persuasion, so far as known,	Church of Scotland.
6. Previous Place of Abode,	Lincoln
7. Place where Found and Examined,	Do.
8. Length of time Insane,	6 weeks.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	57 years.
11. When and where previously under Examination and Treatment,	At home in Lincoln
12. Duration of Existing Attack,	6 weeks.
13. Supposed Cause,	Giving up business
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	not dangerous.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not chargable -
18. Date of becoming Chargeable,	
19. Christian Name 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 - William Gunyon Rhonehouse Castle Douglas. no member of his Family Insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* Name, + Wm Gunyon

DATED this Twenty eighth day of November one thousand eight hundred and Sixty two.

* To be Signed by the Party applying.

P. p.

Adam Little
27th November
862

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Marr Snow
being a (1) Member of the Royal College of Surgeons of London.
and being in actual practice as a (2) Surgeon and Apothecary
hereby certify, on soul and conscience, that I have this day, at (3) No 4 Grantham Street, Saint Martin in the City of Lincoln in the County of the same City separately from any other Medical Practitioner, visited and personally examined (4) Theodore Gunyon of No 4 Grantham Street in the City of Lincoln aforesaid Tea Dealer and that the said Theodore Gunyon is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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)

Melancholy, and cutting his own throat

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His Sister informed me he made an attempt to destroy himself by striking his head with a poker.

(SIGNED) *Name and Medical Designation,* James Marr Snow. Surgeon

Place of Abode, No 20 Minster Yard Lincoln

DATED this 25th day of November One thousand eight hundred and sixty two

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Benjamin Dutton Laplin
being a (1) Member of the Royal College of Surgeons of London
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) No 4 Grantham Street, Saint Martin in the City of Lincoln — in the County of the same City separately from any other Medical Practitioner, visited and personally examined (4) Theodore Gunyon of No 4 Grantham Street in the City of Lincoln aforesaid Tea Dealer and that the said Theodore Gunyon is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Having cut his own throat, and a desire to commit suicide.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* Benj. D Laplin, Surg
L. 264 Regt
Lincoln

Place of Abode

DATED this 25 day of November one thousand eight hundred and sixty two

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Theodore Gunyon of No 4 Grantham Street Lincoln is a (1) person of unsound mind hereby further certify that the Case of the said Theodore Gunyon — — — is one of Emergency, and I recommend the immediate removal of the said Theodore Gunyon to an Asylum accordingly.

Name, James Marr Snow. Surgeon

Place of Abode, No 20 Minster Yard Lincoln

DATED this 25th day of November One thousand eight hundred and sixty two. —

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Adam Fuller (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Gunyon Rhonehouse near Castle Douglas Certificates under the hands of James Marr Snow and Benjamin Dutton Suplee, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Theodore Gunyon Radealer Lincoln and that the said Theodore Gunyon 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 Theodore Gunyon 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 to you herewith the said Medical Certificates, and a Statement regarding the said Theodore Gunyon which accompanied the said Petition.

(SIGNATURE) John A. Fuller

DATED this Twenty fifth day of November one thousand eight hundred and sixty two years

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution.
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

923

Theodore Pennyon

24/11/62

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Arnt,
of Inverness *and his Substitutes,—*

The Petition of James Henry Inspector of Poor

Such humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Weir is at present in a state of Mental Derangement, and 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 Weir to the Royal Crichton Institution Dumfries and to sanction his admission into the said Asylum.

(SIGNED) James Henry

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fourth (*) day of November one thousand eight hundred and Sixty two Year.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Weir
2. Sex and Age,	Male aged 16 Years
3. Married, Single, or Widowed,	Single—
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	Cachlene —
8. Length of time Insane,	Fully three months —
9. Whether first Attack,	No
10. Age (if known) on first Attack,	16 years.
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	note 8—
13. Supposed Cause,	Cause not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Becoming so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Boleskine
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Weir. His Father. a maternal Uncle Was insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James Henry

DATED this twenty fourth day of November one thousand eight hundred and Sixty two Years.

[4.]

* To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, George Fleming Jnr Strauraer being a (1) Doctor of Medicine and a Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Lochlene Parish of Inch Martin in the County of separately from any other Medical Practitioner visited and personally examined (4) David Weir a Pauper and the said David Weir 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) On first entering his Cell he sat with his face to the wall and refused to enter into conversation with me or his mother in my presence. His manner & ch are altogether changed.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Father & Mother state that for the last three m he began to conduct himself in a very unusua and extreme rudely manner, delusions such as seeing spirits, hearing the shake of cattle, seeing the devil & he has been breaking the furniture of the house. & threatening

(SIGNED) *Name and Medical Designation,* George Fleming Jnr Strauraer

Place of Abode,

DATED this Twenty fourth day of November One thousand eigh hundred and Sixty five Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Easton M.D. Strau being a (1) Doctor of Medicine and a Licentiate of the Royal Colleges 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) George Str Strauer Parish in the County o separately from any other Medical Practitioner visited and personally examined (4) David Weir - a pauper and that the said David Weir is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He has a wild excited appearance - his manner rude & abrupt. His conversation is of a rambling and unconnected nature - & labouring under certain delusions, for instance he believes that devils have entered his body - &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Father and mother state that for the last Month his conduct has been much changed, has a great dislike to his sister - delusions under which - & appears to have an idea of his getting unwell - & unable to sleep well at night - & sometimes very violent, and cannot be quieted

(SIGNED) *Name and Medical Designation,* David Easton M.D.

Place of Abode Church Street Strauer

DATED this Ninth fourth day of November one thousand eight hundred and Sixty two.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Mackean Sheriff Substitute (1)
of the (2) County of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James Henry Inspector of Poor for the Parish of Buittle,
Certificates under the hands of Ebenezer Hamilton
and David Easton , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Weir a Pauper and that the said
David Weir is a (5) Insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Weir as a Patient into the Royal Crichton ~~Asylum~~ (6) Institution 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 David Weir which accompanied the said Petition.

(SIGNED) J. Mackean Sh. Sub.

DATED this 24th day of November one thousand eight hundred and sixty two years

To the Superintendent of the (7)
~~Asylum of~~ Royal
Crichton Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

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David Wein

27th November

1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Wigtown Shire and of Bright and his Substitutes,—

The Petition of James Thomson, Inspector of Poor, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Gourlay is at present in a state of Mental Derangement, and 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 Gourlay to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(Signature) James Thomson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 27th (3) day of November One thousand eight hundred and Sixty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Gourlay
2. Sex and Age,	Male 20 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Shoemaker Journeyman
5. Religious Persuasion, so far as known,	Adherent of Free Church of Scotland
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	Kirkcudbright
8. Length of time Insane,	Nine days
9. Whether first attack,	Shewed Symptoms of derangement
10. Age (if known) on first Attack,	about 4 months ago, but became better
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Nine days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	November 25th
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary McKinnie or Gourlay, High Street Kirkcudbright Mother. Has a Brother at present an Inmate of Southern Counties Asylum Dumfries - and had a Brother who died at that Institution some four years ago
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signature)* Name, James Thomson

Dated this Twenty seventh day of November One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Blair being a (1) L.R.C.S.E.

and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Alexander Gourlay a Pauper and that the said Alexander Gourlay is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

From his appearance & conduct Generally

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His Mother tells me she is afraid to leave him in the house with him from his outrageous conduct

(SIGNED) *Name and Medical Designation,* David Blair, Surgeon

Place of Abode, Kirkcudbright

DATED this 25th day of November One thousand eight hundred and fifty two

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Archd. K. Campbell being a (1) F.P.S. Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High St. Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Alexander Gourlay a Pauper and that the said Alexander Gourlay is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

From his outrageous Behaviour and Suicidal tendency Breaking any thing he can get his hands on when excited

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His mother is afraid of her life at his hands and cannot leave him alone as he threatens to Kill her when he gets his hands at liberty

(SIGNED) *Name and Medical Designation,* Archd. K. Campbell Surgeon

Place of Abode, Kirkcudbright

DATED this 26th day of November One thousand eight hundred and fifty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (2)
of the said hereby further certify that the Case is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyacinth Dumbar. (1) Dep. Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James Kinniburgh
Certificates under the hands of David Blair.
and Archibald K. Campbell, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Gourlay, a Pauper and that the said Alexander Gourlay is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Gourlay as a Patient into the (Southern Counties) Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Gourlay which accompanied the said Petition.

(SIGNATURE) W H Dumbar D.S.

DATED this Twenty Seventh day of November One thousand eight hundred and Sixty two

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

D. T. C.

Alexander Gourlay

28th November

1862

This Form shall be transmitted to the General Board of Lunacy after it is filled up, and after the Petition, Statement, Medical Certificates, and Order are copied into it from Form A.

[Form A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

Notice of Admission of a Patient into an ASYLUM.

I hereby give notice, That (1)

was received into this House as a (2) Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(Signature) ..... *Superintendent.*

Dated at this (4) day of One thousand eight hundred and

To the Secretary of the General Board of Lunacy.

REPORT.

I have this day (4) seen and personally examined the Patient named in the above Notice, and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(Signature) .....

(7) .....

Dated this day of One thousand eight hundred and

---

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert particulars.
(6) Insert particulars.
(7) Add Designation.

P. p.

(Copies.)

PETITION TO THE SHERIFF TO GRANT ORDER 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) Wigton and Kirkcudbright and his Substitutes,—

The Petition of Thomas Hunter Inspector of Poor for the Parish of Kirkcowan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes McRobert or Forsyth widow residing in Kirkcowan unless in the Parish of Kirkcowan is at present in a state of Mental Derangement, and 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 McRobert or Forsyth to the Southern Counties Institution, Dumfries, and to sanction her admission into the said Asylum.

(SIGNED) Thos Hunter Insp.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fifth (3) day of November One thousand eight hundred and Sixty two 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 McRobert or Forsyth
2. Sex and Age,	Female. upwards of 70 years of age.
3. Married, Single, or Widowed,	A Widow
4. Condition of Life, and previous Occupation (if any),	Factory Operative
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Has been upwards of 20 years in Kirkcowan
7. Place where Found and Examined,	Kirkcowan.
+ 8. Length of time Insane,	
9. Whether first attack,	Unknown
10. Age (if known) on first Attack,	Unknown
11. When and where previously under Examination and Treatment,	Unknown
12. Duration of existing Attack,	~~Fifteen~~ upwards of two
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,	Kirkcowan parish
+ 18. Date of becoming Chargeable,	2d June 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	No Relatives 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.

(SIGNED)* *Name,* Thos Hunter Insp.

DATED this 25th day of November One thousand eight hundred and Sixty two years.

* To be signed by the Party applying

(Copies.)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Mc Rae
being a (1) L. R. C. S. Edin.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Mayo-
Dominion House Kirkcaldy in the County of
Fife separately from any other Medical Practitioner,
visited and personally examined (4) Widow Forsyth
and that the said Widow Forsyth is a (5) Lunatic
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Incoherency

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

(SIGNED) *Name and Medical Designation,* James Mc Rae

Place of Abode, Kirkcaldy

DATED this 21st day of November One thousand eight hundred and Seventy Seven

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, Wm McCormick
being a (1) Licentiate of the Royal College of Surgeons Ed.
and being in actual practice as a (2) Surgeon at Kinghorn
hereby certify, on soul and conscience, that I have this day, at (3) the Asylum
of Kirkcaldy parish of Kirkcaldy in the County of
Fifeshire separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Forsyth or McRobert
a pauper residing with Margaret Dorman and that
the said Agnes Forsyth is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Labours under delusions; states that she was born on the bottom of the sea, hears voices, sees objects and daily thinks she sees people that are long dead

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her former demeanour is quite changed and she sometimes breaks out into sudden gusts of passion Mrs Peter, or Widow Mitchell informant

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

(SIGNED) *Name and Medical Designation,* Wm McCormick LRCS Ed

Place of Abode, Kinghorn

DATED this 21 day of November One thousand eight hundred and Seventy two years —

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(*This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.*)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

Dated this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff R Rind, Esquire, Advocate, Sheriff Substitute (2)
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Hunter Inspector of Poor for the Parish of Kirkmahoe
Certificates under the hands of James Ker Roy Surgeon Kirkmahoe
and William M'Cormack Surgeon Holywood being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 M'Robert or Forsyth widow and that the said
Agnes M'Robert or Forsyth is a (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 M'Robert or Forsyth as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes M'Robert or Forsyth which accompanied the said Petition.

(Signed) M. Rind

Dated this twenty fifth day of November One thousand eight hundred and sixty two

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

3

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dundee *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Sir John Ogilvy Baldovan House humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Charles Ogilvy my brother is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Charles Ogilvy to the Crichton Royal Institution and to sanction the admission into the said Asylum.

(SIGNATURE) John Ogilvy

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this first (3) day of December one thousand eight hundred and Sixty Two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Charles Ogilvy
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Malvern
7. Place where Found and Examined,	Glasgow Royal Lunatic Asylum Gartnavel
8. Length of time Insane,	Unknown
9. Whether First Attack,	Yes to far as known
10. Age (if known) on First Attack,	Unknown
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of Existing Attack,	Unknown
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	At times
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 his Family known to be or to have been Insane,	Sir John Ogilvy Bt M.P. Baldovan House Dundee, is his eldest 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.

(SIGNATURE)* Name, John Ogilvy

DATED this first day of December one thousand eight hundred and sixty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Bryce Gilland
being a (1) Graduate in Medicine of the University of Glasgo
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Glasgow Royal Lunatic Asylum, Gartnavel in the County o Lanark separately from any other Medical Practitioner visited and personally examined (4) Alexander Charles Ogilvy Esqu at present a private patient in the above named Asylum and tha the said Alexander Charles Ogilvy is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state 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.*

Mr Ogilvy states that he is and has been the victim of a conspiracy for many
Nearly every new invention of which he becomes cognisant. he states was discovered
He states that he invented the Armstrong gun and that he could make one far
make double the range, to cost only half the price. He is subject to depressions of spir
his language, manner and countenance all indicate that he is uneasy (7) [illegible]

2. ~~Other facts (if any) indicating Insanity communicated to me by others~~: (7)

(7) *State the information, and from whom derived.*

For example, he often states that he is living in a perfect hell, that his
is eternally lost and that he often meditates committing suicide. Mr Ogilvy
suspicious, uses his feet instead of his fingers in the opening and shutting of doors
frequently excited to a great extent without external cause.

(SIGNED) *Name and Medical Designation,* Robert Bryce Gilland M

Place of Abode, Glasgow Royal Lunatic Asylum, Ga

DATED this twenty eighth day of November One thousand eight hundred and Sixty two.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Christie
being a (1) Graduate in Medicine of the 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 Glasgow Royal Lunatic Asylum, Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Alexander Charles Ogilvy Esquire at present a patient in the above named Asylum and that the said Alexander Charles Ogilvy is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the facts.*

His appearance is always very striking and peculiar. He is seldom or never properly
He wears a cotton pocket cuff round the back part of his head and neck under his chem
has but seldom a coat on. He does not change his linnen until it is in a filthy state
outer clothing until it is in rags. He collects articles of no value, such as bank pass bo
and apparently sets a high value upon them. He labours under various delusions. He ste
his relations, owing to jealousy, have conspired against him and that God has abandone
for ever. His estimate of his own person is also morbid. He states that he can ground
Mountains and that he could reclaim the Lowlands of Scotland by mechanical means,

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* James Christie M. D.

Place of Abode Glasgow Royal Lunatic Asylum Gartn

DATED this Twenty eighth day of November one thousand eight hundred and Sixty two.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that _____ is a (1) _____ of the said _____ hereby further certify that the Case is one of Emergency, and I recommend the immediate removal of the said _____ to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this _____ day of _____ One thousand eight hundred and _____

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Kennay — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Sir John Ogilvy Bart Baldoran House Dundee Certificates under the hands of Robert Ryce Gilland — and James Christie _____, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Charles Ogilvy Cattnavil Asylum and that the said Alexander Charles Ogilvy is a (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 Charles Ogilvy — 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 Alexander Charles Ogilvy — which accompanied the said Petition.

(SIGNATURE) A. Kennay

DATED this Fourth day of December one thousand eight hundred and Sixty two years.

To the Superintendent of the (6) Public —
Asylum of Crichton Royal Institution
Dumfries —

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

924

Alexr Charles Oglesby

5/12/62

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]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honorable the (1) Shriff *of the* (2) Shire

(1) Sheriff or Steward.
(2) Shire or Stewartry.

of Dumfries *and his Substitutes,—*

The Petition of Howel Morgan, Clarendon row, Hampstead

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Morgan My Brother

is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Morgan to the Carlton Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) Howel Morgan

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fourth (3) day of December one thousand eight hundred and sixty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Morgan
2. Sex and Age,	Male. 37.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Bromptom Kent
7. Place where Found and Examined,	15, Clarendon Terrace, Hampstead, Middlesex
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,	was under the treatment of Dr Pinel of Paris.
12. Duration of Existing Attack,	Some years
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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,	Howel Morgan F.R.C.S. Esq: 15, Clarendon Terrace, Hampstead middlesex. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* Howel Morgan

DATED this first day of December one thousand eight hundred and sixty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Gurdlave Marshall
being a (1) Fellow of the Royal College of Surgeons &c.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 15 Clarendon Terrace Hampstead Middlesex in the County of Middlesex separately from any other Medical Practitioner, visited and personally examined (4) David Morgan Gentleman and that the said David Morgan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 lost memory as to time & place & personally. That he has lost power of arranging his ideas & questions. His replies generally are in monosyllables.

W.G.M.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From person in attendance. That he [illegible] Morgan breaks out whistling without any cause. That he misapplies strangers are in common parts of the house and with whom he has different avocations &c. &c.

(SIGNED) *Name and Medical Designation,* W.G. Marshall Medical Superintendent Long Grove Asylum Epsom

Place of Abode, Colney Hatch Middlesex

DATED this Twenty sixth day of November One thousand eight hundred and Sixty Two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Frederick Blower
being a (1) Graduate in Medicine of the University of Dublin & Member of the Royal College of Surgeons
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 15 Clarendon Terrace Hampstead Middlesex in the County of Middlesex separately from any other Medical Practitioner, visited and personally examined (4) David Morgan Gentleman and that the said David Morgan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His memory is deficient, - His great difficulty is answering questions in his habits; taciturn, very suspicious, deluded in ideas

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* W F Blower M.D. & Surgeon Asylum

Place of Abode Hayward's Heath, Sussex

DATED this Sixth day of December one thousand eight hundred and Sixty two.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(2) Lunatic *or* an insane person, *or* an idiot, *or* a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Wm Pearson Tolles (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Howel Morgan,
Clarendon Terrace Hampstead
Certificates under the hands of William Gustave Marshall
and William Valentine Browne, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Morgan of 16 Clarendon Terrace and that the said
David Morgan is a (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 Morgan 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 David Morgan which accompanied the said Petition.

(SIGNATURE) Wm S. Tolles

DATED this Sixth day of December one thousand eight hundred and Sixty two years

To the Superintendent of the (7) Public Royal Institution
Asylum of Crichton Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, *or* Private.

257
925
David Mogan
6/12/62

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

12

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Shire of Annesley and his Substitutes,—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Joseph Welsh Resident of Pow Roque

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace McCulloch a pauper is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Grace McCulloch to the Southern Counties asylum and to sanction her admission into the said Asylum.

(SIGNATURE) Joseph Welsh

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twelfth (3) day of December one thousand eight hundred and Sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Grace Mc Culloch
2. Sex and Age,	Female Forty Two years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	No 8 Colleys D Maxwelltown Roque
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	From Birth
9. Whether First Attack,	First
10. Age (if known) on First Attack,	At Birth
11. When and where previously under Examination and Treatment,	From Birth and No 8 Colleys D maxwelltown
12. Duration of Existing Attack,	From Birth
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,	Parish of Roque
18. Date of becoming Chargeable,	
19. Christian Name 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,	Philip McCulloch Brother as other of the family are 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.

(SIGNATURE)* *Name,* Joseph Welsh Resident Roque

DATED this Twelfth day of December one thousand eight hundred and Sixty two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Murray
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 9 College
Bridwell Loan
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Grace Mc Culloch
and that
the said Grace Mc Culloch is a (5) an Idiot
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Complete want
of intellect or mind is congenital & mania
Eleven years old cannot dress herself, nor
attend to nature's calls, cannot distinguish
relations, has made no progress in intellect
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has been in the condition as
stated above

(SIGNED) *Name and Medical Designation,* P Murray M D

Place of Abode Bridwell Loan Dumfries

DATED this 12th day of December One thousand eight hundred and 62

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Scott
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) College
Mynellan
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Grace Mc Culloch
and that
the said Grace Mc Culloch is a (5) an Idiot
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her countenance
indicates Imbecility she is speechless and
can show no passing event

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother told me she had been
an Idiot from her birth

(SIGNED) *Name and Medical Designation,* William Scott M D

Place of Abode Dumfries

DATED this 12th day of December one thousand eight hundred and Sixty two

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic *or* an insane person, *or* an idiot, *or* a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Crotter — (1) Sheriff Substitute — of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Welsh Inspector of Poor, of the parish of Urquier Certificates under the hands of Patrick Murray and William Scott, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Grace McCulloch, a pauper Maxwelltown and that the said Grace McCulloch is a (5) Idiot and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace McCulloch 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 Grace McCulloch which accompanied the said Petition.

(SIGNATURE) John P Crotter

DATED this Twelfth day of December one thousand eight hundred and sixty two years.

To the Superintendent of the (7) Public —
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, *or* Private.

Grace Mc Cullock
12th December
1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Kingtonshire *and his Substitutes,—*

The Petition of William Taylor Long forth

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Martha McMorpo is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Martha McMorpo to the Southern Asylum and to sanction the admission into the said Asylum.

(SIGNATURE) William Taylor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this tenth (3) day of December one thousand eight hundred and Sixty two Years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Martha McMorpo
2. Sex and Age,	female 19 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers Daughter
5. Religious Persuasion, so far as known,	protestant Presbyterian
6. Previous Place of Abode,	McCrahlan Stony R R
7. Place where Found and Examined,	Long forth
8. Length of time Insane,	Six weeks. but has been dull and moody at times for a year or two
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Six weeks
13. Supposed Cause,	Sermon by Mr Ross, The Sandyford murder &c &c acting on the previously weak and excitable nervous system
14. Weather subject to Epilepsy,	No
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	Threatens
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name 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,	Susan McMorpo, or Taylor Longforth, Sister Able
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

~~Oct 10th~~ 1862 (SIGNATURE)* Name, William Taylor

DATED this tenth day of December one thousand eight hundred and Sixty ~~two~~ years

* To be Signed by the Party applying.

P. p.

Received this 13th December 1862

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McCormick being a (1) Licentiate of the R.C.P. & S. Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Longforth parish of Old Luce in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Martha McKerrow residing at Longforth and that the said Martha McKerrow is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 that the inmates of the house intend to murder her, states her salvation is hopeless, sometimes moves herself with the Sandyford Murder, &c &c,

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Alexander and Mrs Taylor state that she sometimes thinks that the has murdered all the Children in the house, and many other absurdities has the power of restraining herself

(SIGNED) *Name and Medical Designation,* Wm McCormick LR

Place of Abode, Glenluce

DATED this 10 day of December One thousand eight hundred and sixty two 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 McCormick being a (1) Magister, chirgicae of the University of Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Longforth in the Parish of Old Luce in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Martha McCorgo residing at Longforth aforesaid and that the said Martha McCorgo is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That she labours under the impression that she has sinned away the day of grace and despairs of her salvation which very much grieves her and that she complains and is annoyed of the children and the noises of the fire which she says are very noisy when the opposite is the fact.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Informed by Mr & Mrs Taylor Longforth that especially between 3 & 4 o'clock in the morning she speaks incoherently & by herself in addition and expresses Murderous intentions towards herself — that she has kicked & threatened to beat the attendants & that she is restless and ill

(SIGNED) *Name and Medical Designation,* James McCormick

Place of Abode Portwilliam

DATED this 6 day of December one thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Ahmed (1) Sheriff Substitute,
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Taylor
Mackie
Certificates under the hands of Wm McCormick and
and James McCormick M.D. being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Agnes McKerrow and that the said
Agnes McKerrow is a (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 McKerrow 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 Agnes McKerrow which accompanied the said Petition.

(SIGNATURE) Alex Ahmed

DATED this Eleventh day of December one thousand eight hundred and Sixty two.

To the Superintendent of the (6)
Crichton Royal Asylum of Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

1 1

Martha McKergo

13th December

1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff or Steward of the (2) County of Dumfries and his Substitutes—

The Petition of William Hastings Insp^r of Poor Parish of Kirkconnel

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Geddes or Candlish is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Geddes or Candlish to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Wife of James Candlish

(SIGNED) William Hastings Insp^r of Poor Parish of Kirkconnel

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (3) day of December One thousand eight hundred and Sixty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Geddes or Candlish
2. Sex and Age,	Female 48 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Pauper House Servant
5. Religious Persuasion, so far as known,	C. P. Church
6. Previous Place of Abode,	Ry Kennel
7. Place where Found and Examined,	Penpont
8. Length of time Insane,	
9. Whether first attack,	Second
10. Age (if known) on first Attack,	46
11. When and where previously under Examination and Treatment,	S. Counties Asylum
12. Duration of existing Attack,	12 Months
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Has threatened
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkconnel
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Candlish, Husband Penpont None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, William Hastings Insp^r of Poor Parish of Kirkconnel

DATED this Fifteenth day of December One thousand eight hundred and Sixty two

* To be signed by the Party applying.

P. p.

Martha Mc Hogo 15th December 1862

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Arthur Crichton Chalmers being a (1) Doctor of Medicine of Edinburgh University & Licentiate of the Royal College of Physicians Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Penpont in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Geddes or Cundlich wife of James Cundlich, Pauper Penpont and that the said Janet Geddes or Cundlich is a (5) Lunatic wife of James Cundlich and a proper person to be detained 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 talkative & Complains that she has been defrauded of Some money by her husband & others, & is in possession of Some Bank Notes which She is very desirous to obtain.

(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 had repeatedly threatened his life with violence. Mr. John Thornton Inspector Roads informed me that the neighbours are much afraid of her, & much of the noise & disturbance in her house.

(SIGNED) *Name and Medical Designation,* Arthr. C. Chalmers M.D.

Place of Abode, Thornhill

DATED this eleventh day of December One thousand eight hundred and Sixty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Jamieson McEntcheon being a (1) Doctor of Medicine of Glasgow University and Licentiate 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) Penpont in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Geddes or Cundlich Village Penpont Pauper. and that the said Janet Geddes or Cundlich is a (5) Lunatic and wife of James Cundlich and a proper person to be detained 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 talkative her conversation being at times quite incoherent. She labours under the impression that a considerable sum of money is been willed in her favour and that nearly every person with whom she comes into contact has been an agent defrauding her.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that she has occasionally threatened his life, - while the neighbours state that she is excessively noisy and often threatens violence towards them.

(SIGNED) *Name and Medical Designation,* David J. McEntcheon M.D.

Place of Abode, Penpont

DATED this Eleventh day of December One thousand eight hundred and Sixty two.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Fyffe (1) Sheriff Substitute
of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Hastings Inspector of Poor of Parkconnell Certificates under the hands of Andrew Crichton Kelmers and David Jamieson McKutcheon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Geddes or [redacted]Caudlish a pauper and that the said Janet Geddes or [redacted]Caudlish is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Geddes or [redacted]Caudlish 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 Janet Geddes or [redacted]Caudlish which accompanied the said Petition.

(SIGNED) John P Fyffe

DATED this Eighteenth day of December One thousand eight hundred and Sixty two

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

960

Mark Fielder or Carr

20/12/62

2

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

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 ~~Edinburgh~~ Dumfries *and his Substitutes,—*

The Petition of John Ferguson residing at 89 Lauriston Place Edin.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter Ferguson son of the late James Ferguson ~~312 Canongate Edinburgh~~ of whose Trustees your Petitioner is one (*) and also Factor on the Trust Estate is at present in a state of Mental Derangement, and 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 Ferguson to the Crichton Institution Dumfries and to sanction his admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

J. Ferguson

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 26th (*) day of December One thousand eight hundred and sixty two 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 Ferguson
2. Sex and Age,	Male - 27 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk in Merchants office and Banks
5. Religious Persuasion, so far as known,	Established Church of Scotland.
6. Previous Place of Abode,	20 Elder Street Edinburgh
7. Place where Found and Examined,	20 Elder Street Edinburgh
8. Length of time Insane,	Considerable time.
9. Whether first attack,	Not first.
10. Age (if known) on first Attack,	about 18.
11. When and where previously under Examination and Treatment,	Not under treatment as illness not very
12. Duration of existing Attack,	only developed within a few months.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	not known
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 Gilbert Ferguson Ross Hall Burn of Cambus by Stirling Brother. Father and Mother both insane for short periods.
20. Special circumstances (if any) preventing the 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 December One thousand eight hundred and sixty two years.

(*To be signed by Party applying*) J. Ferguson

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Cochrane, Graduate in
being a (1) Medicine of King's College Aber-
deen & Fellow of the Coll. of Phys. & Surg. Edin.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 20 Elder
Street, Edinburgh in the County
separately from any other Medical Practitioner,
visited and personally examined (4) Peter Ferguson and
the said Peter Ferguson is a (5) a person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Has made
attempts upon his own life having taken
he believed Arsenic - talks of shooting
& thinks no man should live out his
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
only for the fear of being hung he
readily commit murder & is very
I took from him a Pistol loaded with
or at least tried to
he do -

Name and Medical Designation, John Cochrane,
Place of Abode, Barristers Park, E
DATED this 26th day of December One thousand eig
hundred and sixty two -

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street and number of the house (if any), or other like particulars.
(4) Insert Designation and Residence, and if a Pauper state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) State the facts.
(7) State the information, and from whom derived.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Miller, Fellow of the Royal College of
being a (1) Surgeons Edinburgh
and being in actual practice as a (2) practitioner of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) 20 Elder Stre
Edinburgh in the County
Edinburgh
separately from any other Medical Practitioner,
visited and personally examined (4) Mr. Peter Ferguson residing there
and th
the said Peter Ferguson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Conception of suicid
& homicidal tendencies - strange anticipation
hearing of sounds sounds which have no existence - Ca
of a loaded pistol in his pocket, with the avowed Intent of
shooting himself & some one else
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The above corroborated by testimony of friends, wi

Name and Medical Designation, Jas Miller F.R.C
Place of Abode, 9 Charlotte Square
DATED this 26th day of December One thousand eigh
hundred and sixty two

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street, and number of the house (if any), or other like particulars.
(4) Insert Designation and Residence, and if a pauper state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) State the facts.
(7) State the information, and from whom derived.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Cochrane, being (1) a Practitioner of Medicine hereby certify, on soul and conscience, that I have this day, at (2) 312 Lawnmarket in the County of Edinburgh, seen and personally examined Mr Peter Ferguson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Cochrane, M.D.

DATED this 24th day of December One thousand eight hundred and sixty two

(1) 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 Ritchie Gotter (3) Sheriff Substitute of the (4) Shire of Edinburgh (5) Dumfries having had produced to me, with a Petition at the instance of (6) John Ferguson 59 Lawnmarket Edinburgh Certificates under the hands of John Cochrane and James Miller, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (7) Peter Ferguson, 20 Elder st. Edinburgh and that the said Peter Ferguson is a (8) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter Ferguson as a Patient into the (9) 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 Peter Ferguson which accompanied the said Petition.

DATED this 27 22nd day of December One thousand eight hundred and sixty five years

John R Gotter

To the Superintendent of the (10) 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.
(9) Public, District, Parochial, or Private.
(10) Public, District, Parochial, or Private.

926

Peter Ferguson

2 4/12/62

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Mary M'Lanahan or residing 4/ Kelvinhaugh St Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Campbell orr, within designed is at present in a state of Mental Derangement and 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 Campbell orr to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) Mary M'Lanahan

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (3) day of January one thousand eight hundred and forty three

STATEMENT.

If any 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 Campbell orr.
2. Sex and Age,	Male. Aged 25.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk in a Banking Establishment
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Langholm, Dumfriesshire.
7. Place where Found and Examined,	4/ Kelvinhaugh St. Glasgow
8. Length of time Insane,	upwards of 18 months
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	23 years of age.
11. When and where previously under Examination and Treatment,	Glasgow. Gartnavel Asylum
12. Duration of Existing Attack,	some weeks.
13. Supposed 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 his Family known to be or to have been Insane,	Mary M'Lanahan orr 4/ Kelvinhaugh Street Glasgow is his Mother.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* Mary M'Lanahan orr

DATED this Eighth day of January one thousand eight hundred and forty three.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Johnston Licent: Royal Coll: Sur
~~being of~~

and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 47 Kelvinhaugh
Street, Glasgow in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) James Campbell
Orr, Clerk, 47 Kelvinhaugh St. Glasgow and that
the said James Campbell Orr is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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 that he
died some months ago, and will soon be tried
for having in some way caused the death of his
Father. Believes that the City Police are
=stantly dogging him when out.. Thinks he was ad
by means by a crow in the West End P

(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 speaks of Gartnavel
Asylum as being Hell, and that a Short confine
which he underwent there was a judgement on his

(SIGNED) *Name and Medical Designation,* Thomas Johnston, Surg

Place of Abode, 6 Rose St. Garnethill Glas

DATED this Seventh day of January One thousand eight
hundred and Fifty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Longen - Surgeon
being a (1) Member Faculty Physicians & Surgeons of Gla
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 47 Kelvinhaugh
Street in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) James Campbell Orr - Clerk
47 Kelvinhaugh St Glasgow and that
the said James Campbell Orr 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) Delusion - has
died - been in Hell & tried - hears voices which
believes caused by the Devil - Pulse 120

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) his
wife he has been in Gartnavel lately for some time - does
know day of week - restless sleepless unmanage

(SIGNED) *Name and Medical Designation,* John Longen Surgeon

Place of Abode 56 Cambridge St

DATED this Seventh day of January one thousand eight
hundred and Fifty three

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Erskine Murray (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Mary Ann Lanahan or Campbell residing 47 Kilpatrick St Glasgow
Certificates under the hands of Thomas Johnston
and John Dougan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Campbell or Lanahan residing 47 Kilpatrick St and that the said James Campbell or Lanahan is a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Campbell or Lanahan 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 James Campbell or Lanahan which accompanied the said Petition.

W.B.

(SIGNATURE) Alexr Erskine Murray

DATED this Eighth day of January one thousand eight hundred and Seventy three years

To the Superintendent of the (7) Public
Lunatic Asylum of Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

961

James Campbell Ott

8th January 1863

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff~~ *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Mary Carlisle, and Jno. Richard Jackson of Scalescough humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Ann Robinson is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Miss Ann Robinson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

Ann Robinson. Mother-

(SIGNED) R Jackson. Trustee under father's will

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 9th (2) day of January one thousand eight hundred and Eighty three

STATEMENT.

If any 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 Robinson.
2. Sex and Age,	Female aged 39 years
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Always lived with her Parents
5. Religious Persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	Scalescough, near Moneay.
7. Place where Found and Examined,	Scalescough
8. Length of time Insane,	For some years
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	———
11. When and where previously under Examination and Treatment,	———
12. Duration of existing Attack,	Two months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	~~no~~ Yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Ann Robinson, Scalescough, Mother of the Patient. Her father, during the last few years of his Life, was very peculiar.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Richard Jackson

DATED this 9th day of January one thousand eight hundred and eighty three

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1240.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Brown being a (1) Member of the Royal College of Surgeons of London and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Scaleseugh in the County of Cumberland separately from any other Medical Practitioner visited and personally examined (4) Ann Robinson of Scaleseugh and that the said Ann Robinson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Believes she is lost. Fancies she has no heart, & that its place is supplied by a dog.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Wishes her neighbours to choke her, so that she may be buried in the garden - & is anxious she sh[d] be often asks if dead - so that the dog may be removed before the interment. Mrs Robinson

(SIGNED) *Name and Medical Designation,* Robert Brown Surgeon

Place of Abode, 4 Devonshire Street Carlisle

DATED this 7th day of January One thousand eight hundred and sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Cornelius J. Hall being a (1) Member of the College of Surgeons London and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Citadel Station Carlisle in the County Cumberland separately from any other Medical Practitioner visited and personally examined (4) Ann Robinson of Scaleseugh and that the said Ann Robinson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Believes that good and bad spirits are beneath the bed and believes that the Devil has a mark of heat on her forehead.

2. Other facts (if any) indicating Insanity communicated to me by others. (7)

The Rev[d] Mr Jackson informs me that she attempted to strangle herself with her garters and the sheets of bed.

(SIGNED) *Name and Medical Designation,* Cornelius J. Hall Surgeon

Place of Abode, 1 & 2 Carlton Terrace Carlisle

DATED this ninth day of January one thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Ann Robinson is a (1) person of unsound mind hereby further certify that the Case of the said Ann Robinson is One of Emergency, and I recommend the immediate removal of the said Ann Robinson to an Asylum accordingly.

Name, Robert Brown

Place of Abode, 4 Devonshire St. Carlisle

DATED this 9th day of January one thousand eight hundred and sixty three

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) the Rev: Richard Jackson of Wray Carlisle & Ann Robinson residing at Scales cottage Certificates under the hands of Robert Brown and Cornelius S. Hall, bearing two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Robinson at Scalecastle and that the said Ann Robinson is a (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 Robinson as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Robinson which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this Twelfth day of January one thousand eight hundred and Sixty three

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, or Private.
(7) Public, District, or Private.

927

Miss Ann Robinson

9/1/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of James Kelly, Ivy Cottage Auldgirth

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Kelly 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 Kelly to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Kelly

(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 sixty three.

STATEMENT.

If any 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 Kelly
2. Sex and Age,	Female - Age 33 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Employed in her father's house.
5. Religious Persuasion, so far as known,	Free Church of Scotland.
6. Previous Place of Abode,	Ivy Cottage. Auldgirth.
7. Place where Found and Examined,	
8. Length of time Insane,	Never quite sane.
9. Whether first attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Not subject to Epilepsy.
15. Whether Suicidal,	Not Believed to be so. But on one occasion Threatened to throw Baby out of Bed & would not tell what she intended with it.
16. Whether Dangerous to others,	Not 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 Kelly. Ivy Cottage. Auldgirth. her Father. No member of the Family ever known to have been Insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of January One thousand eight hundred and sixty three.

(*To be signed by Party applying*) James Kelly

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Andrew Cuckston Charleson being a (1) Doctor of Medicine of Edinburgh Univ & a Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Ivy Cott Ambrose Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Eliza Kelly and th the said Eliza Kelly is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the followin grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is Narrow Spoken: admits what her friends allege upon but says the countenance deny's so - Apparently Co & Uneasy in her communications with her —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Father & Aunt speak of her as busy dotty, in her habits: Over particular When visited Arrow & reserved, destroying & tearing articles of dress & bites & claws Mother. On examining the Eye exist Name and Medical Designation, } Andrew C. Charleson Arm Asylum of Insane, with the Place of Abode, Thornhill purpose she could not attend. They are afraid of this day DATED this sixth day of January One thousand eigh hundred and sixty three

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Logan being a (1) Doctor of Medicine of University & King's College Aberdeen & a Licentiate of the Faculty of Physicians & Surge Glasgow and being in actual practice as a (2) Physicians & Surgeons hereby certify, on soul and conscience, that I have this day, at (3) Ivy Cottage Ecclefechan, in the County o Dumfries separately from any other Medical Practitioner visited and personally examined (4) Eliza Kelly and tha the said Eliza Kelly is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the followin grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Imagines that at night she sees objects which have no existence, insists that she obtained poison, but refuses to tell, what purpose says she knows that she has done wro ~~that~~ she could not avoid doing so.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Refuses to obey her Father and Aunt, destroys he articles of dress and injures her person by inflict on it wounds with her own hands. Her Aunt also t me that she has often promised to reform and ~~that~~ after each Name and Medical Designation, } Thomas Logan M.D. Place of Abode, Penpont

DATED this sixth day of January One thousand eigh hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, 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 Hannay (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Kelly
Ivy Cottage Auldgirth
Certificates under the hands of Andrew Crichton Chalmers
and Thomas Logan , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kelly Ivy Cottage daughter of Petitioner and that the said
Elizabeth Kelly is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Kelly 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 Kelly which accompanied the said Petition.

DATED this Seventh day of January One thousand eight hundred and sixty three years

Alex Hannay

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Eliza Kelly.

14th January 863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire Ayrs

(1) Sheriff or Steward.
(2) Shire or Stewartry.

of Dumfries *and his Substitutes.*

The Petition of Isabella Graham, Woman Spouse

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Graham my husband is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Graham to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) Isabella Graham

(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 January one thousand eight hundred and fifty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Graham
2. Sex and Age,	Male 38 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Commercial traveller
5. Religious Persuasion, so far as known,	Established church
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Eighteen months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	36 years
11. When and where previously under Examination and Treatment,	Cumberwell House London for one month — 18 months
12. Duration of Existing Attack,	one month — 18 months
13. Supposed Cause,	Domestic affliction
14. Whether subject to Epilepsy,	Not Epileptic
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	Not dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary Graham Mother Thomas Aunt Annan 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.

(SIGNATURE)* *Name,* Isabella Graham

DATED this 20th day of January one thousand eight hundred and fifty three

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, William Scott
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the County Po
office Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) James Graham of Annan
and that
the said James Graham is a (5) Insane
Person and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) He has delusi
as to persons speaking to him by their m
thro voices calling to him when walking and th
he is going to marry

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Brother admits that his mind is
unhinged and that he was confined in a Lu
asylum near London,

(SIGNED) *Name and Medical Designation,* William Scott MD.

Place of Abode, Dumfries

DATED this 19th day of January One thousand eight
hundred and sixty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the County Po
office Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) James Graham of Annan
and that
the said James Graham is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusion of v
kind, - viz. That certain persons conspire a
him, - he believes that he receives communications
a distance by what he calls through the mind and
Jaw, & from people addressing him, who are beyond
hearing distance

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7).
His brother admits that his mind is
unhinged. and that he was confined in
Asylum near London

(SIGNED) *Name and Medical Designation,* John Dickson M

Place of Abode Buccleuch Street.

DATED this nineteenth day of January one thousand eight
hundred and sixty three.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Steuart Gratte — (1) Sheriff Substitute
of the (2) County of Dumfries —
having had produced to me, with a Petition at the instance of (3) Isabella Graham Thomas spouse Ann —
Certificates under the hands of William Scott
and John Dickson —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Graham Annan and that the said
James Graham — is a (5) person of unsound mind or an insane person —
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Graham as a Patient into the
(6) Public — Asylum of Crichton Institution and I authorize
his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James
Graham which accompanied the said Petition.

(SIGNATURE) J Steuart Gratte

DATED this Twenty first day of January one thousand eight hundred and Sixty three years —

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

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Adams Graham
19/1/63

Dumfries
19 January 1863

Unto The Honourable The Sheriff
of Dumfries Shire and his Substitutes
The Petition of Alexander
Young Procurator Fiscal of
Court for the public interest

Humbly Sheweth

That on Eleventh January
Eighteen hundred and Sixty
three James Graham, a retired
Draper residing in the Burgh of
Annan and who is believed
to be a person of unsound
mind or a lunatic did on
the public road between
Gallowbank and North Street
both in or near to the Burgh
of Annan aforesaid Attack
and Assault Agnew Black
Bogie Doctor of Medicine re-
siding in said Burgh, who
was then in a Dogcart or
other Vehicle, and did attempt
to stop the Horse then drawing
the same and did strike
the said Agnew Black Bogie
with

Alex Young

with his picks or Hat; and did otherwise by his shouting bawling cursing and swearing conduct himself in a furious and outrageous manner

That the said James Graham is Certified to be a Lunatic and in a state threatening danger to himself and others

That by the fifteenth Section of the Act of Parliament 25th and 26th Victoria Chapter 54 the Procurator Fiscal is empowered to make application to the Sheriff to whom it shall be lawful to grant warrant forthwith to commit such Lunatic to some place of safe custody.

That this application is accompanied by the Medical Certificates of John Dickson and William Scott Physicians in Dumfries of this date in terms of said Section of the foresaid Act

Alex Ivory

3

Act of Parliament

May it therefore please your Lord:
ships to grant warrant for the apprehension of the said James Graham; and also to commit him forthwith either to the Southern Counties Asylum near Dumfries (~~Asylum near Dumfries~~) or to some other place of safe custody with a view to an Enquiry as to the state of Mind of the said James Graham before your Lordships on an Early day thereafter all in terms of the before mentioned Act of Parliament

According to Justice

Three words deleted before signing
Alex Young

Dumfries 19 January 1863. Having Considered the foregoing Petition with the Medical Certificate of this date under the hands of William Scott M.D. and John Dickson M.D. founded on, Grants warrant for Com

Committing the person of James Graham written designated to the Southern Counties Asylum for Lunatics near Dunedin as a place of safe custody until the necessary inquiry can be made in terms of the act 25 V 26 Vict Cap 54 Sect 15. John B. Tudor

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928

928

Petition

Procurator Fiscal
of
James Graham

Lunacy

19 January 1863

Mrs Patent
Leith

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Wigtown *of* And Kirkcudbright *and his Substitutes,*—

The Petition of James Thomson, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mc Clymont is at present in a state of Mental Derangement, and 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 Clymont to the Southern Counties Asylum, Dumfries, and to sanction his admission into the said Asylum.

(SIGNATURE) James Thomson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty second (3) day of January One thousand eight hundred and Sixty three

STATEMENT.

If any 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 Clymont
2. Sex and Age,	Male, 16 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,	Minnigaff Village, Parish of Minnigaff
7. Place where Found and Examined,	Found Minnigaff, Examined Kirkcudbright
8. Length of time Insane,	From Birth
9. Whether first attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	Apprehended, Committing Assault, and being dangerous to the Lieges
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,	Minnigaff
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* James Thomson

DATED this Twenty second day of January One thousand eight hundred and Sixty three years

* To be signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Shand
being a (1) Fellow of Royal College of Physicians Edinburgh &c
and being in actual practice as a (2) Joint Resident Physician
hereby certify, on soul and conscience, that I have this day, at (3) the County Prison Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John McClymont Pauper in Prison and that the said John McClymont is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Restlessness. incapacity to converse intelligently the continuous / confused subjects.; incoherence expression / countenance &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Wakefulness; talking to self; loss of memory recent events; dishonesty; [illegible], recently committed by Lieut A A Boy —. Informed by W. Brown Prison & of Mr Gordon Procurator Fiscal

(SIGNED) *Name and Medical Designation,* Wm Shand M.D. F.R.

Place of Abode, Kirkcudbright

DATED this 20th day of January One thousand eight hundred and sixty three

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, *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 Blair
being a (1) L.R.C.S.E.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the County Prison Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John McClymont a Pauper and that the said John McClymont is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) incoherency in speech, restlessness, & appearance generally

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

restless at night; getting up & walking about, making a noise, & breaking the utensils in his cell, informed by John Wilson Turnkey of prison

(SIGNED) *Name and Medical Designation,* David Blair Surg

Place of Abode, Kirkcudbright

DATED this 21st day of January One thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1)
of the said
hereby further certify that the Case is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Dickson, Esquire (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James Kinnear
Certificates under the hands of John Stroud
and Daniel Blair, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John McClymont a Pauper and that the said
John McClymont is a (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 McClymont as a Patient into the Dumfries 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 McClymont which accompanied the said Petition.

(SIGNATURE) George Dickson

DATED this twenty second day of January One thousand eight hundred and Sixty three

To the Superintendent of the (7) Dumfries Asylum of Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

John McClymont
22d January
1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of John Dinwoodie Inspector of Poors in the Parish of Dumfries—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Keenan Pig Dealer is at present in a state of Mental Derangement and 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 Keenan to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) John Dinwoodie, Inspector

(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 January one thousand Sixty-three eight hundred and Sixty three.

STATEMENT.

If any 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 Keenan
2. Sex and Age,	Male 37 years
3. Married, Single, or Widowed,	Married —
4. Condition of Life, and previous Occupation (if any),	Pig Dealer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dumfries —
7. Place where Found and Examined,	No —
8. Length of time Insane,	About two Months
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Dumfries & Southern Counties Asylum
12. Duration of Existing Attack,	About two Months
13. Supposed Cause,	Indulgence in Ardent Spirits
14. Whether subject to Epilepsy,	No —
15. Whether Suicidal,	No —
16. Whether Dangerous to others,	Subject to Paroxysms of violence
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	26th January 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	None
Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* John Dinwoodie Inspector

DATED this Twenty-sixth day of January one thousand eight hundred and Sixty three

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) St Michael
in the County of Dumfries.
visited and personally examined (4) John Teenan, dealer in separately from any other Medical Practitioner,
and that
the said John Teenan is a (5) Person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Excessively a
Incoherent & Facetious.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
It at times very violent. Has threatened
various persons, under the influence of which he
tried to shoot to the best of his knowledge, &c.
Has previously been in an Asylum.

(SIGNED) Name and Medical Designation, John Dickson

Place of Abode, Buccleuch Street.

DATED this twenty first day of January One thousand eight hundred and sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Pierson
being a (1) Member of the Royal College of Surgeons England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern
County Asylum Dumfries, in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) John Teenan, Dealer in
and that
the said John Teenan is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Great depression
impairment of memory, and hesitation
in speech. His appearance indicates
of general ill health.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
— Mitchell superintendant of Poli
told me that he had with difficulty been
prevented from climbing to the top of his house
otherwise exposing himself to danger

(SIGNED) Name and Medical Designation, S. Pierson MD

Place of Abode Southern County Asylum

DATED this twenty eighth day of January one thousand eight hundred and sixty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that John Teenan is a (1) person of unsound mind hereby further certify that the Case of the said John Teenan is one of Emergency, and I recommend the immediate removal of the said John Teenan to an Asylum accordingly.

Name, John Dickson MD

Place of Abode, Buccleuch Street

DATED this twenty fifth day of January One thousand eight hundred and sixty three

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Wm Peacock Potter (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of John Dickson and Samuel Greeson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Teenan, Pig dealer, Dumfries and that the said John Teenan is a (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 Teenan as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Teenan which accompanied the said Petition.

(SIGNATURE) Wm P Potter

DATED this twenty sixth day of January one thousand eight hundred and sixty three years.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

John Brown
25th January
1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Jemima Allan 3 Rutland Court Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Allan my brother is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Allan to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNATURE) Jemima Allan

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 31st (3) day of January one thousand eight hundred and eighty three

STATEMENT.

If any 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 Allan
2. Sex and Age,	Male aged 48
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Merchant at present in no business
5. Religious Persuasion, so far as known,	Established Presbyterian Church
6. Previous Place of Abode,	Ayton Berwickshire
7. Place where Found and Examined,	
8. Length of time Insane,	Imbecile since 1846 after an attack of Delirium Tremens
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	Intemperance in Australia
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Always been quiet harmless
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Jemima Allan 3 Rutland St Edinburgh Sister No Insanity in the family
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* Jemima Allan

DATED this ~~31st~~ day of January one thousand eight hundred and Eighty three

* To be Signed by the Party applying.

P. p.

Alex Allan
35 Hanover
January

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Wm Paton being a (1) Licentiate of the Faculty of Phys & Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Hill Head Moniaive Glencaird in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Allan and that the said Alexander Allan is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) has false delus is full of blasphemy, imagins that he the strangled Thirdly he is under the decei and [illegible] that he

2. Other facts (if any) indicating Insanity communicated to me by others: (7) is restless & noisy at night from Mr. Brown with whom he at present residing and on several occasions has threatened to

(SIGNED) Name and Medical Designation, Wm Paton Surgeon

Place of Abode, Dungalston Moniaive

DATED this 23 day of January One thousand eight hundred and Sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Moffat being a (1) Licentiate of the Royal College of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Hill Head Moniaive Glencaird in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Allan and that the said Alexander Allan is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) has false delu is full of blasphemy imagines that he be strangled and false threatens to his own life

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) is restless and noisy at night from Mr Brown with whom he is present residing

(SIGNED) Name and Medical Designation, John Moffat Surgeon

Place of Abode

DATED this 23 day of January one thousand eight hundred and Sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Mr Lotcairn Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Jemima Allan
of 3 Rutland Street Edinburgh
Certificates under the hands of William Paton
and Mr Moffat , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Alexander Allan at Hillhead of Glencaple and that the said
Alexander 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 Alexander Allan 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 Alexander Allan which accompanied the said Petition.

(SIGNATURE) L Mun C Trotter

DATED this Third day of February one thousand eight hundred and sixty three years

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

929

Alexander Allan

4/2/63

2

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Shriff *of the* (2) Shire ~~of Penrith~~ *of* Dumfries *and his Substitutes*—

The Petition of Ann Threlkeld ~~Penrith~~ ~~Cumberland~~ ~~Arthur Street~~ humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Michael Threlkeld 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 Michael Threlkeld 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.

Ann Threlkeld

(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 sixty three

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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,	Michael Threlkeld
2. Sex and Age,	Male aged twenty two
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk in a Warehouse
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Arthur Street, Penrith, Cumberland
7. Place where Found and Examined,	Penrith
8. Length of time Insane,	Two and a half years
9. Whether first attack,	Penrith
10. Age (if known) on first Attack,	19½ years
11. When and where previously under Examination and Treatment,	At Carlisle Asylum from the summer of 1860 till the Summer of 1861
12. Duration of existing Attack,	never perfectly recovered from first attack 2½ years ago
13. Supposed Cause,	hard reading on speculative religious subjects
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has threatened to commit suicide
16. Whether Dangerous to others,	Is very abusive and his Mother and Aunt are afraid of him, he threatens to do them injury.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Threlkeld Mother Arthur Street Penrith Cumberland
20. Special circumstances (if any) preventing the 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 February One thousand eight hundred and 63

(*To be signed by Party applying*) Ann Threlkeld

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Michael Waistell Sayles

being a (1) Doctor of Medicine Edinburgh University

and being in actual practice as a (2) Physician

hereby certify, on soul and conscience, that I have this day, at (3) Arthur St Penrith in the County of Cumberland separately from any other Medical Practitioner visited and personally examined (4) Michael Shackell and the said Michael Shackell is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) From conversation with him, he insinuates that he is a Prophet and that he has a mission to put down Papacy: that he calls us all to Bible. that his prophecies are in the Book of Revelations &c. His wife excited manner.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother & aunt inform me that he is frequently absent from them without reason, that he has struck & threatened them: that he has packed up his boxes, & addressed them to the Queen. that he wishes to go to London to prophecy.

Name and Medical Designation, Michael Waistell Sayles

Place of Abode, Hutton Hall. Penrith.

Dated this Eighth day of February One thousand eight hundred and Sixty-three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Irving

being a (1) Fellow of the Royal College of Surgeons

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) his residence Arthur Street, Penrith, in the County of Cumberland separately from any other Medical Practitioner visited and personally examined (4) Michael Shackell and the said Michael Shackell 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) In his conversation he told me that he is a Prophet, and he has a revelation to make which will astonish the people, he also says that he is Jesus Christ & that he is spoken of in the 2nd Chap. of Isaiah & that I am one of the Scribes.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He calls his mother "that woman", & she tells me that he has laid hands upon her two days & threatened that he is going to do her both

Name and Medical Designation, William Irving F.R.C.S.

Place of Abode, Crown Square Penrith

Dated this 8th day of February One thousand eight hundred and Sixty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, 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 Hannay (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Ann Thelfall of Arthur Street Dumfries Certificates under the hands of Michael Tristeel Taylor and William Irving , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Michael Thelfold Dumfries and that the said Michael Thelfold is a (7) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Michael Thelfold 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 Michael Thelfold which accompanied the said Petition.

DATED this Ninth day of February One thousand eight hundred and sixty three years

Alex Hannay

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.

930

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/
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Michael Northwald

9/2/63

Transferred to
U.S.A.
1657/65

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Wigtown and his Substitute.

The Petition of Henry Watt Insp.r of Poor Stranraer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jenny Campbell or Armstrong is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jenny Campbell or Armstrong her to the Lie Asylum, Dumfries ~~Asylum~~, and to sanction her admission into the said Asylum.

(SIGNED) H. Watt Insp.r of Poor Stranraer

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this tenth (3) day of February one thousand eight hundred and sixty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jenny Campbell or Armstrong
2. Sex and Age,	Female Aged 64
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housekeeping
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Stranraer
7. Place where Found and Examined,	Do
8. Length of time Insane,	Has been occasionally unwell for 40 years
9. Whether first Attack,	No
10. Age (if known) on first Attack,	19
11. When and where previously under Examination and Treatment,	Stranraer
12. Duration of existing Attack,	For two weeks
13. Supposed Cause,	After having a child
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer Parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	None but Husband
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, H. Watt Insp.r of Poor Stranraer

DATED this tenth day of February one thousand eight hundred and sixty three

[4] * To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, David Easton Stranraer
being a (1) Doctor of medicine and a Licentiate of the R
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) Green Vale
Street Stranraer in the County
Wigtown separately from any other Medical Practitione
visited and personally examined (4) Mary Armstrong a pauper
residing at Green Vale Street with her Husband and th
the said Mary Armstrong is a (5) Lunatic
and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is very act
has a wild appearance - is easily excited, and very of
becomes exceedingly outrageous will seize any article
per reach & throw at you - and is very obscene in he
language - and all without the slightest provocation - She
suffers from Epilepsy she is watched by some one else
and Fits occur at the slightest apparent reason.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The above corroborated by her Husband and
neighbours

(SIGNED) *Name and Medical Designation,* David Easton. M.D.

Place of Abode, Church Street, Stranraer

DATED this Third day of February One thousand eig
hundred and Sixty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Wm Orpile Surgeon Stranraer
being a (1) Licentiate of the Faculty of Physicians & Surgeons
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Greenvale
Stranraer in the County
Wigtown separately from any other Medical Practitione
visited and personally examined (4) Mary Campbell or Armstrong
a pauper residing with her Husband Stranraer and th
the said Mary Campbell or Armstrong is a (5) Lunatic
and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is outrageou
speaks obscenely is very excitable quite destru
the usual manner when done. She laughs
without cause & whispers to herself and acts
acts as an insane person

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
the husband & Mr Le Mallow & her daughter
gave the same statement as above

(SIGNED) *Name and Medical Designation,* Wm Orpile Surgeon

Place of Abode Stranraer

DATED this Fifth day of February one thousand eigh
hundred and Sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that _____ is a (1) _____ hereby further certify that the Case of the said _____ is One of Emergency, and I recommend the immediate removal of the said _____ to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this _____ day of _____ one thousand eight hundred and _____

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Murray Byrne Sheriff ~~Sheriff~~ Substitute (1)
of the (2) County of Mylum.
having had produced to me, with a Petition at the instance of (3) Henry Watt Inspector of Poor Stranraer
Certificates under the hands of David Easton M.D.
and John Orgill Surgeon —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Campbell or Armstrong (Pauper) and that the said Mary Campbell or Armstrong is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Campbell or Armstrong as a Patient into the (6) Crichton Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Campbell or Armstrong which accompanied the said Petition.

(SIGNED) Thos Murray

DATED this twelfth day of February one thousand eight hundred and sixty three

To the Superintendent of the (7) Crichton
Asylum of Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

965

Mary Campbell or Armstrong

15/2/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (†) Shire of Dumfries *and his Substitutes,—*

The Petition of John Young Lamfoot Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Walter Young, his son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Walter Young to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) John Young

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Nineteenth (*) day of February One thousand eight hundred and Sixty three

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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,	Walter Young
2. Sex and Age,	Male, Thirty Nine Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer and Assistant Gardener
5. Religious Persuasion, so far as known,	Protestant, Presbyterian
6. Previous Place of Abode,	Langholm
7. Place where Found and Examined,	Langholm
8. Length of time Insane,	Months or less from Infancy
9. Whether first attack,	No
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Langholm Southern Counties Asylum
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Young, Lamfoot Langholm, Father, No other Member of the family known to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* John Young

DATED this Nineteenth day of February One thousand eight hundred and Sixty three

* To be signed by the Party applying.

P. T.

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.*

I, the undersigned, William Maxwell, Surgeon 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) Langholm in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Walter Young Labourer in Langholm and that the said Walter Young is a (5) Lunatic and 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) Using violent and obscene Language a wild and excited manner and general incoherence of Speech

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Restless in his disposition, wild and Rash in his conduct towards his relations and threatening in his language towards others

(SIGNED) *Name and Medical Designation,* William Maxwell

Place of Abode, Langholm.

DATED this Eighteenth day of February One thousand eight hundred and Sixty three

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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 James Gilchrist M.B being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Joint Western Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Walter Young Labourer resident at Langholm and that the said Walter Young is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is restless and demented and violent He is weak minded and has been an inmate of this asylum before

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* James Gilchrist M.B

Place of Abode, Crichton House Dumfries

DATED this 20th day of February One thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Walter Young is (1) an Insane Person, hereby further certify that the Case of the said Walter Young is One of Emergency, and I recommend the immediate removal of the said Walter Young to an Asylum accordingly.

Name, William Maxwell

Place of Abode, Langholm

DATED this Eighteenth day of February, One thousand eight hundred and Sixty three

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Foulis (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Young Comfoot Langholm Certificates under the hands of William Maxwell and James Kelchtie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Young Labourer Langholm, and that the said is a (5) Lunatic Insane person or person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Walter Young 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 Walter Young which accompanied the said Petition.

(SIGNATURE) John P. Foulis

DATED this Twenty fourth day of February One thousand eight hundred and Sixty three years.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

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(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind."
(6) Public, District, or Private.
(7) Public, District, or Private.

766

Miller Brown

19/2/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries — *and his Substitutes,—*

The Petition of Alex Ferguson, Insp. of Poor, Dryfesdale humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Johnstone, Labourer, Lockerbie is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie Johnstone to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Alex Ferguson, Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty-third (3) day of February One thousand eight hundred and Sixty-three.

STATEMENT.

If any 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 Johnstone
2. Sex and Age,	Female. Sixty
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,	Lockerbie.
7. Place where Found and Examined,	
8. Length of time Insane,	Ca. Eight days.
9. Whether first attack,	First attack.
10. Age (if known) on first Attack,	— — —
11. When and where previously under Examination and Treatment,	— — —
12. Duration of existing Attack,	
13. Supposed Cause,	Not ascertained.
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,	Dryfesdale.
18. Date of becoming Chargeable,	Many years.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Agnes Johnstone. Sister in Lockerbie.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	— — — — — —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, Alex Ferguson, Inspector

DATED this Twenty third day of February One thousand eight hundred and Sixty three.

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Geo C Wilson, Surgeon,
being a (1) Lic of the Fac of Physicians & Surgeons, Gl
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jessie Johnston and that the said Jessie Johnston 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) Her insane look Her delusions thinking every person is doing her harm — restless &c —

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister states that she is so violent sometimes that she is dangerous to be near

(SIGNED) *Name and Medical Designation,* Geo C Wilson, Surg

Place of Abode, Lockerbie,

DATED this 23 day of February One thousand eight hundred and 63

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Scholarship M.C
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Johnson Cottage Lochmaben Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jessie Johnston a labourer & pauper and that the said Jessie Johnston is a (5) person of unsound mind and a proper person to be detained 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 talkative restless and excited does not understand. Has no desire to be a

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Is at times violent and outrageous as stated by Inspectress

(SIGNED) *Name and Medical Designation,* James Scholarship M.C

Place of Abode, Coatshaw Cottage Lochmaben

DATED this 23 day of February One thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Potter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander Ferguson Inspector of Poor Dryfesdale
Certificates under the hands of George C Wilson
and James Gilchrist , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie Johnstone Labourer Lochrubie a pauper and that the said Jessie 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 Jessie Johnstone 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 Johnstone which accompanied the said Petition.

(SIGNED) John P. Potter

DATED this twenty third day of February One thousand eight hundred and sixty three years

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

967 (a)

Lessee Johnston

23/2/63

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes.*—

The Petition of James McCall of Edgeton, Liverpool humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet McCall my sister is at present in a state of Mental Defangement, and 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 McCall to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) James McCall

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty third (3) day of February one thousand eight hundred and eighty three

STATEMENT.

If any 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 McCall
2. Sex and Age,	Female - 32 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 Established Church
6. Previous Place of Abode,	5 Penn Lane Dumfries
7. Place where Found and Examined,	5 Penn Lane Dumfries
8. Length of time Insane,	about 4 months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	32
11. When and where previously under Examination and Treatment,	Crichton R. Institution
12. Duration of existing Attack,	about 4 months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James McCall brother 42 Erskine St Edgehill Liverpool
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James McCall

DATED this twenty third day of Feb: one thousand eight hundred and eighty three

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, John Dickson M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Spur Inn Dumfries. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet McCall Dumfries and have the said Janet McCall is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *Insert Designation and Residence, and 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) Excessively excited & restless - Great Incoherency.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Frantic Tendency & Threatening, under the influence of which she breaks Windows &c grows her, & would if asserted commit suicide some.

(Signed) *Name and Medical Designation,* John Dickson

Place of Abode, Buccleuch Street

Dated this 23 day of February One thousand eight hundred and Sixty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, James Gilchrist M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Spur Inn Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet McCall Dumfries and have the said Janet McCall is a (5) Person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *Insert Designation and Residence, and 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 excited Restless and Threatens her relatives and herself.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Attempts to Get out of the Window Proposes to Immolate in the Flames Offers violence to Doctors and Others Threatens to Commit Suicide

(Signed) *Name and Medical Designation,* James Gilchrist

Place of Abode, Castlebrae House Dr

Dated this 23 day of February one thousand eight hundred and Sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Janet McCall is a (1) Lunatic & Furious Mind hereby further certify that the Case of the said Janet McCall is One of Emergency, and I recommend the immediate removal of the said Janet McCall to an Asylum accordingly.

Name, John Watson

Place of Abode, Buccleuch Street Dumfries

DATED this 25th day of February one thousand eight hundred and sixty three.

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pearson Scatter Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James McCall of Islington Liverpool Certificates under the hands of John McKerron and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet McCall, Innkeeper Dumfries and that the said Janet McCall is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet McCall as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet McCall which accompanied the said Petition.

(SIGNED) John P. Scatter

DATED this 27th day of February one thousand eight hundred and Sixty three years.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

968 (b)

Lands M.c Call

23/2/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

*25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO 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 Dumfries and his Substitutes,—

The Petition of Mary Dalgairns, Broomlands

Widow of the late Rev. Marcus Dalgairns

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Isabella Murray wife of Capt. John Murray

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Sister in law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Isabella Murray to the Crichton Institution Dumfries and to sanction her admission into the said Asylum.

Mary Dalgairns

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twenty fourth (4) day of February One thousand eight hundred and sixty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Murray
2. Sex and Age,	F. 58
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of Naval Captain
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Ardrishaig - Argyllshire
7. Place where Found and Examined,	Broomlands, Dumfries.
8. Length of time Insane,	Three months.
9. Whether first attack,	Second Attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Crichton Institution Dumfries.
12. Duration of existing Attack,	Three months.
13. Supposed Cause,	Family affliction.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes No (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,	Capt. John Murray, Anfield, Ardrishaig, husband of the patient.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty fourth day of February One thousand eight hundred and sixty three

(*To be signed by Party applying*) Mary Dalgairns

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, *as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Dickson M.D being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Broomlands Dumfries Dumfries- in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mrs Isabella Murray, wife of Capt John Murray, of Arnefield Broomlands and I find the said Mrs Isabella Murray is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6). Extreme debility & restlessness - perspiration, refusing to take food

2. Other facts (if any) indicating Insanity communicated to me by others: (7) It is believed that she would commit suicide Her expressions of misery & depression are constant both by night & by day

Name and Medical Designation, John Dickson M.D

Place of Abode, Broomlands Street Dumfries

Dated this twenty fourth day of February One thousand eight hundred and sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, *as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Ignatius Salvarsat M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Broomlands Dumfries Dumfries in the County separately from any other Medical Practitioner, visited and personally examined (4) Mrs Isabella Murray of Arnefield Ardwallbay Orphlesken and I find the said Mrs Isabella Murray is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Alternate depression and excitement Labours under delusions walks about all night refuses food

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has a strong disposition to injure others as well as herself sometimes attempts it

Name and Medical Designation, Ignatius Salvarsat M.D

Place of Abode, Carlton House

Dated this 24th day of February One thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson M.D.
being (1) a graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Broomlands, Dumfries.
in the County of Dumfries seen and personally examined
Mrs Isabella Murray, wife of Capt Murray and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Dickson M.D.

DATED this twenty fourth day of February One thousand eight hundred and sixty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pagan Procurator Fiscal Sheriff Substitute
of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) Mrs Mary Dalgarno
of Broomlands Certificates under the hands of Wm McKerrow — and James Sclater — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Mrs Isabella Murray and that the said Mrs Isabella Murray is a (6) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Isabella Murray as a Patient into the (7) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Isabella Murray which accompanied the said Petition.

DATED this Twenty fifth day of February One thousand eight hundred and sixty three years

John S. Pagan

To the Superintendent of the (8) Public Asylum of Crichton Institution Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

931

Mrs Isabella Murray

24/2/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Wigton and Kirkcudbright *and his Substitute,*—

The Petition of Joseph Mann Grieve at Cally Mains humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charlotte Taylor or Mann 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 Charlotte Taylor or Mann to the Crichton or 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.

(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 March One thousand eight hundred and sixty three.

Henry D Glover Witness
D Stewart Witness

his
Joseph ✗ Mann
mark

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Christian Taylor or Mann
2. Sex and Age,	female - 59.
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	previous to marriage, in service
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Cally mains Hampshire
7. Place where Found and Examined,	Cally mains
8. Length of time Insane,	three weeks
9. Whether first attack,	no. feared attack
10. Age (if known) on first Attack,	about 40
11. When and where previously under Examination and Treatment,	at Haldridge about 20 yrs ago
12. Duration of existing Attack,	three weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	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,	Joseph Mann, Grieve, Cally mains, Gatehouse, Husband - none of patients 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 March One thousand eight hundred and sixty three -

(*To be signed by Party applying*) his
Joseph ✗ Mann
mark

Henry D Glover Witness
D Stewart Witness

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Edward Griffith Lolley Dick
being a (1) Member of the Royal College
Physician 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) Cally Ma
in the Parish of Dalton in the County
Kirkcudbright separately from any other Medical Practition
visited and personally examined (4) Charlotte
and th
the said Charlotte Mann 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)
Conversation wandering & in
her objects which do not ex
two things, & immediately m

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
the above & a man than o
one of the family after which sh
health to this effect communicated

Name and Medical Designation, W. Edward G. Dick
Place of Abode, Gatehouse of Fle

Dated this twelfth day of March One thousand ei
hundred and Sixty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Richardson
being a (1) M.B. of the University of Edinburg
and being in actual practice as a (2) general practitione
hereby certify, on soul and conscience, that I have this day, at (3) Cally M
in the parish of Dalton in the County
Kirkcudbright separately from any other Medical Practitio
visited and personally examined (4) Charlotte Mann
and t
the said Charlotte Mann 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.:—

1. Facts indicating Insanity observed by myself: (6) Restless &
incessantly & quite incoherent
puzzled about the most
things

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
fancies she sees people & objec
& addresses them although not
states she is ill treated by the relatives
communicated by Husband.

Name and Medical Designation, W. Richardson M.B. M.R.C.S.
Place of Abode, Gatehouse of Fle

Dated this Thirteenth day of March One thousand ei
hundred and Sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, 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 Steward (1) Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Joseph Mann
medical Cally Mains
Certificates under the hands of W. C. P. Dickson.
and William Richardson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Taylor or Mann and that the said
Charlotte Taylor or Mann is a (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 Taylor or Mann as a Patient into the (6) District 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 Charlotte Taylor or Mann which accompanied the said Petition.

DATED this Fifteenth day of March One thousand eight hundred and Sixty three years.

George Dickson

To the Superintendent of the (7)
Crichton *Asylum of* Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Charlotte Taylor
or Maine
14th March 1853

F 51

5/-

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of William Hamilton Inspector Holywood humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Walker Pauper is at present in a state of Mental Derangement and 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 Walker to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) Wm Hamilton

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Third (3) day of March one thousand eight hundred and Sixty three.

STATEMENT.

If any 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 Walker
2. Sex and Age,	Female 61 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Hosiery Pauper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glouden Mills
7. Place where Found and Examined,	Kirkhouse
8. Length of time Insane,	a Week
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	61
11. When and where previously under Examination and Treatment,	none
12. Duration of Existing Attack,	a Week
13. Supposed Cause,	about 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,	The Parish of Holywood
18. Date of becoming Chargeable,	—
19. Christian Name 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,	Bryce Walker Gribton Cottages her Brother. 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.

(SIGNATURE)* *Name,* Wm Hamilton Insp. Holywood

DATED this Twenty Third day of March one thousand eight hundred and Sixty three

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Scott
being a (1) Physician
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kirk House
in the parish of Holywood in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Walker a pauper and that
the said Margaret Walker is a (5) person of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) she is incoherent says the Devil in the form of a cat has taken possession of her inside &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister in Law says she is very excited about religious matters also fears she is lost for ever &c

(SIGNED) Name and Medical Designation, Wm Scott M.D. &c

Place of Abode, Dumfries

DATED this 23rd day of March One thousand eight hundred and Sixty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or 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 Dickson M.D. Edinburgh
being a (1) Graduate of the University of
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kirk House
in the parish of Holywood in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Walker and that
the said Margaret Walker is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) - Incoherence - Delusions of various kind - that she is possessed by the devil - Insane desires e.g. - to have blood around her - Vagues fears of some impending evil

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sisters says that she is at times violently excited - starts out of sleep in a

(SIGNED) Name and Medical Designation, John Dickson

Place of Abode 20 Buccleuch Street

DATED this 23rd day of March one thousand eight hundred and Sixty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Margaret Walker is a (1) person of unsound mind hereby further certify that the Case of the said Margaret Walker is one of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, William Scott M.D

Place of Abode, Dumfries

DATED this 29th day of March One thousand eight hundred and Sixty three

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay — (2) Sheriff Substitute — of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) William Hamilton Inspector of Poor of the Parish of Holywood Certificates under the hands of William Scott and John Dickson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Margaret Walker at Kirkhouses in the Parish of Holywood and that the said Margaret Walker is a (1) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Walker as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Walker which accompanied the said Petition.

(SIGNATURE) A. McHannay

DATED this Twenty Sixth day of March one thousand eight hundred and Sixty three years

To the Superintendent of the (6) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

970

Margaret Walker

23/3/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Stewartry of Kirkcudbright *and his Substitutes,*—

The Petition of James Thomson, Inspector of Poor, Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George McNeillie your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George McNeillie to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Thomson

(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 April One thousand eight hundred and Sixty Three

STATEMENT.

If any 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 McNeillie
2. Sex and Age,	Male - 31 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Stone Breaker
5. Religious Persuasion, so far as known,	Protestant - adherent of Free Church
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	Kirkcudbright
8. Length of time Insane,	2 years and eight Months
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	28 years
11. When and where previously under Examination and Treatment,	Kirkcudbright and Southern Counties Asylum (transferred)
12. Duration of existing Attack,	From March 23d 1863.
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,	Kirkcudbright
18. Date of becoming Chargeable,	July 12th 1860
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Beattie or McNeillie High Street Kirkcudbright, - Mother, No other member of Family known to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 3rd day of April One thousand eight hundred and Sixty Three

(*To be signed by Party applying*) James Thomson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned David Blair
being a (1) L. R. C. S. Edin.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High Stree
Kirkcudbright in the County
Kirkcudbright separately from any other Medical Practitione
visited and personally examined (4) George M'Neillie a Pau
and th
the said George M'Neillie is a (5) person of
unsound mind and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) restless – low
ness of Spirits – refusal of food – talkative ex
cited – or he is worke –

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, David Blair Surge

Place of Abode, Kirkcudbright

DATED this 28th day of March One thousand eigh
hundred and Sixty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hams Skelsurt MD
being a (1) Graduate of the University of
Edinburgh Physician Sometime
Superintendent Asylum
Dumfries separately from any other Medical Practitione
visited and personally examined (4) George M'Neillie
a Labourer and Pauper and th
the said George M'Neillie 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 Demen
and Destitute – is Incoherent in
Conversation – Mental powers
Generally diminished

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Wanderings and irritable
at home Demanded Food
upon his Attendant

Name and Medical Designation, Hams Skelsurt MD

Place of Abode, Crichton Royal Dumf

DATED this 3rd day of April One thousand eigh
hundred and Sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, 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 Hyacinth Dunbar Esqr. Steward Substitute of the (1) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (2) James Kinnison Certificates under the hands of David Blair and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Mackellar a Pauper, and that the said George McNellie is a (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 McNellie as a Patient into the 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 George McNellie which accompanied the said Petition.

DATED this Sixth day of April One thousand eight hundred and Sixty three years.

W H Dunbar

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

971

George N. Mallie

26th March 1863

[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 Inspector of the Poor Edinburgh being desirous to transfer James Aitken or Aitkinson ~~a Pauper belonging to Dumfries~~ at present a Patient in the Royal Edin^r Lunatic Asylum, and (1) a pauper Lunatic of the parish of Dumfries 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 James Aitken or Aitkenson 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.

G Greig

[2] Inspector of Poor Edinburgh

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Edinburgh this 28th day of March One thousand eight hundred and sixty three.

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Aitken, or Atkinson.
2. Sex and Age,	Male 21 years.
3. Married, Single, or Widowed,	single.
4. Condition of Life, and Previous Occupation (if any),	Servant.
5. Religious Persuasion, so far as known,	Roman Catholic
6. Date of Admission into Asylum,	21st July 1862
7. Length of time Insane,	since above date.
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	21 years
10. Duration of existing Attack,	since 21 July 1862
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,	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,	W. Aitken Troqueerholm Dumfries None known

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) G Greig Insp^r

Dated this 28th day of March One thousand eight hundred and sixty three.

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 Cappie

(1) State Medical Qualifications.
(2) Name Asylum.

being (1) a graduate of the University of Edinburgh hereby certify that I have this day at (2) the Royal Edinburgh Asylum personally examined James Aitken or Atkinson - at present a Patient in said Asylum, and with respect to his Mental State that he is a confirmed imbecile in connection. and has extravagant delusions -

; and with respect to his Bodily Health and Condition that they are good -

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties Dumfries -

James Cappie M.D.

Dated this twenty seventh day of March One thousand eight hundred and sixty three -

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SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) George Greig Inspector of Poor Edinburgh to authorize the transfer of James Aitken or Atkinson from The Edinburgh Royal Asylum to the Southern Counties Asylum Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said James Aitken or Atkinson as requested.

James Coxe Commissioner.

Dated at Edinburgh, this 31st day of March One thousand eight hundred and sixty three

972
James Aitken
or
Atkinson
1st April 1863.

[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 Richard Hewat, Inspector of poor of Kelton being desirous to transfer Thomas Adamson at present a Patient in the Royal Lunatic Asylum, and (1) a pauper lunatic of this parish from the said Asylum to the Southern Counties Asylum hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Thomas Adamson 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.

Rich. Hewat

² Inspector

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Castle Douglas this 20th day of March One thousand eight hundred and sixty three -

STATEMENT.

1. Christian Name and Surname of Patient at length,	Thomas Adamson
2. Sex and Age,	Male 60
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Idiot.
5. Religious Persuasion, so far as known,	
6. Date of Admission into Asylum,	Decemr. 1862.
7. Length of time Insane,	Since then
8. Whether first Attack,	So far as known first
9. Age (if known) on first Attack,	
10. Duration of existing Attack,	Three months or so
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	Unknown
13. Whether Suicidal,	Unknown
14. Whether Dangerous to others,	Unknown
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Kelton
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,	William Adamson 50 King Street Maidstone Glasgow a Brother

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Rich Hewat

DATED this 20th day of March One thousand eight hundred and Sixty three

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 David Rae M.D
being (1) Physician & Fellow of the Roy. Coll. of Surgeons
hereby certify that I have this day at (2) the Royal Edinburgh Asylum
personally examined Thomas Adamson at present a
Patient in said Asylum, and with respect to his Mental State that he labours
under Senile Dementia

; and with respect to his
Bodily Health and Condition that it is 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~~ Southern Counties Asylum

David Rae M.D

Dated this twenty fifth day of March One thousand eight hundred and sixty three.

(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 Richard Heweth Secretary of Poor.
to authorize the transfer of Thomas Adamson
from the Edinburgh Royal Asylum to the Southern Counties Asylum., and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Thomas Adamson. — as requested.

James Cox Commissioner.

Dated at Edinburgh, this 27th day of March One thousand eight hundred and Sixty three.

In the Parish by whose the expense of the maintenance of the Lunatic is defrayed.

9173
Thomas Adamson
2d April 1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) *of* *of the* (2) *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of James Alexander, Inspector of Poor Jerregles humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Galt more at Waterhead Jerregles is at present in a state of Mental Derangement and 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 Galt to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNATURE) James Alexander

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (3) day of April one thousand eight hundred and Sixty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Galt.
2. Sex and Age,	Female – about 36 years
3. Married, Single, or Widowed,	Single –
4. Condition of Life, and previous Occupation (if any),	At home with her mother (widowed)
5. Religious Persuasion, so far as known,	Free Church of Scotland.
6. Previous Place of Abode,	Waterhead Parish of Jerregles –
7. Place where Found and Examined,	Do.
8. Length of time Insane,	In asylum 10 years ago –
9. Whether First Attack,	No –
10. Age (if known) on First Attack,	23 years or there about.
11. When and where previously under Examination and Treatment,	Crichton Institution
12. Duration of Existing Attack,	Getting worse, during last 12 months.
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No –
15. Whether Suicidal,	No –
16. Whether Dangerous to others,	Yes –
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Jerregles –
18. Date of becoming Chargeable,	Not on the Roll of Poor; since last in the Asylum
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Sarah Galt. mother, Waterhead Jerregles No –
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* James Alexander

DATED this 13th day of April one thousand eight hundred and Sixty three.

* To be Signed by the Party applying.

Sarah Galt

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Scott
being a (1) Graduate of the Univers
of Edinburgh Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries
in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Galt a pauper
residing in Torreglen, and that
the said Mary Galt is a (5) person
of unsound mind and a proper Person to be detained
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 imbecile
and was delusion, as to people
coming into her room at nights

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has formerly a patient in the Lowther
Counties Asylum, for Mother states that
she becomes very furious without provocation and
delusions.

(SIGNED) *Name and Medical Designation,* William Scott MD

Place of Abode, Dumfries

DATED this 15th day of April One thousand eight
hundred and Sixty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or 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 Dickson
being a (1) Graduate of the University of Edinb
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Friars Venn
Dumfries, in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Galt a pauper
residing in the Parish of Terreglen, and that
the said Mary Galt is a (5) [illegible]
Lunatic. and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her manner
Conversation are marked by great Childishness.
She has delusion that people annoy her. Come
into her room at nights &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Was formerly a patient in the Lowther Co
Asylum. It is stated by her brother [illegible] that
she becomes very excited at times and has de
violence to her mother &c

(SIGNED) *Name and Medical Designation,* John Dickson M

Place of Abode Buccleuch Street Dumf

DATED this fifteenth day of April one thousand eight
hundred and Sixty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that _____ is a (1) _____ of the said _____ hereby further certify that the Case is one of Emergency, and I recommend the immediate removal of the said _____ to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this _____ day of _____ One thousand eight hundred and _____

(1) Lunatic *or* an insane person, *or* an idiot, *or* a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Blacair Cotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Alexander Inspector William Poor Purveyor Certificates under the hands of William Scott and John Dickson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Gatt a pauper residing at Watahead and that the said Mary Gatt is a (5) person of unsound mind ~~and an imbecile~~, or a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Gatt 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 Gatt which accompanied the said Petition.

(SIGNATURE) John B. Cotter

DATED this Fifteenth day of April one thousand eight hundred and sixty three years.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

Mary Gallagher
1st April 1853

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries *and his Substitute*—

The Petition of Alex Ferguson, Inspector of Drysdale humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Adamson, Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Adamson — to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

(SIGNED) Alex Ferguson, Inspector

DATED this 16th (3) day of April, One thousand eight hundred and Sixty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Adamson
2. Sex and Age,	Female - 17 years of age
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Bonnet Maker two years ago, - more recently a household Servant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	For the last five weeks in Liverpool
7. Place where Found and Examined,	In Lockerbie
8. Length of time Insane,	A few days
9. Whether first attack,	No
10. Age (if known) on first Attack,	About 15 years of age
11. When and where previously under Examination and Treatment,	In Southern Counties Asylum from Christmas 1861 till about August 1862
12. Duration of existing Attack,	A few days
13. Supposed Cause,	Religious excitement
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Cannot say
16. Whether Dangerous to others,	She seems to be dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Annan
18. Date of becoming Chargeable,	She has been chargeable for about last 10 years.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Sarah Adamson, Lockerbie. Mother. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, Alex Ferguson, Inspector

DATED this 16th day of April One thousand eight hundred and Sixty three

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, George Clark Wilson
being a (1) Lic of the Faculty of Phys & Surgeons Glasgow
and being in actual practice as a (2) Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Lockerbie in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Adamson. Pauper
and that
the said Margt Adamson is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Religious Mania
Supposes that she has seen the Holy Spirit - also her
Father who died 12 years ago that he is waiting for her & have
to die - she is very furious: with both words and actio

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Uncle informs one that she has attempted to
others, both with her hands & feet - using any means
had in her power to do so

(SIGNED) *Name and Medical Designation,* George Clark Wilson, Surgeon

Place of Abode, Lockerbie,

DATED this 15th day of April One thousand eight hundred and Eighty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Thomson Wilson
being a (1) Licentiate of the Royal Colleges of Surgeons Edin
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Lockerbie in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Adamson
and that
the said Margaret Adamson is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Religious Mania

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* Jas T Wilson Surgeon

Place of Abode, Lockerbie

DATED this 15 day of April One thousand eight hundred and Eighty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Margaret Adamson is a (1) Lunatic hereby further certify that the Case of the said Margt. Adamson is One of Emergency, and I recommend the immediate removal of the said Margt. Adamson to an Asylum accordingly.

Name, George Clark Wilson

Place of Abode, Lockerbie

DATED this 16th day of April One thousand eight hundred and sixty three

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Wm Officer Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Ferguson Inspector of Dryfesdale Certificates under the hands of George Clark Wilson and James Thomson Wilson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Adamson a pauper and that the said Margaret Adamson is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Adamson as a Patient into the (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 Margaret Adamson which accompanied the said Petition.

(SIGNED) Wm O. Trotter

DATED this Seventeenth day of April One thousand eight hundred and Sixty three Years

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Margaret Adamson
16th April 1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County *of* Dumfries *and his Substitutes,*—

The Petition of Thomas Davidson Inspector, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Howat is at present in a state of Mental Derangement, and 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 Howat to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Thomas Davidson Inspector

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this seventeenth day of April One thousand eight hundred and sixty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Howat
2. Sex and Age,	Male age Twenty Three
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	General Labourer
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Knowhead Sanquhar
8. Length of time Insane,	Seven Years
9. Whether first attack,	Not First Attack
10. Age (if known) on first Attack,	Sixteen Years
11. When and where previously under Examination and Treatment,	Under no previous treatment
12. Duration of existing Attack,	Six or Seven Weeks
13. Supposed Cause,	Religious Melancholy
14. Whether subject to Epilepsy,	Not subject to Epilepsy
15. Whether Suicidal,	Sometimes Suicidal
16. Whether Dangerous to others,	Not dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	His Father, John Howat lives at Knowhead Sanquhar. His Sister Margaret was insane for 2 years and died in Crichton Institution
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, Thomas Davidson

DATED this seventeenth day of April One thousand eight hundred and sixty three

* To be signed by the Party applying.

P. p.

Margaret Adamson 16 yrs April 1863

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Forsythe M. D
being a (1) M. D. of the University of Ed
and being in actual practice as a (2) Surgeon &c
hereby certify, on soul and conscience, that I have this day, at (3) I know he
in the Parish of Sanquhar in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Howat a
Pauper Thomas Howat and that
the said is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
That the Patient is labouring un
delusions from some morbid condi
of intellect

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The information received fro
his parents confirm the abov
statements

(SIGNED) Name and Medical Designation, Robert Forsythe M
Place of Abode, Sanquhar
DATED this twenty-sixth day of April One thousand eight
hundred and sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Wm Kay Surgeon Sanquhar
being a (1) Member of the Faculty of Physicians
Surgeons of Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Knowhead
in the parish of Sanquhar in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Howat
a Pauper Thomas Howat 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 Taciturn
Melancholy - At is restless and can
get still only 1 hour or two does he seem
be able to settle at any route - His
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) & Stepmother says that he has been
wandering during the whole night
that he has at one time, he said he
(SIGNED) Name and Medical Designation, William Kay. Surgeon
Place of Abode, Sanquhar
DATED this 16th day of April One thousand eight
hundred and 63 —.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pelcairn Kotter (2) Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Thomas Davidson Inspector of Poor Dumfries
Certificates under the hands of Robert Forsyth
and William Kay , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5)
Thomas Howat Burnsider a pauper — and that the said
Thomas Howat is a (6) 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 Thomas Howat as a Patient into the (7) Public — Asylum of Southern Counties Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Howat — which accompanied the said Petition.

(SIGNED) J Pelc. Kotter

DATED this Eighteenth day of April — One thousand eight hundred and Sixty three years.

To the Superintendent of the (8) Public
Asylum of Southern Counties
Dumfries

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(7) Public, District, or Private.
(8) Public, District, or Private.

Being the Easter day the warrant could not be obtained Sy.

Thomas Howat
17th April
1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Isabella Corrie Crichton Archibald

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Corrie 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 Janet Corrie to the Southern Counties Asylum and to sanction the admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Isabella Corrie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 18 11 (4) day of April One thousand eight hundred and Eighty Three

STATEMENT.

If any 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 Corrie
2. Sex and Age,	Female Unmarried 41
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Sewer
5. Religious Persuasion, so far as known,	Est Church
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Not well for a year or two
9. Whether first attack,	about 3
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	About two years
13. Supposed Cause,	Not known (hereditary)
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	no
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Corrie McNair Aberglasnes Dumfries
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 18 11 day of April One thousand eight hundred and Eighty Three

(To be signed by Party applying) Isabella Corrie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an Idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson,
being a (1) graduate of the University of Edmonton
and being in actual practice as a (2) Physician &
hereby certify, on soul and conscience, that I have this day, at (3) Church Row
Dumfries, in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Janet Carrie residing
Church Row and at
the said Janet Carrie is a (5) person of
Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Excited and
Incoherent - has delusions of various kinds -
~~that~~ mistakes the identity of persons.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Tendency to wander aimlessly - Accosts people
whom she does not know, & ~~has~~ recounts her delusions
Disposed to be violent when opposed.

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this eighteenth day of April - One thousand eight
hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an Idiot, *or* a person of unsound mind.

I, the undersigned, Samuel Grierson
being a (1) Member of the Royal College of
Surgeons, England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
Counties Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Janet Carrie residing
at Cherry Tree and that
the said Janet Carrie is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very talkative
incoherent and restless, and says she
she has been in heaven and seen the
and must sing and dance perpetually

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The attendant reports her as being
little vociferating much and some
disposed to mischief to be with difficulty
persuaded to keep her bed.

(SIGNED) *Name and Medical Designation,* S Grierson M.D.

Place of Abode Southern Counties Asylum Dumfries

DATED this 20th day of April one thousand eight
hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson M.D. being (1) a graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Cherry trees Dumfries. in the County of Dumfries, seen and personally examined Janet Corrie residing at Cherry trees, and that the said person is of unsound mind, and 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 Dickson M.D.

DATED this eighteenth day of April One thousand eight hundred and sixty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Grotter (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Isabella Jane Crichton Substitute Dumfries Certificates under the hands of John Dickson M.D. and Samuel Grierson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Janet Corrie residing at Cherrytrees and that the said Janet Corrie is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Corrie as a Patient into the (8) Public Asylum of Southern Counties and I authorize you to cause Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Corrie which accompanied the said Petition.

DATED this 21st day of April One thousand eight hundred and sixty three

J Pitcairn Grotter

To the Superintendent of the (9) Public Asylum of Southern Counties Dumfries

R.S.

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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.

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Janet Cossie

18th April

1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Holman or Costin 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 Holman or Costin to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (4) day of April One thousand eight hundred and Sixty three

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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,	Helen Holman or Costin
2. Sex and Age,	Female - 38 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	do — poor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	— do —
8. Length of time Insane,	5 days
9. Whether first attack,	Second
10. Age (if known) on first Attack,	about 35 years
11. When and where previously under Examination and Treatment,	3 years ago - Galashiels
12. Duration of existing Attack,	5 days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	no -
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries meantime
18. Date of becoming Chargeable,	20th April 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Nott known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of April One thousand eight hundred and Sixty three

(*To be signed by Party applying*) John Dinwoodie, Inspector

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Grant Hall
being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Fifteen Queen Street Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Helen Holeman or Coston Pauper
and that the said Helen Holeman or Coston 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 states that she has been Cyrus but now says she was cured by a Doctor it has been found she cannot be

(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 became very irritable at night and always talks and mutters (in any way, all these

Name and Medical Designation, W Marshall M.D.

Place of Abode, Barclayhall Street Dumfries

DATED this 20th day of August One thousand eight hundred and 63 Sixty three 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, Patrick E Dunican
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Fifteen Queen Street Dumfries
in the County
separately from any other Medical Practitioner,
visited and personally examined (4) Helen Holeman or Coston Pauper
and that the said Helen Holeman or Coston 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 states that she is unable to do [illegible] account of [illegible] states that she sometimes [illegible] for a short time she disappearing [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The parties in the house, state that she has been [illegible] out of the window [illegible]

Name and Medical Designation, P Dunican M.B.

Place of Abode, Broadwalk Dumfries

DATED this 29th day of June One thousand eight hundred and 63

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, 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 Stearn Trotter — (1) Sheriff Substitute of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor, Dumfries — Certificates under the hands of William Marshall — and Samuel 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) Helen Holman or Caton, Dumfries a Pauper and that the said Helen Holman or Caton is a (5) Lunatic —

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Holman or Caton — as a Patient into the (6) Public — Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Holman or Caton — which accompanied the said Petition.

DATED this Twentieth day of April One thousand eight hundred and Sixty three years

John S. Trotter

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 Holman
or Costin
28th April 803

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict. Cap.* 71 *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of John Stark Inspector of Poor Johnstone humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rebecca Brydges is at present in a state of Mental Derangement, and 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 Brydges to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Stark

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty first (3) day of April One thousand eight hundred and Sixty three

STATEMENT.

If any 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 Brydges
2. Sex and Age,	Female — 55 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper — Servant
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Elizabeth — Johnstone
7. Place where Found and Examined,	Elizabeth — Johnstone
8. Length of time Insane,	About 18 months previously
9. Whether first attack,	Fourth attack
10. Age (if known) on first Attack,	48 years
11. When and where previously under Examination and Treatment,	Insane Department of City Poor House Glasgow — once and Southern Counties Asylum — twice
12. Duration of existing Attack,	3 days
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Johnstone or Moffat
18. Date of becoming Chargeable,	1846
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Elizabeth Drummond. Aunt. Beybents Lochmaben — None have been Known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* John Stark

DATED this twenty first day of April One thousand eight hundred and sixty three

* To be signed by the Party applying.

P. p.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *of* — — *and his Substitutes,—*

The Petition of Alex Ferguson, Inspector of Dalbeattie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Gardiner or Adamson, a Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Gardiner or Adamson — to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Alex Ferguson Insp. of Dalbeattie.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty fourth (3) day of April — One thousand eight hundred and Sixty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Gardiner or Adamson
2. Sex and Age,	Female - about 42
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Domestic Servant for several years to last attack
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Dalbeattie for last 9 or 10 years
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	A few days
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	about 42
11. When and where previously under Examination and Treatment,	Not previously so
12. Duration of existing Attack,	A few days
13. Supposed Cause,	Religious Mania
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not known
16. Whether Dangerous to others,	Not known
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	She has been chargeable for the last eight or nine years.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas Gardiner Stationer in Dalbeattie - Brother. - Patients own daughter is insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Alex Ferguson Insp. of Dalbeattie

DATED this Twenty fourth day of April — One thousand eight hundred and Sixty three years

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, George Clark Wilson
being a (1) Licentiate of the Fac of Physicians & Surgeons Glas
and being in actual practice as a (2) Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Sarah Gardiner or Adamson
and that
the said Sarah Gardiner or Adamson is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Religious Mania,
She states that her wickedness has been such that she herself and all her own relatives will have first to go to ... asylum & afterwards be Lost &c. – She states that she three times attempt to cut her throat – or having a Knife with
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Brother & Sister on Law & others, state that she has slept none for some time and has begun conducting herself as an insane person

(Signed) Name and Medical Designation, George Clark Wilson
Place of Abode, Lockerbie Dumfries shire

Dated this 23d day of April One thousand eight hundred and Sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Thomson Wilson
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) Lockerbie
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Sarah Gardiner or Adamson,
and that
the said Sarah Gardiner or Adamson is a (5) Insane person
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Religious Mania

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(Signed) Name and Medical Designation, Jas Wilson Surgeon
Place of Abode, Lockerbie
Dated this 23d day of April One thousand eight hundred and Sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Sarah Gardiner or Adamson is a (1) person of unsound mind hereby further certify that the Case of the said Sarah Gardiner or Adamson is One of Emergency, and I recommend the immediate removal of the said Sarah Gardiner or Adamson to an Asylum accordingly.

Name, Geo C Wilson

Place of Abode, Lochrbie

DATED this 24th day of April One thousand eight hundred and Sixty three

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Wm Pitcairn Foster (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Ferguson Inspector of Poor, Dryfesdale Certificates under the hands of Geo. Clark Wilson and James Thomson 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) Sarah Gardner or Adamson Dryfesdale a pauper and that the said Sarah Gardner or Adamson is a person of unsound mind or insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Gardner or Adamson as a Patient into the (5) 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 Gardner or Adamson which accompanied the said Petition.

(SIGNED) Wm P. Foster

DATED this Twenty fourth day of April One thousand eight hundred and Sixty three years.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

180

Sarah Gardiner
or Adamson
24th April
1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict. Cap.* 71 *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Wigton and Kirkcudbright and his Substitutes, for the County of Wigton

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 Mary King or Robertson is at present in a state of Mental Derangement, and 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 King or Robertson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(Signed) George Drysdale Insp of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twenty fourth (3) day of April One thousand eight hundred and Sixty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary King or Robertson
2. Sex and Age,	Female 65 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourers Wife
5. Religious Persuasion, so far as known,	Scottish Episcopal Church
6. Previous Place of Abode,	Isle of Whithorn
7. Place where Found and Examined,	High Row Garlieston
8. Length of time Insane,	observed first on 18th to be so
9. Whether first attack,	similar attack about 20 years ago
10. Age (if known) on first Attack,	about 45 years of age
11. When and where previously under Examination and Treatment,	under Medical treatment in Whithorn Parish
12. Duration of existing Attack,	since 18th April last.
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	was expressing herself to
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Whithorn
18. Date of becoming Chargeable,	Became chargable as a pauper on 29 Nov. 1862
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James King her Husband lately gone to Ireland Never heard of any member of her family being insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signed)* Name, George Drysdale Insp. of Poor

Dated this twenty fourth day of April One thousand eight hundred and Sixty three

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned, Dunbar Whyte being a (1) Graduate in Medicine of Eden College, and a Licentiate of the College of Surgeons Edin^r and being in actual practice as a (2) a physician & Surgeon in Whithorn hereby certify, on soul and conscience, that I have this day, at (3) High Row, Garlieston in the Parish of Sorbie in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary Robison or king a pauper residing in the said High Row, Garlieston, Parish of Sorbie and that the said Mary Robison 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) She entertains the delusion that her neighbours are plotting mischief against her, that they steal her coals & other property, and gaze at them through the win

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
One of her neighbours, Mary Jane Robb, and Mr Boyle also a neighbour, who has been in attendan inform me that of late she has been very irritable & restless, has not slept at night, has been crying out in the delusion that a man was going to shoot her with a pistol, that the persons her neighbours are conspiring against her, that they steal her coals, clothes — that the mouse went into the passage to repel fancied intruders, that called violent at times, threatening & struck some of the family in the adjoining house —

(SIGNED) *Name and Medical Designation,* Dunbar Whyte M.D.

Place of Abode, Whithorn

DATED this 23rd day of April One thousand eight hundred and Sixty three —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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 M^c Millan being a (1) Licentiate of the Royal College of Surgeons Edenburgh and being in actual practice as a (2) Surgeon in Whithorn hereby certify, on soul and conscience, that I have this day, at (3) High Row Garlieston in the Parish of Sorbie in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary Robison or king a Pauper Residing ther and that the said Mary Robison or King is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She fancies that her neigh are all combined against her and intend to do her some serious injury She also imagines that they [illegible] take away her property

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I was told by Mrs Wilie and Mary Jane Robb that she fancies she sees or hears persons shewing to admittance to her House, when no one is near, and resorts to means, such as throwing water, in ord repell the fancied aggressors. that she is restless and sometimes violent, & has threatened to put to some of her neighbours

(SIGNED) *Name and Medical Designation,* Alexander M^c Millan Surgeon

Place of Abode, Whithorn

DATED this twenty third day of April One thousand eight hundred and Sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Murray Esqre (2) Sheriff Substitute
of the (3) County of Wigtown
having had produced to me, with a Petition at the instance of (4) George Drysdale Inspector of Poor parish of Whithorn
Certificates under the hands of Dunbar White M D
and Alexander Mc Millan Surgeon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5)
Mary King or Robertson, pauper — and that the said Mary King or Robertson is a (6) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary King or Robertson — as a Patient into the (7) Southern and the Asylum of Dumfries — and I authorize Reception, subject to Dismission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary King or Robertson which accompanied the said Petition.

(SIGNED) Thos Murray

DATED this twenty fifth day of April — One thousand eight hundred and sixty three

To the Superintendent of the (8) Southern Counties
Asylum of Dumfries

3

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

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Mary King or
Robertson
28th April
1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Samuel Crocket, Carpenter Crocks Balmaghie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Aydsh or Crocket, ~~wife~~ your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Aydsh or Crocket 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.

Samuel Crocket

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29 (4) day of April One thousand eight hundred and 68

STATEMENT.

If any 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 Aydsh or Crocket
2. Sex and Age,	Female . 31 years
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Wife of a carpenter
5. Religious Persuasion, so far as known,	Member of the Established Church of Scotland.
6. Previous Place of Abode,	Crocks - Balmaghie
7. Place where Found and Examined,	Crocks - Balmaghie
8. Length of time Insane,	Nearly for years
9. Whether first attack,	No
10. Age (if known) on first Attack,	27 years
11. When and where previously under Examination and Treatment,	In Annan Crichton Royal Institution.
12. Duration of existing Attack,	11 days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Once threw herself into the mill dam
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,	Samuel Crocket, Crocks, her husband. Robert Aydsh Farmer Crocks, her father. None related to her in this way
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29 day of April One thousand eight hundred and 68

(*To be signed by Party applying*) Samuel Crocket

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned, John Dickson
being a (1) graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern Asylum Dumfries Dumfries in the County
separately from any other Medical Practitioner visited and personally examined (4) Agnes Hyslop or Crocket wife of Carfrae Balmaghie and the said Agnes Hyslop or Crocket is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Violently excited Incoherent.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Is described by her father as having been of late of violent excitement for 10 days — talking incoherently swearing — striking &c. Has previously been in the Asylum

Name and Medical Designation, John Dickson M.D.

Place of Abode, Breconbank Street Dumfries

DATED this twenty-ninth day of April One thousand eight hundred and sixty three

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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, Samuel Grierson
being a (1) Member of the Royal College of Surgeons England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern County Asylum, Dumfries Dumfries in the County
separately from any other Medical Practitioner visited and personally examined (4) Agnes Hyslop or Crocket daughter of Robert Hyslop, Farmer Crevelen and the said Agnes Hyslop or Crocket is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is Restless, Lost ~~& Stupid~~. When spoken to she turns her body through a number of gyrations returning her eyes over — sounds are as ~~but they appear~~ imitations of the chirping of birds more closely a

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
any thing else to which I can liken them.
The night Nurse says she has been w
and making noises during the greater part of
night. She also destructive of her clothes

Name and Medical Designation, Grierson M.D.

Place of Abode, Southern Counties Asylum

DATED this 30th day of April One thousand eight hundred and sixty-three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson being (1) a graduate of Medicine of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Agnes Hyslop or Crockett, Balmaghie, and that the said person is of unsound mind, and 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 Dickson

DATED this twenty sixth day of April One thousand eight hundred and sixty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Potter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Samuel Crockett Carpenter Creochs Balmaghie Certificates under the hands of John Dickson and Samuel Criesson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hyslop or Crockett wife of Residing with Petitioner and that the said Agnes Hyslop or Crockett is a (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 Hyslop or Crockett 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 Hyslop or Crockett which accompanied the said Petition.

DATED this Thirtieth day of April One thousand eight hundred and Sixty three years.

J. Wm. C. Potter

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Wigtown *and his Substitutes,—*

The Petition of John M'Callum

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Anderson is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Anderson to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) John M'Callum Insp^r of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty third (3) day of April One thousand eight hundred and sixty three

STATEMENT.

If any 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 Anderson
2. Sex and Age,	Male 20 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper no previous occupation
5. Religious Persuasion, so far as known,	Not known. His parents are protestants
6. Previous Place of Abode,	
7. Place where Found and Examined,	Glenluce Rev Newton Stewart
8. Length of time Insane,	Has always been an idiot
9. Whether first attack,	Not first attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Not known to present Inspector
12. Duration of existing Attack,	From infancy
13. Supposed Cause,	No cause assigned
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not supposed to be very dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame Parish
18. Date of becoming Chargeable,	1847 August
19. Christian Name 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 Anderson his father Glenluce Rev Newton Stewart No member of his family known to be or to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* John M'Callum Inspector of Poor

DATED this Twenty third day of April One thousand eight hundred and sixty three

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Destitution and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 More
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) Glenluce Inn
Newton Stewart
Wigtown
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Anderson Pauper
and that
the said James Anderson is a (5) person
of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Having known James Anderson for some years & judging from his manner & general appearance I have no hesitation in saying he is an idiot. On more than one occasion he has come to the door during night knocking at the room & windows & threatening to break his furniture

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
About a year ago he attacked & struck a person in the street & that without any provocation - He is in habits of wandering through the street at night disturbing and annoying the inhabitants - James More MD.

(SIGNED) *Name and Medical Designation,*

Place of Abode, Newton Stewart

DATED this 24th day of April One thousand eight hundred and sixty three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Destitution and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Murray
being a (1) Doctor of medicine &c
and being in actual practice as a (2) physician Glenluce
hereby certify, on soul and conscience, that I have this day, at (3)
Wigtown
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Anderson
and that
the said James Anderson is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His appearance manner & conversation are in a marked degree idiotic - He has at times stood deliberately before me & looked upon

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I have been informed by several persons that he is in the habit of wandering about at night and knocking at doors & windows without

(SIGNED) *Name and Medical Designation,* John Murray M.D. C.M.

Place of Abode, Newton Stewart

DATED this 24th day of April One thousand eight hundred and sixty three

+ the knocking or reason for such conduct

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esquire Advocate Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John McCallum Inspector of Poor
Certificates under the hands of James More M.D. —
and John Murray M.D. —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Anderson, pauper — and that the said James Anderson is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Anderson — 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 Anderson which accompanied the said Petition.

(SIGNED) M Rhind

DATED this twenty eighth day of April — One thousand eight hundred and sixty three

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries. —

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Dumfries and his Substitutes,—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of William Mc Mitken Farmer High Lorock Luthrie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Mc Mitken Bug Lesthrie is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Mc Mitken to the Southern counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) W. Mc Mitken

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this first day of May, one thousand eight hundred and Sixty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Mc Mitken.
2. Sex and Age,	Male – Fifty six years of age.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Drafter.
5. Religious Persuasion, so far as known,	Free Church of Scotland.
6. Previous Place of Abode,	Sheffield.
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Nearly seven years.
9. Whether First Attack,	Fifth attack
0. Age (if known) on First Attack,	Thirty nine
1. When and where previously under Examination and Treatment,	Cheadle. Cheshire
2. Duration of Existing Attack,	Nearly seven years
3. Supposed Cause,	None.
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,	Not a pauper
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 his Family known to be or to have been Insane,	William Mc Mitken Farmer Low Lorock in the Parish of Luthrie Kathrine & Robert Jeffrey Mc Mitken Farmer High Lorock Parish of Luthrie Kathrine. Brother of Patient None are or have known to have been insane
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.

(SIGNATURE)* Name, W. Mc Mitken

DATED this first day of May one thousand eight hundred and Sixty three

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Scott
being a (1) Graduate of the University of
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch
St Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Thomas M'Miken and that
the said Thomas M'Miken is a (5) person of
unsound mind and a proper Person to be detained
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 the Heave
open & him and that his name
Napoleon in the Lords in Heaven. a
that he is to preach and the Spir
church is in Hell. &

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
his brother says he has delusions an
Jesus he is the son of a Baronet
and has religious delusions

(SIGNED) Name and Medical Designation, William Scott M.D.

Place of Abode, Dumfries

DATED this First day of May One thousand eigh
hundred and Sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Spiersson
being a (1) Member of the Royal College of Surg
England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern
Counties Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Thomas Mc Kiken
sometime draper in Thiffield and that
the said Thomas Mc Kiken is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has many
has absurd ideas of his wealth an
and fancies himself specially comm
by Heaven & upon Popery & Spiritu
from the face of the
Has been for the last seven
Years an Inmate of the Lunat
Hospital at Cheadle

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

(SIGNED) Name and Medical Designation, Spiersson

Place of Abode Southern Counties Asylum

DATED this Second day of May one thousand eight
hundred and Sixty three

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Thomas Mc Miken is a (1) person of unsound mind hereby further certify that the Case of the said Thomas Mc Miken is one of Emergency, and I recommend the immediate removal of the said Thomas Mc Miken to an Asylum accordingly.

Name William Scott M.D.

Place of Abode, Dumfries

Dated this First day of May One thousand eight hundred and sixty three

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Brown Lyster (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Mc Miken Farmer High Breconhill Gisborne Certificates under the hands of William Scott and Samuel Gibson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Mc Miken late Draper in Moffat and that the said Thomas Mc Miken is a (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 Mc Miken 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 Mc Miken — which accompanied the said Petition.

(SIGNATURE) John B. Lyster

Dated this Second day of May one thousand eight hundred and sixty three

To the Superintendent of the (7) Public Asylum of Southern Counties

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

984

Thomas McMiken

1st May

1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,*—

The Petition of William Roy Labourer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Roy Hugh Son 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 Roy to the Dumfries & Galloway Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Roy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2nd (5) day of May One thousand eight hundred and Eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Roy
2. Sex and Age,	Male 42
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Dalbeattie
7. Place where Found and Examined,	D. & G. Asylum
8. Length of time Insane,	Two years
9. Whether first attack,	No
10. Age (if known) on first Attack,	40
11. When and where previously under Examination and Treatment,	D. & G. Asylum Five weeks
12. Duration of existing Attack,	Constitution & debility
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Said to be so
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,	Wm Roy Labourer Father Case Dumfriesshire
20. Special circumstances (if any) preventing the 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 May One thousand eight hundred and Eighty three

(*To be signed by Party applying*) William Roy

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 [illegible] Thomson,
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Custom House
Dumfries in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Thomas Roy, and that
the said Thomas Roy is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Violent and
dangerous, totally unmanageable & [illegible]
[illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
See other certificate. He is [illegible], refuses food, is
constantly raving about [illegible] and a danger
to the community & himself

Name and Medical Designation, J Thomson M.D.

Place of Abode, Custom House Dumfries

DATED this 1st day of May One thousand eight
hundred and 68

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Gilchrist M.D.
being a (1) Graduate of the University
of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Custom
House Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Thomas Roy Clerk
3 Observatory Place Maxwelltown and that
the said Thomas Roy is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Violent
and restless - Cannot settle
at work is unable to control
himself

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Gilchrist M.D.

Place of Abode, Custom House Dumfries

DATED this 2nd day of May One thousand eight
hundred and Sixty Nine

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Patrick Murray
being (1) Physician to the Edinburgh Royal Infirmary & Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution
in the County of Dumfries, seen and personally examined
Thomas Roy, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

P. Murray M.D.

Dated this 5th day of May One thousand eight hundred and 63

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Roy
Observatory Place Maxwelltown
Certificates under the hands of Patrick Murray
and James Gilchrist, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Thomas Roy Observatory Place Maxwelltown and that the said
Thomas Roy is a (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 Roy 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 Roy which accompanied the said Petition.

Dated this Second day of May One thousand eight hundred and sixty three

John P. Trotter

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.

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Thomas Berry

2/6/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of William Smith, Pensioner, Minnyhive humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Mc Neil or Smith, my wife is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Grace Mc Neil or Smith to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) William Smith

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 4 (3) day of May one thousand eight hundred and 63

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Grace McNeil or Smith
2. Sex and Age,	Female - Aged 64 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of Pensioner, Domestic Servant
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous Place of Abode,	Minnyhive
7. Place where Found and Examined,	At
8. Length of time Insane,	About 22 months
9. Whether First Attack,	No - second
10. Age (if known) on First Attack,	62 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of Existing Attack,	Since thursday 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 his Family known to be or to have been Insane,	William Smith, Minnyhive her husband, Mary McNeil a Lawrie, Southern Counties Asylum, her sister.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* William Smith

DATED this 4 fourth day of May one thousand eight hundred and 63

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Patrick McMurray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Grace McNeil or Smith wife of William Smith Pensioner Minnigaff and that the said Grace McNeil or Smith is a (5) Pauper of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state 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 violent and excited, imagines that the attendants wish to injure her, refuses food, tears clothes and destroys bedding.

(6) *State the facts*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she attempted to commit suicide.

(7) *State the information, and from whom derived.*

(SIGNED) *Name and Medical Designation,* P. McMurray M.D.

Place of Abode Crichton Royal Dumfries

DATED this 4th day of May One thousand eight hundred and 93

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Gregson being a (1) Member of the Royal College of Surgeons England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Grace McNeil or Smith wife of Wm Smith pensioner Minnigaff and that the said Grace McNeil or Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state 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 over anxious timid, restless, and wishes herself dead

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that he cannot prevent her from wandering, and that she has always made for the river with the avowed purpose of drowning herself.

(7) *State the information, and from whom derived.*

(SIGNED) *Name and Medical Designation,* Samuel Gregson M.D.

Place of Abode Southern Counties Asylum

DATED this Fourth day of May one thousand eight hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Grace McNeil or Smith is a (1) Lunatic & unsound mind hereby further certify that the Case of the said Grace McNeil or Smith is one of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, P. Murray M.D.

Place of Abode, Buccleuch St Dumfries

DATED this 4th day of May One thousand eight hundred and 63

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Smith, Pensioner, residing in Maxwelltown
Certificates under the hands of Patrick Murray
and Samuel Grierson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Grace McNeil or Smith wife of the said William Smith and that the said Grace McNeil or Smith is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace McNeil or Smith as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Grace McNeil or Smith which accompanied the said Petition.

(SIGNATURE) John Trotter

DATED this Tenth day of May one thousand eight hundred and Sixty three

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

985

Gracell C Neil
Or Smith.

4th May

1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries, *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of James McConchie Inspector Poor Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Gracie, out door Servant is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Gracie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) James McConchie Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Ninth (3) day of May one thousand eight hundred and Sixty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Gracie
2. Sex and Age,	Female - says about 40
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Out door Servant
5. Religious Persuasion, so far as known,	Ev. Attended Church of Scotland
6. Previous Place of Abode,	East Kirk - Lochmaben
7. Place where Found and Examined,	do
8. Length of time Insane,	about nine months
9. Whether First Attack,	No - second
10. Age (if known) on First Attack,	39 years
11. When and where previously under Examination and Treatment,	At Dowcot - Torpeer
12. Duration of Existing Attack,	four days
13. Supposed Cause,	Love
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	attempted to strangle herself yesterday
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,	9th May 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs William Anderson, in Churchbraes Lochmaben Sister No Insanity known to have been in Either father or Mothers family
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* James McConchie Inspector

DATED this 9th day of May one thousand eight hundred and Sixty three

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Murray McCulloch M.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dowcot, in Tr
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Jean Gracie, a servant
and that the said Jean Gracie is a (5) Lunatic
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She was standing
a Chair, in Mrs Waugh's Kitchen, raving constantly &c.
to be "slaughtered", "hanged", her throat cut &c., very
refused to have her pulse felt, declares her inside is all
L.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Struck & bit Mrs Waugh, declared there was a
behind Mrs Waugh's house & that he was to have his
that people were going to poison her; threatened & attempted
to strangle herself &c. (SIGNED) Name and Medical Designation, James Murray McCulloc

Place of Abode, 38 Castle Street, Dumfr

DATED this eighth day of May One thousand eight hundred and sixty three years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Cunningham
being a (1) L. F. P. & S. Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Dowcot in Troqu
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Jean Gracie, a servant
and that the said Jean Gracie is a (5) Lunatic
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) she had the idea
that every one that came near her was intending to murder
her, she felt that instead of entering her to prison, that I
would cause her to be put alive in a coffin, and screw it
down &c. &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
she had behaved very rudely to Mrs Waugh biting & scratching
to prevent her from giving her poison —

(SIGNED) Name and Medical Designation, John Cunningham

Place of Abode Sodefoot Lochrutton

DATED this eight day of May one thousand eight hundred and sixty three years —

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Jean Gracie is a (1) Lunatic hereby further certify that the Case of the said Jean Gracie is one of Emergency, and I recommend the immediate removal of the said Jean Gracie to an Asylum accordingly.

Name, James M. M'Culloch M.D.

Place of Abode, 38 Castle Street, Dumfries

DATED this eighth day of May One thousand eight hundred and sixty years.

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Kayaway (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Inmates Mr Couchie Inspector of Poor Locality Certificates under the hands of James Murray M'Culloch and Mr Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Gracie a servant. and that the said Jane Gracie is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Gracie as a Patient into the (6) Public Asylum of Dumfries and Galloway, and 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 Gracie which accompanied the said Petition.

(SIGNATURE) Alex Kayaway

DATED this ninth day of May one thousand eight hundred and Sixty three Years

To the Superintendent of the (6) Public *Asylum of* Dumfries and Galloway Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

Residing at 32 Norton Street Liverpool The Petition of James Affleck

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Affleck his 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 Ann Affleck to the Lancaster Royal Institution and to sanction her admission into the said Asylum.

(SIGNED) James Affleck

(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 August one thousand eight hundred and fifty nine

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Affleck
2. Sex and Age,	Female 22
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,	Liverpool
7. Place where Found and Examined,	Lancaster Royal Institution
8. Length of time Insane,	nine months
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	21
11. When and where previously under Examination and Treatment,	At Sue Brown Villa Liverpool 4 months
12. Duration of existing Attack,	
13. Supposed Cause,	Ill treatment of step 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. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Affleck Father 32 Norton Street Liverpool Her Aunt in Lancaster County Asylum
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James Affleck

DATED this 12 day of August one thousand eight hundred and fifty nine

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1260.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned, James Greig
being a (1) Graduate of Medicine University of Edinburgh & Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) The Arch[illegible] Royal Institution
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Ann Affleck
and that the said Ann Affleck is a (5) insane person
of Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) great incoherence and excitability

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The same mental condition found by others, since her arrival in Dumfries

(SIGNED) *Name and Medical Designation,* James Greig MB. Edin.

Place of Abode, Bracklinn Street, Dumfries

DATED this 15th day of August One thousand eight hundred and fifty nine

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned James Gelchrist
being a (1) Graduated of the University of Ed[illegible]
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Craigton Royal Institution Dumfries
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Miss Ann Affleck Dressmaker recently Resident in London
and that the said Miss Ann 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) Incoherence Excitement and Hyperesthesia - and Absurd

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Wanders from Home - Refuses to be advised or Controlled, as stated by her Father

(SIGNED) *Name and Medical Designation,* James Gelchrist MB

Place of Abode, Craigton House Dum[illegible]

DATED this 12th day of August one thousand eight hundred and fifty nine

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Ann Affleck is a (1) Lunatic and of unsound mind hereby further certify that the Case of the said Ann Affleck is One of Emergency, and I recommend the immediate removal of the said Ann Affleck to an Asylum accordingly.

Name, James Greig M.D. Surgeon

Place of Abode, Buccleuch St. Dumfries

DATED this 12th day of August, one thousand eight hundred and fifty nine

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay (Sheriff Substitute) of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Affleck residing in Liverpool Certificates under the hands of James Greig M.D. and James Gilchrist M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann Affleck daughter of Petitioner and that the said Ann 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 Ann Affleck as a Patient into the (6) Public Asylum of Auchtertool Royal Institution and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Affleck which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this Fifteenth day of August one thousand eight hundred and fifty nine

To the Superintendent of the (7) Public *Asylum of* Auchtertool Royal Institution Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Anne Officer,
15th May
1863.

Matron's Office
12/6/15
1/6/15
13/6/15
987

CRICHTON ROYAL INSTITUTION.

Private Department.

Trustees.

Mrs CRICHTON of Friars' Carse.
Lieut.-Colonel GRIERSON of Barndennoch.
J. MACALPINE LENY, Esq. of Dalswinton.

Extraordinary Trustees.

His Grace the Duke of Buccleuch.
The Right Hon. the Earl of Galloway.
The Right Hon. the Earl of Selkirk.
The Lord-Lieutenant of the Shire of Dumfries.
The Member for the County of Dumfries.
The Sheriff of the Shire of Dumfries.
The Minister of St. Michael's Church, Dumfries.

Directors.

Thomas Simpson, Esq. of Dalswoodie.
M. C. Maxwell, Esq. of Terregles.
F. Dudgeon, Esq. of Cargen.
Thomas Steuart Gladstone, Esq. of Capenoch.
James Hotchkis, Esq., Summerville.

Officers.

James Gilchrist, M.D., Resident Physician.
John Dickson, M.D., Medical Assistant.
Mrs Softley, Matron.
And. Henderson, House Steward.
Mrs Ramsay, Superintendent.

R. Adamson, Esq., S. Adamson, Esq., } Treasurers.

Rev. G. Cowans, Chaplain.

Patients will be received on the presentation, previous to admission, to the Resident Medical Officer, Dr Gilchrist, of an application from the nearest of kin, the guardians, or local authorities; certificates of lunacy; and a warrant from the Sheriff, as required by law; also an obligation from some respectable party or parties to pay such a rate of board as may be determined upon, according to the Rules of the Institution, and to comply with all rules and regulations as to clothing, removal, and burial. These documents are annexed.

All applications for admission should be forwarded at least three days before the arrival of the Patient, that time may be given for correspondence as to whether a vacancy exists, the rate of board, &c., and that due preparation may be made for his or her reception. Patients will be admitted between 8 A.M. and 8 P.M. upon every lawful day. Patients who are pregnant, moribund, or affected with fever, contagious or incurable diseases, cannot be received; and such as do not appear to be proper objects, may be discharged on the recommendation of the Medical Officer, being approved of by the Trustees, timely notice being given to the friends or guardians.

The admissibility of Patients will be determined upon by the Medical Officer; and in the first instance the rate of Board will be fixed by him, subject, however, to be confirmed or modified by the Trustees and Directors. The board must, in all cases, be paid to the Treasurer in advance, quarterly, at the terms of Whitsunday (15th May), Lammas (1st August), Martinmas (11th November), and Candlemas (2d February); and when the Patient first enters, a full quarter's board, and the proportion of the quarter current at the time, will be required; and there will be no return nor repayment of the board so advanced. It shall include charges of all kinds; no fees being exigible by the Medical or any other Officer on admission or discharge, or at any other time, or upon any pretext whatever. It will be observed, from the Table annexed, that a difference will be made in the following particulars, according to the rate of board and the circumstances and conditions under which the individual is admitted, viz., in the situation, size, furniture, and number of apartments; in the diet; in the proportion of the attendants; and in the various luxuries which rank, sex, habit, or the state of the disease, may render necessary. At the same time, whenever the nature of the case may demand greater accommodation, the special services of an attendant, or a more expensive style of living than the Patient is entitled to, they will be granted.

Visitors will be permitted to see all parts of the House on Wednesdays, between the hours of ten and twelve o'clock, on presenting an order, signed by a Trustee, Director, or one of the Medical Officers, but at no other time; but they are strictly prohibited from seeing or mingling with Patients of any class, without the express sanction of the Resident Medical Officer. The friends or guardians of Patients will be permitted to have free and private communication with them, if convalescent, between ten and twelve o'clock every lawful day; and, in all cases, to see and converse with them in the presence of the Resident Medical Officer or Matron, should such intercourse be considered safe or salutary; but no visitor, friend, or guardian, can be allowed to convey to the Patients any article of food or dress, books, newspapers, &c., without the knowledge and approbation of the Resident Medical Officer.

Patients must be supplied with clothes by their friends or guardians.

Patients when recovered, or found to be unfit, are discharged on the representation of the Resident Medical Officer to the Trustees and Directors, but he is required to communicate with the persons by whom the obligation for board, &c., is signed, before the dismissal of any individual; should they neglect or refuse to comply with the request for a week after the time fixed for removal in the notice, the rate of board for which they are responsible will be doubled, or the Patient sent to his or her friends or guardians at their expense.

A fortnight's notice of the intention of friends or guardians to remove the Patient must be forwarded to the Resident Medical Officer.

The Patients will be visited by the Resident Medical Officer and Matron always once or twice a-day, and in general they will be inspected by these or other officers much more frequently, under every variety of circumstances, and under every aspect of the malady. The grand principles of moral treatment upon which the Institution will be conducted are justice, kindness, and occupation; and, by the application of these, the Patients, in so far as is consistent with their condition, will be induced to regard the Asylum as a home, and those to whose care they are entrusted as friends and companions.

Answers to the following Queries are solicited in all cases, if possible, from the MEDICAL ATTENDANT :—

QUERIES.	ANSWERS.
1. Name age, condition, occupation, disposition, amount of education, and general deportment of the Patient.	Ann Affleck 22 unmarried Farm Labourer
2. What is the cause, predisposing and exciting, moral or physical; and what circumstances may have predisposed to, aggravated, or confirmed the disease?	Exclusion cause at home
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, any marked alterations in the functions of the body, or in the temper, opinions, conduct, sleep, &c.?	Hysterical depression of spirits — she was of a quiet & determined disposition —
4. Has the Patient been subject to epilepsy, or other convulsive affections, previous to or during the existence of insanity; and for what other diseases or accidents has medical or surgical treatment been at any time required?	No
5. What have been, and are, the prominent symptoms of the malady? has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary?	Stationary —
6. Mention the present state of the external senses; of the appetite, digestion, and evacuations; of the pulse, respiration; and of all other functions, so far as they can be ascertained.	Natural occasionally irregular
7. Is this the first attack, or a relapse? by what peculiarity of constitution or manner was it ushered in—if a relapse, of what duration was the lucid interval? and what has been the number of previous attacks?	First
8. What have been, and are, the delusions, habits, peculiarities, and pursuits of the Patient, during the night as well as the day, since the invasion of insanity?	Very irregular and variable
9. Does the Patient manifest any disposition to commit suicide? has he made any attempt to do so, and by what means?	No
10. Does the Patient manifest any disposition to injure other persons or property—to cherish any malicious design—or is the morbid train of thoughts excited by any particular subject or event?	No Fond of home scenes
11. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what? or have they manifested any peculiarity, eccentricity, or prominent propensity, or tendency to crime?	An aunt insane
12. What treatment has been resorted to, for what length of time, and with what success?	6 months in Inverness Poor House
13. How long has the Patient been insane? or has he ever been in any public asylum or private mad-house?	Nine months aged 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]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of John Muir Inspector of Poor Balmaclellan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Gibson, farm servant Glenkens is at present in a state of Mental Derangement and 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 Gibson to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) John Muir Insp^r of Poor Balmaclellan

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (3) day of May one thousand eight hundred and 63.

STATEMENT.

If any 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 Gibson
2. Sex and Age,	Female. 37.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	farm Servant
5. Religious Persuasion, so far as known,	Protestant A Member of the Free church of Scotland
6. Previous Place of Abode,	Barley parish of Girthon
7. Place where Found and Examined,	Gibbs Hill parish of Balmaclellan
8. Length of time Insane,	About 12 months
9. Whether First Attack,	not the first
10. Age (if known) on First Attack,	25 Years of age
11. When and where previously under Examination and Treatment,	Under her fathers charge
12. Duration of Existing Attack,	12 months
13. Supposed Cause,	Revival Meetings
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Balmaclellan
18. Date of becoming Chargeable,	25th May 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Gibson. her father resides at Gibbs Hill Parish of Balmaclellan no other member of the family known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* John Muir Insp^r of Poor Balmaclellan

DATED this 27th day of May one thousand eight hundred and sixty three

P. p.

* To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alfred McKinley Millman,
being a (1) Doctor of Medicine - University of Aberdeen,
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Gibbs Hill, Parish of Balmaclellan, in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Agnes Gibson, residing at Gibbs Hill, and that the said Agnes Gibson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Is suffering from Religious Melancholy - Thinks she has committed the unpardonable offence of sinning against the Holy Ghost, & is in beyond the reach of salvation &c. Refuses to leave her bed, without any valid cause &c. &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Father & others report that she is extremely excited daily, weeping and crying out that her soul is lost; that she is in hell now, & will be so for ever, & that she once attempted suicide by drowning! She is extremely cunning & can appear to

(SIGNED) Name and Medical Designation, Stranger perfectly rational. Alfred McKinley Millman M.D. &c.

Place of Abode, New Galloway

DATED this 25th day of May One thousand eight hundred and Sixty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Gurnon
being a (1) Member of the Royal College of Surgeons England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Gibson Farmservant and pauper and that the said Agnes Gibson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has greatly depressed in spirit, timid in manner and appears - the whole body is a tremor and the eyes filling with tears when spoken to. She states that great thought the sacrifice was a hard one nevertheless necessary for her salvation and that she must [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) Name and Medical Designation, Samuel Gurnon M.D. &c

Place of Abode Southern Counties Asylum Dumfries

DATED this twenty seventh day of May one thousand eight hundred and eighty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Agnes Gibson is a (1) person of unsound mind hereby further certify that the Case of the said Agnes Gibson is one of Emergency, and I recommend the immediate removal of the said Agnes Gibson to an Asylum accordingly.

Name, Alfred McKinley Millman M.D.

Place of Abode, New Galloway.

DATED this 25th day of May One thousand eight hundred and sixty three.

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Muir Inspector of Poor Balmaclellan Certificates under the hands of Alfred McKinley Millman and Samuel Grierson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Gibson at Gobs hill a pauper and that the said Agnes 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 Agnes Gibson 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 Agnes Gibson which accompanied the said Petition.

(SIGNATURE) A Hannay

DATED this Twenty fourth day of May one thousand eight hundred and Sixty three

To the Superintendent of the (6) Public.
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

Agnes Evans
27 St Brs
1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect*, 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,*

The Petition of David Morrine, Inspector of Poor, Glencairn,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Widow John Wallace (Elisabeth Colville) a Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Widow John Wallace to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(SIGNED) David Morrine

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (*) day of May One thousand eight hundred and Sixty three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elisabeth Wallace or Colville Widow.
2. Sex and Age,	Female age 43 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Soldiers Wife Previously Domestic (Servant
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Kabon, Switzerland
7. Place where Found and Examined,	Monzieaive Glencairn
8. Length of time Insane,	Unknown
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	Unknown
11. When and where previously under Examination and Treatment,	St Lukes Asylum 12 Months about (years ago
12. Duration of existing Attack,	Several years
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	She sometimes threatens to do (Mischief to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glencairn
18. Date of becoming Chargeable,	March 1859
19. Christian Name 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,	Peter Colville, Engineer Glasgow Brother employed by Mr Black 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.

(SIGNED)* Name David Morrine

DATED this 27th day of May One thousand eight hundred and Sixty three years

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, W. Paton, being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow, and being in actual practice as a (2) Surgeon, hereby certify, on soul and conscience, that I have this day, at (3) Chapel of Monzie in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Widow Wallace a pauper residing in Chapel Street of Monzie and that the said Widow Wallace is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is afraid to go to bed & Imagines her food is adulterated. —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Several respectable family have complained of her giving them very great annoyance

(SIGNED) Name and Medical Designation, W.m Paton Surgeon

Place of Abode, Dungalston Monzie

DATED this 21st day of May One thousand eight hundred and 63.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Andrew Lorimer, being a (1) Member of the University of St. Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Chapel St. Monzaive in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Widow Wallace a pauper residing at Chapel Street aforesaid and that the said Widow Wallace is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Believes every person to be set against her, does what they can to harm her believes she has lately been worth about £10 dollars if she only had a gun she would shoot several persons she named, believes the food here to be adulterated and p

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Destroys every article in the house burning the furniture &c. &c. and dangerous to be at large

(SIGNED) Name and Medical Designation, And.r Lorimer M.D.

Place of Abode, Lamington, Glenmaine

DATED this 21st day of May One thousand eight hundred and sixty three years

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Fotheringame (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) David Morrine Inspector of Poor of the Parish of Glencairn
Certificates under the hands of William Paton
and Andrew Turner, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Wallace or Colville in Dumfries and that the said Elizabeth Wallace or Colville is a (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 Wallace or Colville 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 Wallace or Colville which accompanied the said Petition.

(SIGNED) John P. Fotheringame

DATED this Twenty Sixth day of May One thousand eight hundred and Sixty Three

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

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Elizabeth Colville
or Wallace

27th May

1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries — and his Substitutes,—

The Petition of Hugh B. Currie, Inspector of Poor,

makes humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Rogerson or Boyes is at present in a state of Mental Derangement and 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 Rogerson or Boyes to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) Hugh B. Currie, Insp. of Poor.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (3) day of June one thousand eight hundred and Sixty three.

STATEMENT.

If any 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 Rogerson or Boyes
2. Sex and Age,	Female, 40 years or upwards
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Farmers wife dem[estic] duties
5. Religious Persuasion, so far as known,	Presbeterian
6. Previous Place of Abode,	Parkfoots
7. Place where Found and Examined,	Woodlands
8. Length of time Insane,	Nine months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	Parkfoots
11. When and where previously under Examination and Treatment,	Three months
12. Duration of Existing Attack,	Her Husband running away and Creditors claiming Accounts.
13. Supposed Cause,	Nine months ago
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No to her family
16. Whether Dangerous to others,	Lochmaben
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	29th May 1863
18. Date of becoming Chargeable,	Thomas Rogerson Blacksmith
19. Christian Name 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,	Lochmaben, Brother, 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.

(SIGNATURE)* Name, Hugh B. Currie Insp. of Poor

DATED this Second day of June one thousand eight hundred and Sixty three.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Alexander Fraser
being a (1) member of the Royal College of
of England and Licentiate of Midwifery
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Spring Field
in the Parish of Lochmaben in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Rogerson or Boyd
Pauper and that
the said Jane Rogerson or Boyd is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is wandering very noisy can speak coherently for short time, but then commences to rave, wanders from home.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She is very noisy, dangerous to others especially her own family & strikes and abuses them, tears books, and

(Signed) *Name and Medical Designation,* Thos. A. F. Scott
M. B. C. S. Edin. &
Place of Abode, High Street Lochmaben

Dated this second day of June One thousand eight hundred and sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Samuel Grierson
being a (1) Member of the Royal College of Surgeons
of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
County Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Rogerson or Boyes a
pauper from Lochmaben Parish and that
the said Jane Rogerson or Boyes is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her manner very hostile; her speech constant and incoherent and her judgement perverted chiefly on matters relating to religion and the wiles and designs of her neighbours

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The night nurse reports her as having passed a sleepless night and Dr Scott informed me that she had made a brutal and savage attack upon one of her children on the preceding night

(Signed) *Name and Medical Designation,* Grierson M.R.C.S.
Place of Abode Southern Counties Asylum Dumfries

Dated this third day of June one thousand eight hundred and Sixty three

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Jane Rogerson or Boyes is a (1) person of unsound mind, hereby further certify that the Case of the said Jane Rogerson or Boyes is one of Emergency, and I recommend the immediate removal of the said Jane Rogerson or Boyes to an Asylum accordingly.

Name, Thos. A. F. Scott M.B. C.M. Edin. & M.

Place of Abode, High Street Lochmaben

DATED this second day of June One thousand eight hundred and sixty three.

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Rotton Esq. (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) Hugh D. Corrie Inspector of Poor Lochmaben Certificates under the hands of Thomas Francis Scott M.D. and Samuel Grierson 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) Jane Rogerson or Boyes, Springfield Lochmaben and that the said Jane Rogerson or Boyes is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Rogerson or Boyes as a Patient into the (6) Public Asylum of Southern Counties and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Rogerson or Boyes which accompanied the said Petition.

(SIGNATURE) J. Pitcairn Rotton

DATED this 3rd day of June one thousand eight hundred and sixty three

To the Superintendent of the (6) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

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Jane Rogerson
or Roger
9th June 1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict. Cap.* 71 *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Counties of Wigton and Kirkcudbright *and his Substitutes,—*

The Petition of George Drysdale Inspector of Poor Parish of Cohuthorn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Dalrymple residing at Low Baleray is at present in a state of Mental Derangement, and 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 Dalrymple to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) George Drysdale

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Third (3) day of June One thousand eight hundred and sixty three

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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 Dalrymple
2. Sex and Age,	Male Aged 54 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,	United Presbyterian Church
6. Previous Place of Abode,	resided on Cohuthorn property & grey & Baleray
7. Place where Found and Examined,	Low Baleray Parish of Cohuthorn
8. Length of time Insane,	last attack since 25 May last
9. Whether first attack,	attack about three years ago
10. Age (if known) on first Attack,	51 years
11. When and where previously under Examination and Treatment,	In the Crichton Royal Asylum Dumfries since 25 May last
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,	Chargeable at present to the Parish of Cohuthorn, but his settlement supposed to be Newluce on 25 May last
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas Dalrymple Brother of the Pauper residing at the Farm of Bowie Parish of Cumnock Alex. Dalrymple Brother residing on Cohuthorn Mrs McQueen Sister residing at Low Baleray Parish of Cohuthorn no member of this family known to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* George Drysdale

DATED this Third day of June One thousand eight hundred and Sixty three

* To be signed by the Party applying.

P. 3.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Broadfoot Surgeon 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) the farm Low Bale in the parish of Whithorn ~~County~~ in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Dalrymple, a pauper residing at the said James Dalrymple and that the said James Dalrymple 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) Brought he and I had been old acquaintance yet on visiting him this morning he did not know me – and his entire conversation was incoherent and absurd &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From a young lad his keeper, a servant girl of the house, and one of his nieces I learn that he is prone to break windows, threatens to bite, by often snapping his teeth at ~~them~~ and that he pays no regard to cleanliness or comfort, time or place in relieving him

(SIGNED) *Name and Medical Designation,* Robert Broadfoot Surgeon

Place of Abode, Whithorn

DATED this second day of June One thousand eight hundred and sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alex^r M^c Millan Surgeon 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) the farm Low Bale in the Parish of Whithorn in the County of Wig Ton separately from any other Medical Practitioner, visited and personally examined (4) James Dalrymple a Pauper residing at the said Je and that the said James Dalrymple 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 was always of imbecile mind lately in a Lunatic Asylum He did not know me but talked nonsense in a strange his Eyes rolling Staring mad clenching his fist as if to strike right and lef

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) that he had broken every pane of glass in the windows of apartment the cannot leave him alone that he has to be watched night and day the are in constant fear something untoward will occur

(SIGNED) *Name and Medical Designation,* Alex^r M^c Millan Surgeon

Place of Abode, Whithorn

DATED this Second day of June One thousand eight hundred and Sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Murray, Esquire, Sheriff Substitute (2)
of the (3) County of Wigtown
having had produced to me, with a Petition at the instance of (4) George Drysdale Inspector of Poor Parish of Whithorn
Certificates under the hands of Robert Broadfoot Surgeon
and Alexander Mc Millan Surgeon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5)
James Dalrymple, Pauper, and that the said
James Dalrymple is a (6) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Dalrymple as a Patient into the (7) 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 Dalrymple which accompanied the said Petition.

(SIGNED) Tho Murray

DATED this fourth day of June One thousand eight hundred and sixty three

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

3

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

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James Dalrymple
6th June
1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sherrif *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of Isaac Charles Johnson humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Martha Johnson my wife your Petitioner's (3)—

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Martha Johnson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

I. C. Johnson

(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 June One thousand eight hundred and 63—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Martha Johnson
2. Sex and Age,	female. 53 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	manufacturers wife
5. Religious Persuasion, so far as known,	Baptist
6. Previous Place of Abode,	Newcastle on Tyne
7. Place where Found and Examined,	Gateshead on Tyne
8. Length of time Insane,	8 or 10 days
9. Whether first attack,	first attack
10. Age (if known) on first Attack,	53 years
11. When and where previously under Examination and Treatment,	Not before under treatment
12. Duration of existing Attack,	8 to 10 days
13. Supposed Cause,	Hereditary
14. Whether subject to Epilepsy,	Not subject to epilepsy
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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,	Isaac Charles Johnson husband of the Patient— Father of the patient died insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of June One thousand eight hundred and 63—

(*To be signed by Party applying*) I. C. Johnson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson M. D.
being a (1) graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County
separately from any other Medical Practitioner visited and personally examined (4) Mrs Martha Johnson wife of the petitioner and the said Mrs Martha Johnson is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Extreme depression melancholy. Delusions of various kinds, especially upon religious subjects - Vague notions of some impending danger. delusions as to the loss of her own & husbands property - clothes &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Many expressions that robbers are entering the house. believes that her soul is given to Satan - communicated by her husband.

Name and Medical Designation, John Dickson M. D.

Place of Abode, Buccleuch Street Dumfries

DATED this 14th day of June One thousand eight hundred and Sixty three

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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, R. J. Lightfoot
being a (1) Licentiate of the College of Surgeons Edin Licentiate of the Apothecary Coby. London
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 2 Regent Terrace Gateshead upon Tyne Durham in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Martha Johnson Wife of 2 Regent Terrace Gateshead upon Tyne and that the said Martha Johnson is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Disinclination to consecutive questions - stands with clasped hands uttering Oh! dear, Oh! dear. I with it was over - refuses to sit down - says her husbands life is in danger.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Religious delusions - fancies that robbers are in the house - that almost every thing has been stolen and what remains does not belong to them.

Name and Medical Designation, R. J. Lightfoot L.R.C.S.

Place of Abode, Newcastle upon Tyne

DATED this 12th day of June One thousand eight hundred and 63.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson M. D being (1) a graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution in the County of Dumfries, seen and personally examined Mrs Martha Johnson, and that the said person is of unsound mind, and 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 Dickson M. D

DATED this fifteenth day of June One thousand eight hundred and Sixty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Isaac Charles Johnson manufacturer Gateshead upon Tyne, in the County of Durham Certificates under the hands of John Dickson and R. T. Lightfoot, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Mrs Martha Johnson the Petitioners wife and that the said Mrs Martha Johnson 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 Mrs Martha Johnson as a Patient into the (8) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Martha Johnson which accompanied the said Petition.

DATED this Sixteenth day of June One thousand eight hundred and Sixty three

Alex. Hannay

To the Superintendent of the (9) Public *Asylum of* Crichton Institution Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

Thomas Johnson
15/6/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Isaac Charles Johnson Manufacturer 14 Golfhead & Son Tynt. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Martha Johnson my wife is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Martha Johnson — to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNATURE) I. C. Johnson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (3) day of June one thousand eight hundred and 63.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Martha Johnson
2. Sex and Age,	Female — 53 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Manufacturers wife
5. Religious Persuasion, so far as known,	Baptist
6. Previous Place of Abode,	Newcastle upon Tyne
7. Place where Found and Examined,	Gateshead upon Tyne
8. Length of time Insane,	8 to 10 days
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	53 yrs
11. When and where previously under Examination and Treatment,	not been under treatment
12. Duration of Existing Attack,	8 to 10 days
13. Supposed Cause,	Menstruation
14. Whether subject to Epilepsy,	Not subject to Epilepsy
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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 his Family known to be or to have been Insane,	Isaac Charles Johnson Husband of the Patient — Father of the patient died insane —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* Name, I. C. Johnson

DATED this 15th day of June one thousand eight hundred and 63.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Arcilla House Dringsing Dispensaries in the County of separately from any other Medical Practitioner visited and personally examined (4) Mrs Martha Johnston Wife of the Patient and that the said Mrs Martha Johnson is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Extreme depression of countenance - Delusions of various kinds, especially upon religious subjects - Vague notions of some impending danger - delusions as to the loss of her children and property - clothes &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Fears & impressions that robbers are entering the house that her soul is given over to Satan. Communicated by her husband

Name and Medical Designation, John Dickson M.D

Place of Abode, Buccleuch Street Dumfries

Dated this fifteenth day of June One thousand eight hundred and Sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, R. T. Lyth Surgeon being a (1) Licentiate of the College of Surgeons Edinburgh and Licentiate of the Apothecaries Company London and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 2 Regent Terrace Edinburgh upon Tyne in the County of Durham separately from any other Medical Practitioner, visited and personally examined (4) Martha Johnston residing 2 Regent Terrace, Edinburgh upon Tyne and that the said Martha Johnston is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Disorderly when I entered Question - stood with clasped hands - attitude of deep dejection - sighs frown over - repeats that she says her husband, life in danger —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has religious delusions - fancy that robbers are in the house that almost every thing has been stolen and what is left does not belong to them —

(SIGNED) Name and Medical Designation, R. T. Lyth Surgeon L.R.C.S

Place of Abode Newcastle upon Tyne

Dated this 12th day of June one thousand eight hundred and 63.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson M.D.
being (1) a Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution
in the County of Dumfries, seen and personally examined
Mrs Martha Johnson, and that the said
person is of unsound mind, and 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 Dickson M.D.

DATED this fifteenth day of June One thousand eight hundred and Sixty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~John Robson Esquire~~ (1) Sheriff Substitute —
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Isaac Charles Johnson
Manufacturer Gateshead upon Tyne in the County of Durham
Certificates under the hands of John Dickson
and R. J. Lightfoot —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Martha Johnston the Petitioners wife — and that the said Mrs Martha Johnson is a (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 Martha Johnston — as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Martha Johnson — which accompanied the said Petition. Three words delete —

(SIGNATURE) Alex Kennedy

DATED this Sixteenth day of June — one thousand eight hundred and Sixty three

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

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Martha Johnson

15/6/63

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20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Ayr - - - - *and his Substitutes,—*

The Petition of John Wilson, Upholsterer, Ayr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Urie Wilson, formerly in Ayr is at present in a state of Mental Derangement, and 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 Urie Wilson - - - to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) John Wilson

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (3) day of June one thousand eight hundred and Sixty three years - - - May 13th June 1863

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Alexander Urie Wilson
Sex and Age,	male 33
Married, Single, or Widowed,	single
Condition of Life, and previous Occupation (if any),	Seaman in a Merchant, and latterly in a situation in London. -
Religious Persuasion, so far as known,	United Presbyterian
Previous Place of Abode,	London
Place where Found and Examined,	Ayr
Length of time Insane,	Supposed to be for a number of weeks
Whether first Attack,	Cannot say but it was not to be observed as at present.
Age (if known) on first Attack,	
When and where previously under Examination and Treatment,	
Duration of existing Attack,	
Supposed Cause,	Drink and hereditary tendency
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (~~has~~ Pauper) is Chargeable,	Ayr
Christian Name 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 Wilson, Upholsterer in Ayr, Father of the Patient. Several of the Mothers relatives were thought supposed to be weak in mind.
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* John Wilson

DATED this 13th day of June one thousand eight hundred and Sixty three

* To be Signed by the Party applying.

[4.]

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Campbell Haldan being a (1) Fellow of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) Surgeon in Prospect Place, Ayr hereby certify, on soul and conscience, that I have this day, at (3) 2 Carrick Street, Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Alexander Wm Wilson and that the said Alexander Wilke Wilson is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Hurried speech rambling in his Conversation. Labouring under delusion as to a great and lucrative business that he supposes is Carrying On.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) general conduct irrational. Forcing his Way into a room in the middle of the night on the door being opened, and threatening violence with a knife to one of the inmates.
Information derived from Superintendent of Ayr Burgh Police

(SIGNED) *Name and Medical Designation,* John C. Haldan, F.R.C.S. Edr

Place of Abode, Prospect Place, Ayr

DATED this thirteenth day of June One thousand eight hundred and Sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Ubild being a (1) M.D. and Surgeon of Edinburgh and being in actual practice as a (2) Doctor of Medicine & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 2 Carrick Street Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Alexander Wise Ubilson and that the said Alexander Wise Ubilson is a (5) Lunatic or person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Constantly talking nonsense. Has Delusions in reference to a large business that he supposes is to Carrying on, and giving orders to persons not belonging to his establishment and refusing to leave the house when requested to do so. He might and violence if not restrained

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) attempted to strike a person with a table Knife when endeavouring to get him out of his house after calling and by knocking in one of the doors being opened and

(SIGNED) *Name and Medical Designation,* David Ubild M.D. & Surgeon

Place of Abode 1 Hamilton Terrace

DATED this Thirteenth day of June one thousand eight hundred and Sixty Three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (*) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of one thousand eight hundred and

(*) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Robson Esquire (*) Sheriff Substitute of the (*) County of Ayr having had produced to me, with a Petition at the instance of (*) John Wilson Upholsterer Ayr Certificates under the hands of John Campbell Haldane and David Weld, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (*) Alexander Wise Wilson presently in Ayr and that the said Alexander Wise Wilson is a (*) Lunatic or person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Wise Wilson as a Patient into the (*) 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 Alexander Wise Wilson which accompanied the said Petition.

(SIGNED) J. Robson

DATED this fifteenth day of June one thousand eight hundred and sixty three

To the Superintendent of the (*) Crichton Royal Institution or Asylum of Dumfries

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(*) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(*) State whether a County or Stewartry.
(*) Insert Name and Designation.
(*) Describe him, and if a Pauper, state so.
(*) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(*) Public, District, or Private.
(*) Public, District, or Private.

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Aleyd Eric Wilson

15/6/63 b.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Counties of Wigtown *and his Substitutes.*—

The Petition of George J. Le Scott, Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Crawford is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Crawford a pauper to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) George J. Le Scott Inspector Penninghame

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirtieth day of June One thousand eight hundred and Sixty Three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Crawford
2. Sex and Age,	Male About Forty
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single. Ordinary Labourer & Miner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Blackcraig
7. Place where Found and Examined,	Newton Stewart
8. Length of time Insane,	Several years
9. Whether first attack,	[redacted]
10. Age (if known) on first Attack,	Not Known
11. When and where previously under Examination and Treatment,	Not Known
12. Duration of existing Attack,	Several days
13. Supposed Cause,	Sunstroke
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Unknown at present, Penninghame
18. Date of becoming Chargeable,	Thirtieth June 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Margaret Crawford Mother None of his relations known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name. George J. Le Scott

DATED this Thirtieth day of June One thousand eight hundred and Sixty Three

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James More
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) Newton Kennard
in the County of
Brighton separately from any other Medical Practitioner,
visited and personally examined (4) John Crawford Pauper and that
the said John Crawford is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
For some years he has been under the delusion
that his friends poison his food with Mandy & onion

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
On two or three occasions he has
attacked his Sister & Mother with an axe.

(SIGNED) Name and Medical Designation, James More MD.

Place of Abode, Newton Kennard

DATED this 30 day of June One thousand eight
hundred and Sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Murray
being a (1) Doctor of Medicine & Master
in Surgery Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Newton
Stewart in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) John Crawford Pauper
and that
the said John Crawford is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He presents
an excited appearance. He asserts that his
wife is without any adequate motive, adulterate his
wife's spirits in order to injure his character

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Scott Niven informs me that he has frequent
been violent and today has threatened
to strike some relatives with an axe.

(SIGNED) Name and Medical Designation, John Murray MB

Place of Abode, Newton Stewart

DATED this 30th day of June One thousand eight
hundred and Sixty three years

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that John Crawford Pauper is a (1) person of unsound mind hereby further certify that the Case of the said John Crawford is One of Emergency, and I recommend the immediate removal of the said John Crawford Pauper to an Asylum accordingly.

Name, James More M.D.

Place of Abode, Newton Stewart

DATED this 30 day of June One thousand eight hundred and Eighty three

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind (2) Sheriff Substitute of the (3) County of Wigtown having had produced to me, with a Petition at the instance of (3) George J. C. Scott Inspector of Poor of the parish of Mochrum Certificates under the hands of James More Esqr M.D. &c and John Murray Esqr M.D. &c, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Crawford a pauper and that the said John Crawford 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 John Crawford a pauper as a Patient into the Southern Counties Asylum of Dumfries and I authorize you to make Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Crawford which accompanied the said Petition.

(SIGNED) M. Rhind

DATED this thirtieth day of June One thousand eight hundred and eighty three

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

992.
John Crawford.
30th June, 1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of Peter Muir Inspector of Poor of Dalry humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary anne Wallace wife of James Wallace is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary anne Wallace to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Peter Muir

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2d (3) day of July One thousand eight hundred and Sixty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary anne Wallace
2. Sex and Age,	Female 36 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Formerly housekeeper with her father
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Dalry
7. Place where Found and Examined,	Do
8. Length of time Insane,	14 days
9. Whether first attack,	first
10. Age (if known) on first Attack,	~~36 years~~
11. When and where previously under Examination and Treatment,	Dalry - at same time
12. Duration of existing Attack,	14 Days
13. Supposed Cause,	Religious excitement
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,	Dalry
18. Date of becoming Chargeable,	2nd July 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Wallace Dalry - Husband Quintin Forester her Father & Jane Anderson her Mother have both previously been mentally Deranged
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name Peter Muir

DATED this 2d day of July One thousand eight hundred and Sixty three,

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Alfred McKinley Millman being a (1) Doctor of Medicine, of the University of Aberdeen and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dalry Villas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Anne Wallace, now become chargeable to the Parish of Dairy and that the said Mary Anne Wallace is a (5) insane person, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) On entering her dwelling found her hands and feet tied in order to prevent her from destroying herself & injuring her friends – she was laughing immoderately & talking incoherently, rapidly passing from one subject to another; she told me she had been among the lost souls but was now in heaven a Queen on the throne, that she got there by God through Morrisonianism" She examined her hair and did not believe it was

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) On the information of her husband states that she is so outrageous at times as to be compelled to tie her hands to prevent destruction of property & injury to persons – sometimes she is gloomy & sits & weeps – she believes herself among the damned; at other times she laughs as if she thinks herself in heaven, &c &c.

(SIGNED) *Name and Medical Designation,* Alfred McKinley Millman

Place of Abode, R. D. L. New Galloway

DATED this 2nd day of July One thousand eight hundred and sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Gilchrist M.D. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Comlongon Cottage Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Anne Wallace a pauper from Dalry and that the said Mary Anne Wallace is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) is excited and talks incoherently

(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 wanders about at night in an excited manner

(SIGNED) *Name and Medical Designation,* James Gilchrist M.D.

Place of Abode, Comlongon House Dumfries

DATED this Third day of July One thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Mary Anne Wallace is a (a) insane person hereby further certify that the Case of the said Mary anne wallace is One of Emergency, and I recommend the immediate removal of the said Mary anne Wallace to an Asylum accordingly.

Name, Alfred McKinley Millman, M.D.L.

Place of Abode, New Galloway.

DATED this 2nd day of July One thousand eight hundred and Sixty three.

(a) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Kennedy Esqre (b) Sheriff Substitute of the (c) County of Dumfries having had produced to me, with a Petition at the instance of (d) Peter Muir Inspector of poor of Dalry Certificates under the hands of Alfred Mc Kinley Millman Physician and James Gilchrist M.D - - , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (e) Mary Ann Wallace wife of James Wallace and that the said Mary Ann Wallace is (f) 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 Wallace as a Patient into the (g) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Anne Wallace which accompanied the said Petition.

(SIGNED) Alex Kennedy

DATED this Eighth day of July One thousand eight hundred and sixty three

To the Superintendent of the (h) Public *Asylum of* Southern Counties Dumfries

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(b) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(c) State whether a County or Stewartry.
(d) Insert Name and Designation.
(e) Describe him, and if a Pauper, state so.
(f) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(g) Public, District, or Private.
(h) Public, District, or Private.

963.
Mary Anne Walker.
5th July 1803

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *and his Substitutes,—*

of Dumfries,

The Petition of William Clark, Farmer, Corra,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Clark my father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Clark to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(SIGNED) William Clark

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21 (3) day of July one thousand eight hundred and sixty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Clark
2. Sex and Age,	Male Oct 50.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Corra
7. Place where Found and Examined,	Corra
8. Length of time Insane,	2 months
9. Whether first Attack,	First
10. Age (if known) on first Attack,	50.
11. When and where previously under Examination and Treatment,	at home
12. Duration of existing Attack,	2 months,
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	not Epileptic
15. Whether Suicidal,	not suicidal
16. Whether Dangerous to others,	not dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Williams Clark Son none of the family have been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* William Clark

DATED this Second day of July one thousand eight hundred and sixty three.

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, James M: McCulloch M: D: &c.
being a (1) Physician & Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries
in the County of Dumfriesshire separately from any other Medical Practitioner,
visited and personally examined (4) William Clark, Farmer, Co
the said William Clark and at
is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Eyes suffused & Re
great agitation. Frequently shouting out that his soul is lo
the devil has hold of him, that he is a lost sinner & going to

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
the same & similar. Very violent at times

(SIGNED) *Name and Medical Designation,* James M: McCulloch M.D

Place of Abode, 38 Castle Street, Dumfries

DATED this 22 day of July One thousand ei
hundred and sixty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Grainger Stewart
being a (1) Graduate of the University of Edinburgh
in Medicine
and being in actual practice as a (2) physician
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) William Clark
Farmer Corra
the said William Clark and th
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)
Great terror and fear of death. Says that
he cannot be forgiven sins. He is much
exhausted in body and restless and excitable.

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
His son states that he has paroxysms of excitement
when he labours under intense fear and it sometim
begins Sexual people & told him

(SIGNED) *Name and Medical Designation,* H G Stewart

Place of Abode, Crichton Institution Dump

DATED this Second day of July one thousand eigh
hundred and sixty three.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that William Clark is a (1) Lunatic hereby further certify that the Case of the said William Clark is One of Emergency, and I recommend the immediate removal of the said William Clark to an Asylum accordingly.

Name, James M: McCulloch M: D: &c

Place of Abode, 38 Castle Street, Dumfries

DATED this 23 day of July one thousand eight hundred and sixty three years.

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Alexander Trotter Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) William Clark former Lord Certificates under the hands of James Murray McCulloch and Hugh Granger 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 Clark former in Lord and that the said William Clark is a Lunatic & person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Clark as a Patient into the (5) Public Asylum of Crichton Royal Institution and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Clark which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this Third day of July one thousand eight hundred and sixty three years

To the Superintendent of the (6) 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, or Private.
(7) Public, District, or Private.

936.
William Edwards
2/8/03

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect*, 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,*—

The Petition of James Austin Inspector of poor of Closeburn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Hoggan Williamson Pauper is at present in a state of Mental Derangement, and 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 Hoggan Williamson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) James Austin Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (3) day of July ——— One thousand eight hundred and Sixty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Hoggan Williamson
2. Sex and Age,	Female Twenty four
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	None
5. Religious Persuasion, so far as known,	None
6. Previous Place of Abode,	Park of Closeburn
7. Place where Found and Examined,	—Do— Do
8. Length of time Insane,	From birth
9. Whether first attack,	—
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	At home
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,	Closeburn
18. Date of becoming Chargeable,	January 1859
19. Christian Name 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,	Julian Williamson Mother Park No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James Austin Inspector

DATED this Second day of July One thousand eight hundred and Sixty three years

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Boyle Grierson Licentiate of the Royal College of Surgeons of Edinburgh and being a (1) Surgeon and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) [redacted] in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Hoggan Williamson Pauper and that the said Mary Hoggan Williamson is a (5) idiot and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Quite unable to manage herself or in any way take care of herself from want of understanding

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother states that she is at times very violent

(SIGNED) *Name and Medical Designation,* W Grierson

Place of Abode, Thornhill

DATED this 1st day of July One thousand eight hundred and Sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Adam Crichton Mackenzie being a (1) Doctor of Medicine of the University of Edinburgh & Member of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Physician at Thornhill hereby certify, on soul and conscience, that I have this day, at (3) Park in the Parish of Durisdeer in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Hoggan Williamson Pauper and that the said Mary Hoggan Williamson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself; (6) From Various Incoherent Answers to questions put to her, and from her general appearance & demeanour I consider her to be a Lunatic & that her mind is weaker than usual.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From Mr Archibald Inspector of Poor in the Parish of Durisdeer I learn that she has lately become very violent & unmanageable at times & that she is dangerous to herself & to others & that a fit of excitement in which she is dangerous to herself & others

(SIGNED) *Name and Medical Designation,* Adam C. Mackenzie M.D.

Place of Abode, Thornhill

DATED this 1st day of July One thousand eight hundred and Sixty three.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (2)
hereby further certify that the Case
of the said
is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(2) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Fyfe Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Austin Inspector of Poor of the Parish of Closeburn
Certificates under the hands of Thomas Boyle Grierson
and Andrew Crichton Chalmers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Hoggan Williamson, at Park of Closeburn, a Pauper and that the said Mary Hoggan Williamson is a (5) Lunatic and an idiot

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Hoggan Williamson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Hoggan Williamson which accompanied the said Petition.

(SIGNED) John P. Fyfe

DATED this Second day of July One thousand eight hundred and Sixty three

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

9911
Mary Hoggan Williamson,
30 July 1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,*—

The Petition of Wm. Hastings Inspector of Poor of Kirkconnell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Boyle, Pauper, Kirkconnell is at present in a state of Mental Derangement, and 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 Boyle to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) William Hastings, Inspector

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (*) day of July One thousand eight hundred and Forty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Boyle
2. Sex and Age,	Female— Aged 23
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	U. P. Church
6. Previous Place of Abode,	Leith
7. Place where Found and Examined,	River Nith at Kirkconnel Village
8. Length of time Insane,	Six Months
9. Whether first attack,	(Leith) Yes
10. Age (if known) on first Attack,	22½ years
11. When and where previously under Examination and Treatment,	Royal Infirmary, Edinburgh
12. Duration of existing Attack,	about half a year ago
13. Supposed Cause,	Disappointed in Worldly prospects
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes — Must be carefully watched
16. Whether Dangerous to others,	Quiet
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Kirkconnel
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Agnes Monteath, Mother, residing at Sanquhar — Not known —
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, William Hastings Inspector

DATED this Sixth day of July One thousand eight hundred and forty three

* To be signed by the Party applying.

F. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Kay, Surgeon, 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) High Street, Kirkconnel in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Boyle. Kirkconnel, a Pauper and that the said Agnes Boyle is a (5) person of Unsound Mind and a proper person to be detained 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 listless and silent, appears to be melancholy. complains of something ourcobs in her hea

2. Other facts (if any) indicating Insanity communicated to me by others: (7) On on Friday. she threw herself in to the to commit self-destruction, she has thre to do so before. is dull & absent. mem not good. Communicated by Robert Monte Mrs Stobbs.

(SIGNED) *Name and Medical Designation,* Wm Kay Surgeon

Place of Abode, Sanquhar

DATED this sixth day of July One thousand eight hundred and 63.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Forsyth M. D. being a (1) Physician. Royal College Glasgow and being in actual practice as a (2) Physician. hereby certify, on soul and conscience, that I have this day, at (3) High Str Kirkconnel in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Boyle Kirkconnel, a pauper and that the said Agnes Boyle is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is dull and melancholy. She says that she is drawing horsey the first time she has chan

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her lady sister Janet Semmel told me that for some time past she thin the Lady all sorts of apprehensions are

(SIGNED) *Name and Medical Designation,* R. Forsyth M.D.

Place of Abode, Sanquhar

DATED this twelfth day of July One thousand eight hundred and Sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that _____ is a (1) _____ hereby further certify that the Case of the said _____ is One of Emergency, and I recommend the immediate removal of the said _____ to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this _____ day of _____ One thousand eight hundred and _____

(1) Lunatic, or an Insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Foster (2) Sheriff Substitute of the (3) County of Berwick having had produced to me, with a Petition at the instance of (4) William Hastings Inspector of Poor of Kirkcowall Certificates under the hands of William Reay and Robert Rose M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Agnes Boyle at Kirkcowall, spinster and that the said Agnes Boyle is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Boyle as a Patient into the (6) Public Asylum of Southern Counties 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 Agnes Boyle which accompanied the said Petition.

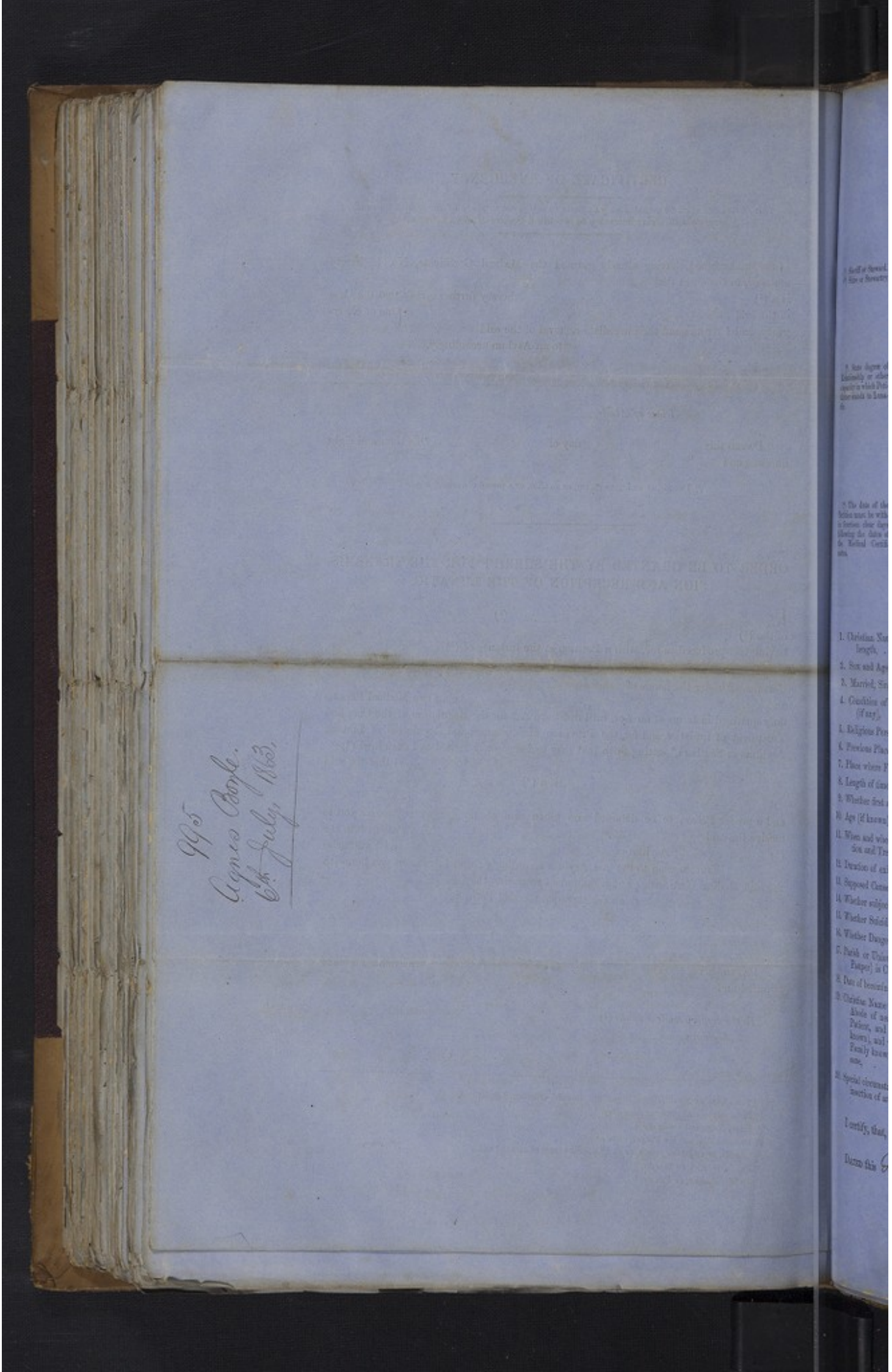
(SIGNED) John P. Foster

DATED this Twenty day of July One thousand eight hundred and Sixty three years

To the Superintendent of the (7) Public *Asylum of* Southern Counties Berwick

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.


905
Agnes Boyle.
6th July 1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (1) Kirkcudbright, and of Kirkcudbright

and his Substitutes—

The Petition of James Thomson, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Palmer, residing in Kirkcudbright ~~your Petitioner's~~ (2) 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 James Palmer 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.

James Thomson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Sixth (3) day of July One thousand eight hundred and Sixty three

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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 Palmer
2. Sex and Age,	Male, 57 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gardener & Road Surface man
5. Religious Persuasion, so far as known,	Member of Church of Scotland
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	Kirkcudbright
8. Length of time Insane,	
9. Whether first attack,	Yes; though Symptoms threatened 4 years ago but has never been quite well
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	1863 May 16, being certified Col. as Insane, July 1st
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Sarah Palmer, (Maiden Surname Shaw) Wife of Patient. No Members of Patients 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 Sixty three

(*To be signed by Party applying*) James Thomson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, David Blair
being a (1) L.R.C.S.E.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Kirkcudbright
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Palmer a Pauper
and that
the said James Palmer 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) From incoherency of speech, restless, easily excited upon religious subjects & from his conduct generally.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Informed by his wife that he has used violent threats to her of late.

Name and Medical Designation, David Blair Surgeon

Place of Abode, Kirkcudbright

DATED this sixth day of July One thousand eight
hundred and sixty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Cumming
being a (1) M.D. & C.M. Glas.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High St
Kirkcudbright.
Kirkcudbright in the County
separately from any other Medical Practitioner
visited and personally examined (4) James Palmer a Pauper
and that
the said James Palmer 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) That he labours under various delusions; sees face of person in tea box that some poisonous substance has been put in tea was; speech is very incoherent; and he is very excitable

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From his wife. That he often refuses food, saying has put poison in it. That always after waking he is outrageous, & that at such times he illuses her.

Name and Medical Designation, William Cumming M.D. C.M.

Place of Abode, Kirkcudbright

DATED this 4th day of July One thousand eight
hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, 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 Hyacinth Dumbar, Esq (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James Palmer
Kinnear, Inspector of Poor, Kirkcudbright
Certificates under the hands of Denis Blair
and William Cumming, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Palmer, pauper designed and that the said
James Palmer is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Palmer as a Patient into the (6) Northern Counties Asylum of Dumfries and I authorize us Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Palmer which accompanied the said Petition.

DATED this Sixth day of July One thousand eight hundred and Sixty three.

W H Dumbar

To the Superintendent of the (7) Northern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

996

James Palmer

7th July,
1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Irvine, residing in Irish Street Dumfries a Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Irvine to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (3) day of July One thousand eight hundred and Sixty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Irvine
2. Sex and Age,	Female. 50 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	do, Housewife
5. Religious Persuasion, so far as known,	Free Church, Presbyterian
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do —
8. Length of time Insane,	About a fortnight
9. Whether first attack,	Third attack
10. Age (if known) on first Attack,	About 45 years
11. When and where previously under Examination and Treatment,	Dumfries —
12. Duration of existing Attack,	About a fortnight
13. Supposed Cause,	No cause Known
14. Whether subject to Epilepsy,	Yes —
15. Whether Suicidal,	No —
16. Whether Dangerous to others,	Yes — Sometimes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries — meantime
18. Date of becoming Chargeable,	7th July 1863.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Her father Robert Mc Gullock Carter Maxwelltown. Deceased was of rather weak mind —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* John Dinwoodie, Inspector

DATED this Eighth day of July One thousand eight hundred and Sixty three

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Mars Hall
being a (1) Graduate of the Faculty of Physicians
Surgeons Glasgow and College of Edinburgh
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Irish Street
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Irvine, residing in
Irish Street, Dumfries a pauper and that
the said Jane Irvine 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
about every thing to persons when she
offers to depart at last indeed the
whole I believe her to be a furious

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Much the same as above

(SIGNED) *Name and Medical Designation,* William Mars Hall M.D

Place of Abode, Buccleuch St Dumfries

DATED this 9th day of July One thousand eight
hundred and Sixty three years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Scott
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Irish St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Irving a pauper in Dumfries and that
the said Jane Irving is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) she is quite incoherent
has delusions as to having had four children
at a birth and that her Husband murdered
the children &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Husband and son gave me
similar statements to the above

(SIGNED) *Name and Medical Designation,* William Scott M.D

Place of Abode, Dumfries

DATED this 9th day of July One thousand eight
hundred and Sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Gleaves Jaffer Esquire (2) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor of the parish of Dumfries Certificates under the hands of William Marshall M. D. and William Scott M. D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Irvine, Irish Street Dumfries, a pauper and that the said Jane Irvine is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Irvine 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 Irvine which accompanied the said Petition.

(SIGNED) John G. Jaffer

DATED this Eighth day of July One thousand eight hundred and sixty three

To the Superintendent of the (7) Public *Asylum of* Southern Counties

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

99

Jane Devine.

8th July, 1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Lanark *of the* (2) Shire *and his Substitutes.*

The Petition of James Thomson, Inspector of Poor Kirkcudbright—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Burns, presently residing at the Lunacy or Royal Lunatic Asylum, Gartnavel

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Burns to the Southern Counties Asylum, Montfoes and to sanction the admission into the said Asylum.

James Thomson, Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Seventh (4) day of July One thousand eight hundred and Sixty three

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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,	Helen Burns
2. Sex and Age,	Female, 23 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,	Adherent of Free Church
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	62. Broom Street. City Parish Glasgow
8. Length of time Insane,	From May 6th 1863
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	19 years
11. When and where previously under Examination and Treatment,	1858 Oct 17. Kirkcudbright, P.C. Asylum, Montfoes 1860 Janry 11 Easterwood, Langholm Asylum 1861 Nov 11 City Parish Glasgow Lunacy Ward & Poor House 1862 March 13, Montfoes to 186. Asylum Montfoes
12. Duration of existing Attack,	From May 6th 1863
13. Supposed Cause,	Predisposition
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	May 6th 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Kerr, Castle Street Kirkcudbright Grand Uncle No member of House family is 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 Seventh day of July One thousand eight hundred and Sixty three

(To be signed by Party applying) James Thomson

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Bryce Gilland
being a (1) Graduate in Medicine 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) the Glasgow R
Lunatic Asylum in the County
Lanark
separately from any other Medical Practitioner
visited and personally examined (4) Helen Burns a pauper lu
in the above mentioned Asylum and the
the said Helen Burns is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She often talks to herself and she has hall
of hearing. She states that she hears voices
people that she knew formerly and that th
torment her continually

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Robert Bryce Gillan

Place of Abode, Glasgow Royal Lunatic A

DATED this Seventh day of July One thousand eigh
hundred and Sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Christie
being a (1) Graduate in Medicine of the 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 Glasgow
Royal Lunatic Asylum, Carlumand in the County
Lanark
separately from any other Medical Practitioner
visited and personally examined (4) Helen Burns, a pauper Lunatic
in the above named Asylum and the
the said Helen Burns is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She has various delusions, such as that people, who ar
not present, are constantly talking of her and annoyin
her. She talks, some days, incessantly to herself.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Christie M.D.

Place of Abode, Glasgow Royal Lunatic Asylum,

DATED this Seventh day of July One thousand eigh
hundred and Sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, 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) James Thomson
Inspector of Poor Parish of Kirkoudbright —
Certificates under the hands of Robert Bryce Gillan —
and James Christie —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Helen Burns presently in the public and that the said
Lunatic Asylum Southern near Glasgow parish
Helen Burns is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Burns as a Patient into the Public Southern Counties Asylum of Dumfries and I authorize
her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Burns which accompanied the said Petition.

DATED this thirteenth day of July One thousand eight hundred and sixty three years

A Erskine Murray

To the Superintendent of the (6) 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.

998.

Helen Burns.

9th July

1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Toolen. Glazier. residing in Dumfries is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Toolen to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Tenth (3) day of July One thousand eight hundred and Sixty three.

STATEMENT.

If any 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 Toolen
2. Sex and Age,	Male. 17 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	do — Glazier
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	About a fortnight
9. Whether first attack,	The 1st attack
10. Age (if known) on first Attack,	About 17 years
11. When and where previously under Examination and Treatment,	— —
12. Duration of existing Attack,	About a fortnight
13. Supposed Cause,	Small Pox
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries. meantime
18. Date of becoming Chargeable,	10th July 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* John Dinwoodie Inspector

DATED this Tenth day of July One thousand eight hundred and sixty three

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Scott being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Police Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Tooley. Glazier. Pol residing in Dumfries and that the said John Tooley is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is quite rat and has delusions - in regard to persons and intercourse -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His aunt says he was running naked and that she could not restrain him in the house -

(SIGNED) *Name and Medical Designation,* William Scott MD

Place of Abode, Dumfries

DATED this 11th day of July One thousand eight hundred and Sixty three -

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson MD being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Police Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Tooley, Glazier - a residing in Dumfries and that the said John Tooley is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6). Great incoherence restlessness & occasionally excitement - delusion on various subjects.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Fancies that he is about to be shot. has been very excited during the morning. Communicated by the Police Authorities.

(SIGNED) *Name and Medical Designation,* John Dickson MD

Place of Abode, Buccleuch Street Dumfries

DATED this 10th day of July One thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that John Toolan is a (1) Lunatic hereby further certify that the Case of the said John Toolan is One of Emergency, and I recommend the immediate removal of the said John Toolan to an Asylum accordingly.

Name, William Scott MD

Place of Abode, Dumfries

DATED this 10th day of July One thousand eight hundred and sixty three.

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Alexander Grotter Esquire (1) Ahmedate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor of the parish of Dumfries — Certificates under the hands of William Scott Physician and John Dickson M.D. ——————, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Toolan Glazier residing in Dumfries aforesaid and that the said John Toolan is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Toolan ——————— as a Patient into the (6) Public Asylum of Southern Counties —— and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Toolan ——————— which accompanied the said Petition.

(SIGNED) J. Alex. Grotter

DATED this Tenth day of July One thousand eight hundred and sixty three years.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

20 & 21 *Vict.*, *Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Johnstone a pauper residing in Dumfries is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Johnstone to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eleventh (3) day of July one thousand Sixty three 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,	Isabella Johnstone
2. Sex and Age,	Female. 75 years
3. Married, Single, or Widowed,	Widow —
4. Condition of Life, and previous Occupation (if any),	do — Field Labourer
5. Religious Persuasion, so far as known,	Protestant of the Established Church of Scotland
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	About three months —
9. Whether first Attack,	No
10. Age (if known) on first Attack,	Not known
11. When and where previously under Examination and Treatment,	Dumfries & Southern Counties Asylum
12. Duration of existing Attack,	About three months
13. Supposed Cause,	No cause known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* John Dinwoodie Inspector

DATED this Eleventh day of July one thousand eight hundred and sixtythree

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Scott being a (1) Graduate of the University of Edinb
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Grey Friars
Dumfries
in the County
Dumfries
separately from any other Medical Practitioner
visited and personally examined (4) Isabella Johnstone
residing at Grey Friars Street Dumfries—
and th
the said Isabella Johnstone is a (5) Lunatic
and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has delu
and is quite incoherent— She is imbec

(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 fancies the House
on Fire and that she is murdering the
children. Threatens the life of her daughter &
(SIGNED) *Name and Medical Designation,* Wm Scott MD.

Place of Abode, Dumfries

DATED this 11th day of July One thousand eigh
hundred and Sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Dickson MD being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Grey Friars
Dumfries
in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Isabella Johnston a Pauper
residing at Grey Friars Street, Dumfries,
and that
the said Isabella Johnston 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 imbec
talks incoherently; and has ~~frequent~~ numerous delu

(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 is at times vi
threaten to take her life— fancies that the hou
on fire that her children are being murdered &
Has formerly been in the Asylum
(SIGNED) *Name and Medical Designation,* John Dickson M

Place of Abode, Buccleuch Street Dfs

DATED this 11th day of July one thousand eight
hundred and Sixty three.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1)
of the said
hereby further certify that the Case is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander H. Armour Esqr. (1) Advocate Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor of the parish of Dumfries
Certificates under the hands of William Scott M.D.
and John Dickson M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Isabella Johnstone a pauper residing in Dumfries and that the said
Isabella Johnstone is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Johnstone as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Johnstone which accompanied the said Petition.

(SIGNED) A H Armour

DATED this thirteenth day of July one thousand eight hundred and sixty three

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

1000

Isabella Johnstone.

15th July.

1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Stewartry of Kirkcudbright and his Substitutes,—

The Petition of James Thomson, Inspector of Poor, Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Lockhart Hannah your Petitioner's (3) a Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Lockhart Hannah to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Thomson, Inspector of Poor,

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Seventeenth (4) day of July One thousand eight hundred and Sixty three

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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,	Lockhart Hannah
2. Sex and Age,	Male - 44 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Agricultural Labourer
5. Religious Persuasion, so far as known,	Adherent of Church of Scotland
6. Previous Place of Abode,	Carsphad Parish of Kells
7. Place where Found and Examined,	Found - Carsphad, Examined, Kirkcudbright
8. Length of time Insane,	
9. Whether first attack,	No
10. Age (if known) on first Attack,	40 years
11. When and where previously under Examination and Treatment,	1859. Southern Counties Asylum, Dumfries
12. Duration of existing Attack,	1863 July 15th - July, 16th
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,	Tongland
18. Date of becoming Chargeable,	1862 July 16th
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hannah - Brother - Carsphad, Parish of Balmy
20. Special circumstances (if any) preventing the 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 July One thousand eight hundred and Sixty three

(To be signed by Party applying) James Thomson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Shand
being a (1) Fellow 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 Town
Cardoughtie Green in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Lockhart Hannah
Carsphad — a Pauper and that
the said Lockhart Hannah is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) That he is incoherent in his speech, and rambles in his conversation, and states what I am sure is found to be delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
and that from the evidence of Mr Brown - Factor of Mr Corbet of the Town
Council who also communicated to me the
Information that Mr Hannah is labouring under the
delusion that he is the tenant of
Carsphad and had lately
struck his brother
under that delusion

Name and Medical Designation, } J M Shand M.D.

Place of Abode, Kirkcudbright

DATED this sixteenth day of July One thousand eight
hundred and Sixty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, David Blair
being a (1) L.R.C.S.E.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Jail
of Kirkcudbright in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Lockhart Hannah
Carsphad (parish of Kells) a Pauper and that
the said Lockhart Hannah is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) his rambling
conversation imagining himself Tenant of Carsphad in which he has no interest

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, } David Blair Surgeon

Place of Abode, Kirkcudbright

DATED this 17 day of July One thousand eight
hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, 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 Hyacinth Dunbar (1) Steward's Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James Thomson
Inspector of Poor for the Parish of Kirkcudbright
Certificates under the hands of John Shand M.D. &c.
and David Blair Surgeon, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Lockhart Hannah a pauper in custody and that the said Lockhart Hannah is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Lockhart Hannah 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 Lockhart Hannah which accompanied the said Petition.

DATED this seventeenth day of July One thousand eight hundred and sixty three years

W H Dunbar

To the Superintendent of the (7)
Southern Counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1001

Lockhart Hannah,

17th July,

1863.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(SIGNED) *Superintendent.*

DATED at this (4) day of

one thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(SIGNED)

(7)

DATED this day of one thousand eight

hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert particulars.
(6) Insert particulars.
(7) Add Designation.

(*Copies.*)

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Wigton and his Substitutes,—

The Petition of Sir Stuart Bray

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Wright, Servt. Cairnbrack is at present in a state of Mental Derangement, and 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 Wright to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Sir Stuart Bray

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighteen (3) day of July one thousand eight hundred and Sixty three -

STATEMENT.

If any 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 Wright
2. Sex and Age,	Female, age about 28
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Servt -
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Cairnbrack Parish of Kirkcolm
7. Place where Found and Examined,	Cairnbrack
8. Length of time Insane,	About a week
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	About - 28
11. When and where previously under Examination and Treatment,	Never before
12. Duration of existing Attack,	About a week
13. Supposed Cause,	No Cause known
14. Whether subject to Epilepsy,	No -
15. Whether Suicidal,	No -
16. Whether Dangerous to others,	Occasionally violent and requires restraint but not dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcolm
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Wright. father, Cairnbrack not known
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Sir Stuart Bray

DATED this 18th day of July one thousand eight hundred and sixty

* To be Signed by the Party applying.

(Copies.)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, David Easton being a (1) Doctor of Medicine and Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Cairnbrae Parish of Kirkwalton in the County of Maginn separately from any other Medical Practitioner, visited and personally examined (4) Mary Wright Cairnbrae.

and that the said Mary Wright is a (5) Pauper Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She has a wild and excited appearance - Mother ~~sleeps with her~~ at times outrages imagine she sees spirits, is often repeating passages of scripture and talks incoherently, unless restrained spring up suddenly. Strikes at her father when he resists her - When excited she tears at anything that come in her way -

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The above corroborated by her father John Wright and other Wife house keepers - also that she sleeps very little and sometimes outrageous requiring considerable force to restrain her

(SIGNED) Name and Medical Designation, David Easton. M.D.

Place of Abode, Church Street Stranraer

DATED this Nineteenth day of July One thousand eight hundred and Sixty three -

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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 Orgill being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Cairnbrae Parish of Kirkwalton in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary Wright

and that the said Mary Wright is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She speaks incoherently keeps sheets Spirits she has a wild & excited appearance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her father John Wright residing with her and Mrs Lockhart a neighbour say that she talks incoherently says she sees spirits &c & she breaks out with our Saviours name & is often so excited & violent as to require restraint

(SIGNED) Name and Medical Designation, John Orgill Surgeon

Place of Abode Stranraer

DATED this Seventeenth day of July one thousand eight hundred and Sixty three years

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

(Copies.)

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an Insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John Stewart Bray Inspector of Poor Kirkcudbright
Certificates under the hands of David Easton
and John Orgill, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Wright Lawful Confined and that the said Mary Wright is a (5) Pauper Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Wright as a Patient into the (6) Southern Counties Asylum 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 Mary Wright which accompanied the said Petition.

1/2 Mary Wright 21st July 1863.

(SIGNED) P. MacLean Sh. Sub.

DATED this Eighteenth day of July one thousand eight hundred and Sixty three

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private,
(7) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Andrew Common, farmer Carlaverock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Common my wife is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Common to the Crichton Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) Andw. Common

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 17th (3) day of July one thousand eight hundred and Sixty three

STATEMENT.

If any 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 Common
2. Sex and Age,	Female 68 62
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmers wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wage
7. Place where Found and Examined,	Wage
8. Length of time Insane,	Four months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	62 years
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	About four months
13. Supposed Cause,	Mental anxiety and grief on the death of her Son
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Made an attempt to throw herself out of the window
16. Whether Dangerous to others,	Not in her bedroom
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Andrew Common - Farmer, Hartwoodmyres 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.

(SIGNATURE)* *Name,* Andw. Common

DATED this 17th day of July one thousand eight hundred and Sixty three

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Johnston Carlyle
being a (1) Doctor of Medicine (Edinburgh)
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Harlaw Hall, Cumnock in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Common, Harlaw Hall, Cumnock and that the said Agnes Common is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Affliction with religious Melancholy, and delusions, and occasionally by great excitement, wandering about in a wild manner. Has a state of mind. From general conversation a Demoniacal state, and is consequently violent.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) On one occasion attempted to destroy the baby and on another to throw herself over Barwinnock Bridge. She supposes herself irretrievably ruined both body & soul— The above mentioned facts have also been communicated to me by Miss Agnes Common, and myself.

(SIGNED) *Name and Medical Designation,* W. J. Carlyle M.B. & Surgeon

Place of Abode, Cumnock

DATED this 16th day of July One thousand eight hundred and sixty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Macaulay
being a (1) Member of the Faculty of Physicians and Surgeons
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Harlawhaugh Cumnock in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Common Harlawhaugh Cumnock and that the said Agnes Common is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great determination with occasional paroxysms of excitement. Suspicious towards medical persons.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Refuses to be carefully watched for fear of injuring herself.

(SIGNED) *Name and Medical Designation,* Thomas Macaulay Surgeon

Place of Abode Cumnock

DATED this 16th day of July one thousand eight hundred and sixty three.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. 1., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Andrew Common Farmer Hurlaw Hagg
Certificates under the hands of William Johnstone Carlyle
and Æneas Macaulay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Common, wife of said Andrew Common and that the said Agnes Common is a (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 Common as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Common which accompanied the said Petition.

(SIGNATURE) J. Pitcairn Trotter

DATED this Eighteenth day of July one thousand eight hundred and Sixty three

To the Superintendent of the (6) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

937

Aspen Common

23/2/63

2

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of Robert M'Kune, Inspr of Poor the parish of Kirkbean, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Gordon, residing in Kirkbean, a Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Grace Gordon to the Southern Counties' Asylum and to sanction his admission into the said Asylum.

(SIGNED) Robert M'Kune Inspector of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this thirty first (3) day of July one thousand eight hundred and sixty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Grace Gordon
2. Sex and Age,	Female about 65
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Scotch Established Church
6. Previous Place of Abode,	Kirkbean Village
7. Place where Found and Examined,	Kirkbean Village
8. Length of time Insane,	about Three Weeks
9. Whether first Attack,	first attack
10. Age (if known) on first Attack,	This is the first attack
11. When and where previously under Examination and Treatment,	not any where
12. Duration of existing Attack,	about three Weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	nine
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkbean Parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Peter Gordon in Sorrow none of the Relations known to be insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Obtained from the Brother Peter

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Robert M'Kune Inspector of Poor

DATED this 30th day of July one thousand eight hundred and sixty three

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1940.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Menzies ~~Doctor of Medicine~~ being a (1) Doctor of Medicine Edinburgh University Member of the 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) Kirkbean village Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Grace Gordon pauper and that the said Grace Gordon is at (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) Incessant incoherent talk, when speaking to any one, unnatural elevation or depression of spirits, without adequate cause, appearance greatly altered, from what it was before the attack.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Extravagant conduct & Conversation.

(SIGNED) *Name and Medical Designation,* James Menzies M.D.

Place of Abode, Mainsriddle

DATED this 30th day of July One thousand eight hundred and sixty-three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Maxwell being a (1) A Surgeon M.R.C.S. England and being in actual practice as a (2) As Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kirkbean Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Grace Gordon, a pauper and that the said Grace Gordon is at (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) False perception & Hallucinations marked by fear & incoherent talk in supposing that the

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7) She is ordered to leave home and wasting money for articles for which she has no use

(SIGNED) *Name and Medical Designation,* Alexander Maxwell Surgeon

Place of Abode, Kirkbean village

DATED this 30 day of July one thousand eight hundred and 63

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Jn Peter Fraser (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) Robert McKenzie
Inspector of Poor of the Parish of Kirkbean
Certificates under the hands of Dennis Menzies
and Alexander Maxwell, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Grace Gordon at Kirkbean a pauper and that the said
Grace Gordon is a (5) Insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace Gordon as a Patient into the (6) Public Asylum of Stirlingshire Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Grace Gordon which accompanied the said Petition.

(SIGNED) John Fraser

DATED this 31st day of July one thousand eight hundred and sixty three years

To the Superintendent of the (7) Public
Asylum of Stirlingshire Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

1/3
Grace Gordon
21st July
1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries *and his Substitutes,—*

The Petition of William Milligan Labourer in Sanghar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Milligan Labourer in Sanghar my Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Milligan to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) William Milligan

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Third (3) day of August One thousand eight hundred and Sixty three—

STATEMENT.

If any 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 Milligan
2. Sex and Age,	Male— 33 years
3. Married, Single, or Widowed,	Single—
4. Condition of Life, and previous Occupation (if any),	General Labourer
5. Religious Persuasion, so far as known,	United Presbyterian Church of Scotland
6. Previous Place of Abode,	Sanghar.
7. Place where Found and Examined,	Newtown. Sanghar
8. Length of time Insane,	14 days.
9. Whether first attack,	First Attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Never before ill—
12. Duration of existing Attack,	14 days.
13. Supposed Cause,	Supposed to be melancholy—
14. Whether subject to Epilepsy,	No—
15. Whether Suicidal,	No—
16. Whether Dangerous to others,	Not dangerous—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a Pauper
18. Date of becoming Chargeable,	
19. Christian Name 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 Milligan— Father residing in Sanghar— None of the family have ever been insane—
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* William Milligan

DATED this Third day of August One thousand eight hundred and Sixty three—

* To be signed by the Party applying.

P.p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Kay Surgeon Langwhan being a (1) Member of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) his Father's Newtown of Langwhan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Milligan and that the said John 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.:—

1. Facts indicating Insanity observed by myself: (6) From being a very quiet man, he has become excitable and very restless. Says that he has got poison, hence his illness.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Father says that he tells them that some person got in during the night & put a secret mark from poison, and he sometimes refuses food for fear of it being mixed with poison.

(SIGNED) *Name and Medical Designation,* John Kay Surgeon

Place of Abode, Langwhan

DATED this First day of August One thousand eight hundred and 63.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Forsyth M. D. Langwhan being a (1) Doctor of Medicine of the University Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) his Father's Moorhead Langwhan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Milligan and that the said John 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.:—

1. Facts indicating Insanity observed by myself: (6) He has become much excited is under the opinion that his friends some stranger is poisoning him by putting mercury or some other substance into his food or water bottle which he washes himself with - says he will not take food.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Parents tells me he will not take food for fear of poisoning from being very quiet he has become very excited & requires to be watched by two men

(SIGNED) *Name and Medical Designation,* R Forsyth M. D.

Place of Abode, Langwhan

DATED this Third day of Aug One thousand eight hundred and 63

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter Esquire (2) Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) William Milligan Labourer in Sanquhar
Certificates under the hands of William Hay
and Robert Forsyth, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Milligan Labourer Sanquhar and that the said John 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 John Milligan as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Milligan which accompanied the said Petition.

P.S.

(SIGNED) John P. Trotter

DATED this Fourth day of August One thousand eight hundred and Sixty three years

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

1/4

John McMinn,
4th Calg.
1862.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Thomas Black, Inspector of Poor of the Parish of Barony humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Kelly, a pauper is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Kelly Pauper to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(Signature) Thomas Black Inspector Poor Barony

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this fourteenth (*) day of August one thousand eight hundred and sixty three

---

STATEMENT.

If any 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 Kelly
2. Sex and Age,	Female Age 54
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	living with her friends
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dongan hill
7. Place where Found and Examined,	Dongan hill
8. Length of time Insane,	two months
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	two months
13. Supposed Cause,	
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,	Buittle
18. Date of becoming Chargeable,	6th March 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Elizabeth Livingston or Kelly sister No member of her family has been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signature)* Name, Thomas Black, Inspector Poor

Dated this 13th day of August one thousand eight hundred and 63

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Mackenzie Member
being a (1) the Royal College of Physicians
Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dougan Hill
Parish of Bantle in the County of Aberdeenshire
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Kelly Pauper
my self the Poorhouse Bantle Aberdeenshire and that
the said Mary Kelly Pauper is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) That Spirits get
beens of her back and sow up the skin afterwards by night
tantly cutting and sowing her back up again. That she
a piece of tye nave of known description. That Spirit
feathers of her dry and night filling the air of the room

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That she will not eggs because they are
and hears something in them doing her harm.
the Partridge is not clean That she is only 18 years
and that Methusalem has conversations with her
he knows the years
her birth. Learned from
Her sister Mrs Livingstone

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information, and from whom derived.*

(Signed) *Name and Medical Designation,* Thomas Mackenzie

Place of Abode, Dalbeattie

Dated this twelfth day of August One thousand eight
hundred and Sixty three

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Gujor Rose
being a (1) Member of the Royal college of Surgeons Edin
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Dougan hill
in the County of
Kirkendbright separately from any other Medical Practitioner,
visited and personally examined (4) Mary Kelly, Pauper
Dougan Hill and that
the said Mary Kelly. is a (5) person of
unsound Mind and a proper person to be detained
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 think she
is haunted with spirit who she imagine came
down the room wicket and present her beating by
scratching her back. That the spirits play
an innumerable tune which injure the back

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She is very restless at night & walks about
for hours together, making a great noises to
the great disturbance of the inmates of the house
the information is supplied by Samuel Livingstone

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

(Signed) *Name and Medical Designation,* Gujor Rose
M.R.C.S. Edin

Place of Abode Auchencairn

Dated this 9th. day of August. one thousand eight
hundred and Sixty three.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

*Name,*_____

*Place of Abode,*_____

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Peterkin Scott (1) Sheriff Substitute
of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Black Inspector of Poor & Collector Certificates under the hands of Thomas MacKnight and Gregor Shaw, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kelly at Dougarkill, a pauper and that the said Mary Kelly 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 Mary Kelly as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Kelly which accompanied the said Petition.

(SIGNATURE) John P. Scott

DATED this Fourteenth day of August one thousand eight hundred and sixty three years

To the Superintendent of the (6) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Douglas a Pauper residing in Dumfries is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Douglas to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

(Signature) John Dinwoodie

Dated this Nineteenth (3) day of August one thousand eight hundred and Sixty three

(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 Douglas
2. Sex and Age,	Male. 37 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Married — Confectioner
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	About Six Months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	About 36½ years
11. When and where previously under Examination and Treatment,	Dumfries
12. Duration of Existing Attack,	About six months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Violent at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries —
18. Date of becoming Chargeable,	19th Augt 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signature)* *Name,* John Dinwoodie Inspector

Dated this Nineteenth day of August one thousand eight hundred and Sixty three

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Marshall M:D &c being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) High Street in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Douglas Confectioner and that the said John Douglas is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Speaks incoherently becomes at times most violent and abusive and swears will not keep clothes on at any time was found naked 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 and friends state that he has not slept right for days from the derangement of his mind

(SIGNED) *Name and Medical Designation,* John Marshall M:D

Place of Abode, Bankend Dumfries

DATED this 18th day of August One thousand eight hundred and Sixty three 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 M: McCulloch, M: D: &c. being a (1) Graduate of the University of Edinburgh &c and being in actual practice as a (2) Physician in Dumfries hereby certify, on soul and conscience, that I have this day, at (3) High Street, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Douglas, Confectioner, High Street, Dumfries, Pauper, and that the said John Douglas is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) At times childish imbecile, at others violent, swearing, incoherent, incapable answering Reasonably to questions &c. &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His brother, Fatherinlaw state the same, also that he sleeps very little, wanders through the house at night, insists opening the shop during the night. Turns customers out of the shop the servant without cause &c.

(SIGNED) *Name and Medical Designation,* James M: McCulloch, M: D:

Place of Abode 38 Castle Street, Dumfries

DATED this 18th day of August one thousand eight hundred and Sixty three years.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and .

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie (1) Town Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mrs Dunwoodie
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and James Murray McCulloch, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mrs Douglas Confectioner a pauper, and that the said
Mrs Douglas is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE YOU to receive the said Mrs Douglas as a Patient into the (6) Public Asylum of Dumfries & Galloway 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 Mrs Douglas which accompanied the said Petition.

(SIGNATURE) A Barrie

DATED this Twentieth day of August one thousand eight hundred and Sixty three years.

To the Superintendent of the Public
Asylum of Dumfries & Galloway Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

1/6
Thos Douglas
19/8/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes.*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Aitken, Pauper residing at Troqueerholm Parish of Troqueer is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Aitken to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Dinwoodie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Nineteenth (3) day of August One thousand eight hundred and Sixty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Aitken
2. Sex and Age,	Male – 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. Previous Place of Abode,	Troqueerholm & S.C. Asylum
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,	About 30 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	About one year –
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No –
15. Whether Suicidal,	No –
16. Whether Dangerous to others,	Violent at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	19 Augt 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, John Dinwoodie, Inspector

DATED this Nineteenth day of August One thousand eight hundred and Sixty three

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert H. Murray M.D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Thug Street
Barrell town, Portobello in the County of
visited and personally examined (4) separately from any other Medical Practitioner,
residing at Broquerholes, Parish of Broquer and that
the said James Aitken is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) States that he
hears voices telling him that the
abuse going & keeps him both awake (what is more odd),
that he gets food, perfumes, & operates, &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The person in the house says that he
threatened to cut his brother's throat last
night. He goes up & down the house shouting the
Parliament are all come mad.

(SIGNED) Name and Medical Designation, R Murray M.D.

Place of Abode, Rosebuck Lodge Dumfries

DATED this 6th day of August One thousand eight hundred and 63

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Scott M.D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) King Street
Maquelton
Kirkenbright in the County of
visited and personally examined (4) separately from any other Medical Practitioner,
residing at Broquerholes Parish of Broquer and that
the said James Aitken 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) States that he has
Commands from the Queen who requires him to
intervene with Russia. Has delusions as to
subjects;

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His brother says he threatens the lives of
this family: and has delusions concerning
his food,

(SIGNED) Name and Medical Designation, William Scott M.D.

Place of Abode, Dumfries

DATED this 19th day of August One thousand eight hundred and Sixty three,

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay Esqre. Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dewwoodie
Inspector of Poor Dumfries
Certificates under the hands of Patrick Murray
and William Scott, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined James Aitken at Isgarthole a Pauper and that the said James Aitken is a (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 Aitken 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 James Aitken which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this Twentieth day of August One thousand eight hundred and Sixty three 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.
(5) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

1/1

James Cattle

29/8/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Counties of Meyton & Huntingdon and his Substitutes,

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Malcolm McFarlane Inspector of Poor Roswell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Cluckie Farmer Craigslare is at present in a state of Mental Derangement and 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 Cluckie ——— to the Southern Counties Asylum and to sanction his admission into the said Asylum. as a Pauper Lunatic.

(Signature) Mal. McFarlane

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 23d (3) day of August one thousand eight hundred and Sixty three —

STATEMENT.

If any 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 Cluckie
2. Sex and Age,	Forty Three —
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Port Patrick Parish —
7. Place where Found and Examined,	Knock & Maize
8. Length of time Insane,	Three Weeks
9. Whether First Attack,	a Slight attack 8 years ago
10. Age (if known) on First Attack,	First Examination
11. When and where previously under Examination and Treatment,	Three Weeks —
12. Duration of Existing Attack,	Anxiety about business Matters
13. Supposed Cause,	&c
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	One but threatened
16. Whether Dangerous to others,	Has run home Port Patrick
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	August 1863 —
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Samuel Cluckie father Knock & Maize — None of the Family known to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signature)* Name, Mal. McFarlane

Dated this 24th day of August one thousand eight hundred and Sixty three Jeny

* To be Signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Humphry Robertson
being a (1) Master of Surgery of the University of Glasgow
and being in actual practice as a (2) Surgeon & General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Knock & Mar
Parish of Leswalt
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Cluckie Farmer
Craigdarroch Parish of Portpatrick and that
the said Thomas Cluckie is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts*

Joseph Ferguson and

1. Facts indicating Insanity observed by myself: (6) He pleaded to me his conviction that several persons whom he declined to name wished to murder him & run away with his wife & property

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife tells me that he kept a Ledger in the house with him with which he told her he intended to commit Suicide, he runs shrieking and de... the Roads in the neighbourhood nearly ...

He has done so several times

(SIGNED) *Name and Medical Designation,* H Robertson Surg...

Place of Abode, Port Patrick

DATED this 23d day of August One thousand eight hundred and sixty three

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Orgill
being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Knock & Mar
Parish of Leswalt
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Cluckie farmer
Craigdarroch parish of Portpatrick and that
the said Thos Cluckie is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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)
Declares that there is a conspiracy to have deprived him, that his wife is married to another man and that he sees all these things in ...

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Joseph Ferguson [illegible] frequently [illegible]
to prevent him from [illegible]
[illegible] & run away with his wife & property and that he has
Mr Cluckie [illegible]

(SIGNED) *Name and Medical Designation,* John Orgill Surgeon

Place of Abode Stranraer

DATED this 24th day of August one thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Thomas Cluckie Farmer Kingsland is a (1) person of unsound mind, hereby further certify that the Case of the said Thomas Cluckie is one of Emergency, and I recommend the immediate removal of the said Thomas Cluckie to an Asylum accordingly.

Name, H R Robertson Surgeon

Place of Abode, Port Patrick

DATED this Twenty third day of August One thousand eight hundred and Sixty three

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Sheriff Substitute (2)

of the (3) County of Wigtown

having had produced to me, with a Petition at the instance of (4) Malcolm M'Farlane Inspector of Poor Leswalt

Certificates under the hands of Humphry Robertson & John Osell

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 (5) the said Thomas Cluckie a Pauper and that the said Thomas Cluckie is a (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 Cluckie 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 Thomas Cluckie which accompanied the said Petition.

(SIGNATURE) P MacLean

DATED this 25th day of August one thousand eight hundred and Sixty three

To the Superintendent of the (6) Southern Counties

Asylum of Dumfries.

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(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

18.

Thomas Charles

25th August 1853

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~of the (2)~~ Shire of Wigtown and ~~his Substitute,~~ Kirkcudbright

The Petition of Colin Christison Inspector of Poor of the Parish of Kirkinner humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Chalmers ~~is no relation~~ your Petitioner's (3) Pauper is no relation of the 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 Sarah Chalmers 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.

Colin Christison Inspector

(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 August One thousand eight hundred and Sixty three

STATEMENT.

If any 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 Chalmers
2. Sex and Age,	Female 27 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Servant Maid
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Birkenhead
7. Place where Found and Examined,	Kirkinner Village
8. Length of time Insane,	not Known
9. Whether first attack,	not Known
10. Age (if known) on first Attack,	Do
11. When and where previously under Examination and Treatment,	Do
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,	Kirkinner Parish
18. Date of becoming Chargeable,	28 Feb: 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Sarah Chalmers or Shilon. Mother Kirkinner Village an Uncle of the Patients was Insane for a short time
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Nineteenth day of August One thousand eight hundred and Sixty three

(*To be signed by Party applying*) Colin Christison Inspector

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Samuel Snowdon being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) physician in Wigtown hereby certify, on soul and conscience, that I have this day, at (3) the Village of Kirkinner, in the parish of Kirkinner and in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Sarah Chalmers a pauper residing in the village of Kirkinner aforesaid and that the said Sarah Chalmers is at (5) present 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) Patient is under the delusion that she is with Child - that persons enter her room in a visible or invisible form and have Connection with her - that she was in Connection with her in August and September last - that the Child was still born and got back again. Her expression of Countenance is sometimes absent and sometimes wild. Her conversation is generally abrupt and she answers all enquiries in monosyllables.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, S Snowdon

Place of Abode, Wigtown

DATED this 17th day of August One thousand eight hundred and Sixty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Dunbar White, ~~Graduate in Medicine~~ being a (1) Graduate in Medicine of Edin.r University & Licentiate of the Royal College of Surgeons, Edin.r and being in actual practice as a (2) Physician & Surgeon in Whithorn hereby certify, on soul and conscience, that I have this day, at (3) the Village of Kirkinner, parish of Kirkinner, Wigtonshire in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) Sarah Chalmers, Casual Pauper, residing in the house of her Mother Thos and that the said Sarah Chalmers is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She labours under the Permanent delusions; 1st That some persons in Liverpool, and also that some of the agents follow her she goes, tempt her, ill use her in every way, by night & by day, and put things in her food to poison her: 2nd That she is pregnant, that her term of gestation was completed in June, that she was then in Labour, but that she remains undelivered & will never be better till the Child is taken from her.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Dunbar, her neighbour states that the (Sarah Chalmers) labours constantly under delusions, sees much in bed, is very capricious & changeable in her ways & unbearable in temper, and that she believes unsoundness of mind to be the reason why this quiet; well behaved & industrious girl now remains at home a burden on them.

Name and Medical Designation, Dunbar White M.D

Place of Abode, Whithorn

DATED this 19th day of August One thousand eight hundred and Sixty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, 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 Murray Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Colin Whitton
Inspector of Poor of the Parish of Kirkinner
Certificates under the hands of Samuel Snowdon, M. D.
and Dunbar White M. D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Sarah Kelmers a pauper residing in Kirkinner and that the said
Sarah Kelmers is a (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 Kelmers as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Kelmers which accompanied the said Petition.

DATED this Twentieth day of August One thousand eight hundred and sixty three years

Thos Murray

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

Thos Murray

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/9.

Sarah Chalmers
2nd/8/63

WIGTOWN
AU21
863

Colin Christie Esqr
Bargaly
by Kirkcudbright

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries *and his Substitutes,—*

The Petition of George McDougall Blacksmith Castlemilk Gate St Mungo Dumfriesshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph McDougall his son a Schoolmaster is at present in a state of Mental Derangement, and 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 McDougall —— to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) George McDougall

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Sept~~ 4 (3) day of September one thousand eight hundred and sixty three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joseph McDougall
2. Sex and Age,	Male. 33.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Parochial Schoolmaster of Buittle
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Buittle & now Castlemilk Gate
7. Place where Found and Examined,	Parish of St Mungo Southern Counties Asylum, Dumfries
8. Length of time Insane,	six months
9. Whether first Attack,	third attack
10. Age (if known) on first Attack,	28
11. When and where previously under Examination and Treatment,	at home.
12. Duration of existing Attack,	6 months
13. Supposed Cause,	cant tell
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	violent & threaten danger at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	George McDougall Blacksmith Brother Castlemilk Gate St Mungo None except a cousin on the Mothers side.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* George McDougall

DATED this fourth day of September one thousand eight hundred and sixty three

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1210.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) M.D. & L.R.C.S. Edin.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Joseph McDougal Schoolmaster of Biggar
and that the said Joseph McDougal is a (5) person of unsound mind
and a proper Person to be detained 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 an excitable nervous & passionate man. Says he has not been himself of late. That he is easily enraged & his temper changed. Confesses to have used threatening language & to have written letters of imaginary complaint to persons of distinction. His brothers & two brothers say he is changed of late. That his temper is uncertain & dangerous & his actions unaccountable. Mother present during interview complains of the same.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* William S Kerr MD

Place of Abode, Buccleuch St. Dumfries

DATED this Fourth day of September One thousand eight hundred and Sixty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Samuel Grierson
being a (1) Member of the Royal College of Surgeons of London
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Joseph Mc Dougal Schoolmaster of Biggar
and that the said Joseph Mc Dougal — is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is dull, depressed and melancholic — Speaks with much hesitation and has a confused yet anxious look as if he had over some fancied wrong, or [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Dr Wm Wright Milligan writes & George Mc Dougal his father stated that he was easily excited & frequently uses threats that he would stab anyone interfering with him and that it was dangerous for him to be at large

(SIGNED) *Name and Medical Designation,* Samuel Grierson M.D.

Place of Abode, Southern Counties Asylum

DATED this Seventh day of September one thousand eight hundred and Eighty-three.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Joseph McDougal is a (1) person of unsound mind hereby further certify that the Case of the said Joseph McDougal is One of Emergency, and I recommend the immediate removal of the said Joseph McDougal to an Asylum accordingly.

Name, William Smill Kerr M.D.

Place of Abode, Buccleuch St Dumfries

DATED this 4th day of September one thousand eight hundred and Sixty three

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George McDougal Blacksmith, Castlemilk Gates St Mungo, Dumfriesshire Certificates under the hands of William Smill Kerr, Dumfries and Samuel Grierson, Southern Counties Asylum, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McDougal School master of Buittle and that the said Joseph McDougal is a (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 McDougal as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise first Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph McDougal which accompanied the said Petition.

(SIGNED) Alex Hannay

DATED this Seventh day of September one thousand eight hundred and Sixty three years

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Joseph Mr. Douglas
4th September
1803.

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Wigton and Kirkcudbright and his Substitutes,—per the County of Wigtown. The Petition of Agnes Fraser farmer in Sole Farm parish of Whithorn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Fraser residing at Sole Farm is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Grace Fraser to the Crichton Royal Institution for Lunatics and to sanction his admission into the said Asylum.

(SIGNED) Agnes Fraser

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eleventh (3) day of September one thousand eight hundred and Sixty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Grace Fraser
2. Sex and Age,	Female — 64 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer's daughter and employed as such
5. Religious Persuasion, so far as known,	Belongs to the United Presbyterian Church
6. Previous Place of Abode,	Parish of Whithorn, but she has been in Manchester for the ~~two~~ last two years
7. Place where Found and Examined,	Sole Farm parish of Whithorn
8. Length of time Insane,	Two Months at this time — previously about four Months
9. Whether first Attack,	no
10. Age (if known) on first Attack,	She had an Attack last year
11. When and where previously under Examination and Treatment,	Manchester — Cheadle Asylum
12. Duration of existing Attack,	About two Months
13. Supposed Cause,	No cause known
14. Whether subject to Epilepsy,	Not subject to epilepsy
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name 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,	Gordon Fraser Mickle wood Kirkcudbrightshire — Brother Mrs Caird 19 Dale Street Cheetham Hill-Road, Manchester Sister None of the family known previously to have been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name*, Agnes Fraser

DATED this Eleventh day of September one thousand eight hundred and Sixty three

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1908.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, Robert Broadfoot being a (1) Licentiate of the Royal College of Surgeons of E and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Isle Farm, the parish of Whitburn in the County of separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a Pauper, state so.*

visited and personally examined (4) Grace Fraser and that

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

the said Grace Fraser is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Though previously a very kind-hearted quiet person, she now manifests a strong desire to kill the children of the Farm family, herself or anybody, and to drown herself, in order to rid all from trouble of the world.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister Mrs Baird informs me that she was previously in a Lunatic asylum. That she has attacked her Mrs Baird with murderous intent, that she has

(SIGNED) *Name and Medical Designation,* Robert Broadfoot

Place of Abode, Whitburn

DATED this 11 day of Sept One thousand eight hundred and sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, Alex[r] M'Millan being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Isle Farm in the County of separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a Pauper, state so.*

visited and personally examined (4) Grace Fraser and that

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

the said Grace Fraser is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She said she was under the influence of Satan had a great desire to kill the children and a desire to kill any person

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7) That she required constant watching as she always wants to go to the s That she bit one of the servants in the arm on monday last and seized by the neck and hld the sister not steadily defended herself the consequences have been serious

(SIGNED) *Name and Medical Designation,* Alex[r] M'Millan

Place of Abode, Whithorn

DATED this 11th day of Sept[r] one thousand eight hundred and 63

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Murray Esqre Sheriff (1) Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Agnes Fraser farmer in Isle farm
Certificates under the hands of Robert Broadfoot Surgeon
and Alexander Mc Millan Surgeon being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Grace Fraser residing at Isle Farm and that the said
Grace Fraser is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace Fraser as a Patient into the (6) Crichton Asylum of Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said
which accompanied the said Petition.

(SIGNED) Thos Murray

DATED this eleventh day of September one thousand eight hundred and sixty three

To the Superintendent of the (7) Crichton
Asylum of Dumfries. 3

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

938

Grace Frazer

11/9/63

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of Inspector of Poor Torthorwald William Littlejohn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Richardson, Farm Labourer and Pauper Torthorwald is at present in a state of Mental Derangement, and 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 Richardson to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(SIGNED) William Littlejohn Inspector of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (3) day of September one thousand eight hundred and 63

STATEMENT.

If any 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 Richardson
2. Sex and Age,	Female - 58 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Labourer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Torthorwald Village
7. Place where Found and Examined,	~~Lodge~~ Dumfries
8. Length of time Insane,	Two or three months
9. Whether first Attack,	First attack so far as known
10. Age (if known) on first Attack,	Fifty five years
11. When and where previously under Examination and Treatment,	~~None~~ at Torthorwald Village
12. Duration of existing Attack,	Two or three months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Suspected
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Torthorwald parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Elizabeth Mundell, and John Vernon her daughter and Son-in-law, Torthorwald Village Not to her knowledge
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, William Littlejohn Inspector of Poor

DATED this 15th day of September one thousand eight hundred and 63

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Bathurst M
being a (1) Graduate in the University of Edin
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Court
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Agnes Richardson a
Arthonwald Village
and th
the said Agnes Richardson 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) States that she
cannot sleep at night for trouble being Pelted
and quarrelled near her house

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Mr Fellows informs me that the inmates of the night and that she always sleeps during the night and also threatening language

(SIGNED) Name and Medical Designation, Alex Bathurst M

Place of Abode, Dumfries

DATED this 5th day of September One thousand eight hundred and sixty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, *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 Brown
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Court H
Dumfries
Dumfries in the County o
separately from any other Medical Practitioner
visited and personally examined (4) Agnes Richardson Pau
Arthonwald Village
and tha
the said Agnes Richardson is a (5) Person o
Pauper unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) States that she
There are Parties in the Street who
they walk upon the side of the walls, &
one of them beats the dishes, and frequ
sleeping &c.

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
The Son in Law states that this
She has raving mad for three months
himself to bed the house

(SIGNED) Name and Medical Designation, P Brown M

Place of Abode, Buccleuch St Dumfries

DATED this 5th day of September one thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that

is a (1) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Foster (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Fethers Inspector of Poors of Moorwald Certificates under the hands of Alexander Borthwick and Patrick Murray — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Richardson a pauper and that the said Agnes Richardson is a (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 Richardson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Richardson which accompanied the said Petition.

(SIGNED) John P. Foster

DATED this Fifteenth day of September one thousand eight hundred and Eighty three years

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Agnes Nicholson
15th Sept. 1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Inverness and Nairn and his Substitutes,—

The Petition of James Thomson, Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Cammond your Petitioner's (3) present Charge, lately discharged per 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 Cammond to the Southern Counties Asylum and to sanction her admission into the said Asylum.

James Thomson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (4) day of September One thousand eight hundred and Sixty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Cammond
2. Sex and Age,	45 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,	Kirkmabreck
7. Place where Found and Examined,	Kirkcudbright
8. Length of time Insane,	
9. Whether first attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
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,	Kirkmabreck
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 16th day of September One thousand eight hundred and 63

(*To be signed by Party applying*) James Thomson - for J. Scott
Insp of Poor Kirkcudbright P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Cummin being a (1) Doctor of Medicine & Master of Surgery and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Margaret Lamont. Pauper and that the said Margaret Lamont 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 & irrationally; says friends are coming to see her, that she is to get out of prison through the window & is quite delusional.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Thomas Richardson Superintendent of Police. When any person enters cell she gets quite violent, bites, and strikes with her fists, curses, requires two persons to hold her. Turnkey says she has taken no food, breaks everything that she can.

Name and Medical Designation, William Cummin Surgeon

Place of Abode, Kirkcudbright

DATED this 16th day of September One thousand eight hundred and 63

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an Idiot, or a person of unsound mind.*

I, the undersigned, being a (1) and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) in the County of separately from any other Medical Practitioner visited and personally examined (4) and that the said is a (5) and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Cumming
being (1) an M.D. & C.M.
hereby certify, on soul and conscience, that I have this day, at (2) Kirkcudbright Prison
in the County of Kirkcudbright, seen and personally examined
Margaret Lamont, and that the said
person is of unsound mind, and 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 Cumming

Dated this 16th day of September One thousand eight hundred and 63

(1) 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 Blair Esquire — (3) Steward Substitute
of the (4) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (5) James
Cumming
Certificates under the hands of William Cumming
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 (6)
Margaret Lamont a Pauper and that the said
Margaret Lamont 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 Margaret Lamont 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 Margaret
Lamont which accompanied the said Petition.

Dated this Sixteenth day of September One thousand eight hundred and Sixty three.

David Blair

To the Superintendent of the (9)
Asylum of Southern Counties Asylum
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.

Margaret Lamont
or Blain.
16th September 1883.

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Alexander Newson, Inspector of Poor of Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Grierson Hawker & Pauper is at present in a state of Mental Derangement, and 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 Grierson to the ~~northern~~ Counties Asylum at Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Alex. Newson

(3) The date of the petition must be within fourteen clear days during the dates of the Medical Certificates.

DATED this 29th (3) day of September one thousand eight hundred and Sixty three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Jane Grierson
Sex and Age,	Female aged 48 years — or (51 years)
Married, Single, or Widowed,	supposed to be single (she)
Condition of Life, and previous Occupation (if any),	Hawker of tin pots
Religious Persuasion, so far as known,	unknown
Previous Place of Abode,	Thornhill and neighbourhood
Place where Found and Examined,	Montrose Royal Asylum
Length of time Insane,	three weeks
Whether first Attack,	unknown
Age (if known) on first Attack,	— about 30
When and where previously under Examination and Treatment,	— Thornhill & Dumfries
Duration of existing Attack,	three weeks
Supposed Cause,	unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish Auchlands, now Morton
Christian Name 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,	1 John Byres 96 Eglinton St 2 unknown Glasgow
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, Alex. Newson

DATED this 29th day of September one thousand eight hundred and 63

* To be Signed by the Party applying.

[4]

Margaret Kennon or Blair Widow Sheltonhall 1863.

Cunningham

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Borden
being a (1) Doctor of Medicine of the Univ
of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Surrey
in the Co
separately from any other Medical Practi
visited and personally examined (4) Jane Grierson, a pau
an
the said Jane Grierson is a (5) person
of unsound mind and a proper Person to be de
under Care and Treatment, and that I have formed this opinion upon the fol
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is
maniacal, raving mad, talk
uses obscene language tears
clothes, assaults others without any reason

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The night attendants states that
victim has had, becomes furiously violent
shouts aloud & knocks at her door all night

James Borden

(SIGNED) *Name and Medical Designation,* James Borden

Place of Abode, Surrey Asylum

DATED this 28th day of September One thousand
hundred and 69

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Adam Addison
being a (1) Licentiate of the Royal Colleges of
Physicians Edinburgh & Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Surrey
in the Co
separately from any other Medical Practi
visited and personally examined (4) Jane Grierson
a pauper
the said Jane Grierson is a (5) pers
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.:—

1. Facts indicating Insanity observed by myself: (6) Melanc
maniacal. Her conversation
incoherent and her manner excited

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her attendant Elizabeth Hunter state
that she is violent after confined
her language is obscene &c.

Adam Addison

(SIGNED) *Name and Medical Designation,* Adam Addison L.R.

Place of Abode Martins Royal Asylum

DATED this 28th day of September one thousand
hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Jane Grierson is a (1) person of unsound mind hereby further certify that the Case of the said Jane Grierson is One of Emergency, and I recommend the immediate removal of the said Jane Grierson to an Asylum accordingly.

Name, James Cunningham Howden M.D

Place of Abode, Greenyside Morton

DATED this 28th day of September one thousand eight hundred and 63

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Henderson Inspector of Poor of Morton Certificates under the hands of James Cunningham Howden and and Adam Addison, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Grierson a pauper and that the said Jane Grierson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Grierson 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 Grierson which accompanied the said Petition. one Sheet delle

(SIGNED) John P. Trotter

DATED this Second day of October one thousand eight hundred and Sixty three years.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Anne Kneen
29th September
1853

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Edin. *and his Substitutes,—*

The Petition of James Cunningham 50 Queen St humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexr Wm Cunningham the 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 Alexr W. Cunningham to the Crichton Institution and to sanction his admission into the said Asylum.

(SIGNED) Ja.s Cunningham

(1) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 30 (1) day of Sept one thousand eight hundred and 63

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexr Wm Cunningham
2. Sex and Age,	Male — 23 yrs
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	a few months in the Presly artillery —
5. Religious Persuasion, so far as known,	—
6. Previous Place of Abode,	Malta
7. Place where Found and Examined,	Edinburgh
8. Length of time Insane,	Symptoms coming on during four years
9. Whether first Attack,	yes —
10. Age (if known) on first Attack,	23 yrs
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	some weeks
13. Supposed Cause,	drink
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Ja.s Cunningham 50 Queen St
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Alexr Wm Cunningham

DATED this 30 day of Septemr one thousand eight hundred and sixty three

* To be Signed by the Party applying.

Ja.s Cunningham

Lunacy Board.—Dec.—57.—1210.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Miller F.R.C.S.E. being a (1) Fellow of the Royal College of Surgeons and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 50 Queen St. Edinburgh in the County of Edinburgh separately from any other Medical Practitioner, visited and personally examined (4) Alexander Wm Cunningham and at the said Alexander Cunningham is a (5) Dipsomaniac person of unsound mind, with Dipsomania and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
The whole bearings of the case. Attacks of intense craving preceded by impulse, with total inability to refrain himself; and the mind generally unsound.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The narration all to blame, from himself & friends.

(SIGNED) *Name and Medical Designation,* Jas Miller, F.R.C.S.E.

Place of Abode, 29 Charlotte Square, Edinr

DATED this 30th day of Sept. One thousand eight hundred and 63

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alex. R. Simpson being a (1) Doctor of Medicine of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 52 Queen Street, Edinburgh in the County of Edinburgh separately from any other Medical Practitioner visited and personally examined (4) Alex Wm Cunningham and that the said Alex Wm Cunningham is a (5) Dipsomaniac person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
The history, as stated by himself — when he takes any alcoholic stimulant loses all self control & cannot refrain from taking such stimulants. Mental facies.

2. Other facts (if any) indicating Insanity communicated to me by others. (7)
Corroborative testimony of his friends.

(SIGNED) *Name and Medical Designation,* Alex. R. Simpson, M.D.

Place of Abode, 52 Queen Street Edinbr

DATED this 30th day of September one thousand eight hundred and 63.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

Dated this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Jamieson Sheriff Substitute
of the (2) Shire of Edinburgh
having had produced to me, with a Petition at the instance of (3) James Cunningham 50 Queen Street
Certificates under the hands of James Miller
and Alexander R Simpson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Wm Cunningham the Petitioner and that the said Alexander Wm 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 Alexander Wm Cunningham as a Patient into the ~~Asylum~~ Crichton Institution of Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Wm Cunningham which accompanied the said Petition.

(~~Sworn~~) And Jamieson

Dated this thirtieth day of September one thousand eight hundred and sixty three

To the Superintendent of the (7) Crichton Institution
~~Asylum of~~ Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Alex[r] Mc Cunningham

30/9/63.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes*—

The Petition of John Davidson, Beeswing

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Lydia Miller, residing at Beeswing your Petitioner's (3) mother-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 Mrs Lydia Miller 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.

John Davidson

(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 October One thousand eight hundred and sixty three

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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,	Mrs Lydia Miller
2. Sex and Age,	Female - fifty-one years -
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Respectable woman
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Edinburgh
7. Place where Found and Examined,	Dumfries Jail
8. Length of time Insane,	Six ~~years~~ days
9. Whether first attack,	Frequently
10. Age (if known) on first Attack,	About forty five
11. When and where previously under Examination and Treatment,	- Malcolm - Isle of Wight -
12. Duration of existing Attack,	Six days
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,	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 the Family known to be or to have been Insane,	Mrs Elizabeth Fraser - her mother - at Rev. J. Davidson's, Beeswing — 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 tenth day of October One thousand eight hundred and sixty three years —

(*To be signed by Party applying*) John Davidson —

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson M.D being a (1) Graduate of the University of Edinb and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Lydia Miller Glentho from Edinburgh, lately residing at Bessrigg and that the said Mrs Lydia Miller is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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, able & incapable of directing her attention to Conv She hears the voice of her husband who is dead & her daughter who is in Edinburgh. Her delusions of person as well as hearing.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Carers state she has had a paroxysm. that she at the point of death & that she has committed the unpardonable sin and is given up to devils Communicated by the nursing attendants & others

Name and Medical Designation, John Dickson M

Place of Abode, 20 Buccleuch Street

DATED this 18th day of October One thousand eight hundred and sixty three

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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 Grainger Stewart being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Lydia Miller Glentho from Edinburgh lately residing at Bessrigg and that the said Mrs Lydia Miller is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She says she hears that something dreadful is about to happen to her, that she has committed the unpardonable sin & that she is now given up to devils who torment her. She is restless, walks about, prophesies & cannot direct her attention to any thing

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Informed by her mother that she has been in a similar state for several days & seems to be becoming worse

Name and Medical Designation, H G Stewart M.

Place of Abode Crichton Institution Dumf

DATED this 9th day of October One thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson
being (1) a graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution Dfs
in the County of Dumfries, seen and personally examined
Mrs Lydia Miller, gentlewoman, and that the said
person is of unsound mind, and 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 Dickson MD

DATED this 18th day of October One thousand eight hundred and sixty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Kennedy (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Davidson
at Beesweng
Certificates under the hands of John Dickson, M.D. Dumfries
and Hugh Grainger Stewart M.D. 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) Mrs Lydia Miller, residing at Beesweng and that the said
Mrs Lydia Miller is a (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 Lydia Miller as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Lydia Miller which accompanied the said Petition.

DATED this 20th day of October One thousand eight hundred and Sixty three years.

A Kennedy

To the Superintendent of the (7) Asylum of Crichton Public 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.

240

Jno Miller

10/10/63

✓

Admitted as a voluntee
ter on the 4/11

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Edinburgh *and his Substitute.*—

The Petition of Charles Finlay 16 Great Stuart Street

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Edgar Finlay the Petitioners 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 Edgar Finlay to the Edinburgh Royal Institution Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Charles Finlay

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this tenth (3) day of October one thousand eight hundred and Sixty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Edgar Finlay
2. Sex and Age,	Male 20-21.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Recently residing at home without occupation. Was previously sent to learn Farming, and was also sent to a Bookbinders for the sake of employment but in both cases he was dismissed by his Masters as incapable.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	6 Great Stuart Street.
7. Place where Found and Examined,	From infancy shewn great deficiency of intellect.
8. Length of time Insane,	An unmanageable tendency to self abuse rapidly increasing, and rendering his residence in a private family impossible.
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Never previously examined or under treatment.
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	Not further than from the habits above mentioned.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Charles Finlay, 16 Great Stuart Street the Petitioner— None.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Charles Finlay

DATED this tenth day of October one thousand eight hundred and sixty three

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1260.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Samuel Duncan M.D. C.B.R.C.P.E. of Edinburgh being a (1) Surgeon and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 12 Howe Row in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mr. Edgar family and that the said Edgar Infant 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. Facts indicating Insanity observed by myself: (6) Long continued absence of labour

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Incontinent habits, unable to help himself, refusal to take nourishment, requiring Restraint in a private family respectable

(SIGNED) *Name and Medical Designation,* Samuel Duncan M.D.

Place of Abode, 12 Howe Row

DATED this 1st day of October One thousand eight hundred and sixty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Weir M.D. F.R.C.P. Edin. being a (1) Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 25 Howe Row in the County of Edinburgh separately from any other Medical Practitioner, visited and personally examined (4) Edgar Infant and that the said Edgar Infant 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.:— Incontinent habits, unable to help himself, refusal to take nourishment

1. Facts indicating Insanity observed by myself: (6)

2. Other facts (if any) indicating Insanity communicated to me by others. (7)

(SIGNED) *Name and Medical Designation,* Thomas Weir M.D. F.R.C.P.

Place of Abode, 26 Howe Row Edinburgh

DATED this 1st day of October one thousand eight hundred and 61

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that

is a (1) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Patrick J. Kelly Sheriff Substitute of the (2) Shire of Edinburgh having had produced to me, with a Petition at the instance of (3) Charles Finlay A.C.J. 6 Gt Stuart St Edin Certificates under the hands of James Duncan and Thomas G. Weir, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Edgar Finlay the Petitioners son and that the said Edgar Finlay is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Edgar Finlay as a Patient into the Royal Institution ~~Asylum~~ of Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Edgar Finlay which accompanied the said Petition.

(~~SIGNED~~) P. J. Kelly

DATED this tenth day of October one thousand eight hundred and Sixty three

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, as if a Party, stated so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

941
Edgar Simkin
14/10/1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries *and his Substitutes,*—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Willm H. Pike - 25 Pile Lane Dublin humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Deborah Pike my sister is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Deborah Pike to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) Willm H. Pike

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (3) day of October one thousand eight hundred and Sixty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Deborah Pike
2. Sex and Age,	female. 46 8/11 months
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	School mistress
5. Religious Persuasion, so far as known,	Plymouth Brethren
6. Previous Place of Abode,	10 Charlemont Mole Dublin
7. Place where Found and Examined,	
8. Length of time Insane,	nearly five months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	forty nine & half
11. When and where previously under Examination and Treatment,	10 Charlemont Mole
12. Duration of Existing Attack,	nearly five months.
13. Supposed Cause,	serious illness of a sister
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,	St Peters Parish. Not a pauper
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 his Family known to be or to have been Insane,	October 10th 1863 William Hy Pike 20 Pile Lane Dublin. Brother. not any
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not any

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* Willm H. Pike

DATED this Sixth day of October one thousand eight hundred and Sixty three

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Valentine Burke being a (1) Member of the Royal College of Physicians, Edinburgh. and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) The Friends Asylum Dublin in the County of separately from any other Medical Practitioner, visited and personally examined (4) Deborah Pike and that the said Deborah Pike is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherence in conversation and perverted view of simple matters.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The fact of attempting Suicide told me by herself and others

(SIGNED) *Name and Medical Designation,* Valentine Burke M.C.

Place of Abode, 33 Harcourt St: Dublin

DATED this Sixth day of October One thousand eight hundred and Sixty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Blythe being a (1) member of the College of St. Andrews, and in Contiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Friends Asylum Dublin in the County of separately from any other Medical Practitioner, visited and personally examined (4) Deborah Pike and that the said Deborah Pike is a (5) a person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Chiefly Delusion in regard to others - fancying that she was alone living - and that all around her were dead.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) An attempt to commit Suicide on two occasions - told to me by herself and others.

(SIGNED) *Name and Medical Designation,* John Blythe M.D. L.R.C.S.

Place of Abode 33 Fitzwilliam Square

DATED this 7th day of Oct. one thousand eight hundred and Sixty three.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic *or* an insane person, *or* an idiot, *or* a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Balcarres Dalzell Esquire Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William H Pike 25 Leith Lane Dublin Certificates under the hands of Valentine Duke M.D. and John Blyth 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) Deborah Pike 10 Charlemont Mall Dublin and that the said Deborah Pike is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Deborah Pike as a Patient into the (6) Public Asylum of Crichton Institution and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Deborah Pike which accompanied the said Petition.

(SIGNATURE) John Balcarres Dalzell

DATED this Ninth day of October one thousand eight hundred and sixty three

To the Superintendent of the Asylum of (7) 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, *or* Private.

942
Deborah Rohe
14/10/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Graham of Lambhill near Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Elizabeth Whitelaw or Graham your Petitioner's (3) Sister in law residing at Lambhill near Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Elizabeth Whitelaw or Graham to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Graham

(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 October One thousand eight hundred and Sixty three years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mrs Elizabeth Whitelaw or Graham
2. Sex and Age,	Female aged twenty nine years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Lady
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	No 2 Windsor Terrace Pt Gds Road Glasgow
7. Place where Found and Examined,	No 48 West Princes Street Glasgow
8. Length of time Insane,	about three months
9. Whether first attack,	first attack
10. Age (if known) on first Attack,	twenty nine years
11. When and where previously under Examination and Treatment,	at Lambhill near Glasgow
12. Duration of existing Attack,	Since Commencement
13. Supposed Cause,	Recent deaths of her Husband & mother
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,	none
18. Date of becoming Chargeable,	none
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Whitelaw a Sister residing at No 48 West Princes St Glasgow a Sister at present in an Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fifteenth day of October One thousand eight hundred and Sixty three

(*To be signed by Party applying*) William Graham

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Harry Rainy M.D
being a (1) Graduate of the University of Glasgow & a Fellow of the Faculty of Physicians & Surgeons 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) 48 West Princes Street Glasgow in the County Lanark separately from any other Medical Practitioner visited and personally examined (4) Mrs Elizabeth Whitelaw or Graham formerly residing at Lanthill near Glasgow and that the said Mrs Elizabeth Whitelaw or Graham is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.—

I. Facts indicating Insanity observed by myself: (6) – Great mental Depression connected with the Idea of her being in a State of hopeless Reprobation. Three several attempts to commit suicide within the last three weeks. These attempts arrested by herself

II. Other facts (if any) indicating Insanity communicated to me by others: (7)
The facts stated by her Relatives are entirely in conformity with those above stated – & further that a Sister of present under Confinement as a Lunatic with similar Symptoms

(SIGNED) Name and Medical Designation, Harry Rainy M.D Phys.

Place of Abode, No 2 Woodside Place Glasgow

DATED this Thirteenth day of October One Thousand Eight Hundred and Sixty three.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street and Number of the House (if any), or other like particulars.*
(4) *Insert Designation and Residence; and if a Pauper, state so.*
(5) Lunatic, or 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 Gibson Fleming M.D
being a (1) Fellow of the Faculty of Physicians and Surgeons
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) 48 West Princes St Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Mrs Elizth Whitelaw or Graham formerly residing at Lanthill and that the said Mrs Graham is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.—

1. Facts indicating Insanity observed by myself: (6) precisely the same observed by Dr Rainy and stated as

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
as mentioned to Dr Rainy and stated by him above

(SIGNED) Name and Medical Designation, J. G. Fleming M.D

Place of Abode, 155 Bath St Glasgow

DATED this Thirteenth day of October One Thousand Eight Hundred and Sixty three –

(1) *Set forth the qualification entitling the person certifying to grant the Certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street and Number of the House (if any), or other like particulars.*
(4) *Insert Designation and Residence; and if a Pauper, state so.*
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of Unsound Mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Stephen Esquire Sheriff Substitute
of the (3) County of Lanark
having had produced to me, with a Petition at the instance of (4) William Graham
of Lambhill Glasgow
Certificates under the hands of Harry Rainy M.D.
and J. G. Fleming M.D. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5)
Mrs Elizabeth Whitelaw or Graham and that the said
Mrs Elizabeth Whitelaw or Graham is a (6) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Elizabeth Whitelaw or Graham as a Patient into the (7) 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 Whitelaw or Graham which accompanied the said Petition.

DATED this fifteenth day of October One thousand eight hundred and sixty three years

Alex Stephen

To the Superintendent of the (8) Public
Asylum of Crichton Royal Institution
Private Department

P.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.

943

Elizabeth Graham

16/10/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Janet Johnstone Laurel Bank

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Johnstone of 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 William Johnstone 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.

Janet Johnstone

(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 sixty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Johnstone
2. Sex and Age,	Male, aged 38 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gentleman,
5. Religious Persuasion, so far as known,	Member of the Free Church of Scotland
6. Previous Place of Abode,	Gatehouse of Fleet
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	not known
9. Whether first attack,	not the first attack,
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	Crichton Royal Institution Dumfries.
12. Duration of existing Attack,	Has been gradually coming on for the last five months
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet Johnstone or Hunter, Laurel Bank Gatehouse of Fleet, Wife,— none 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 twenty ninth day of October One thousand eight hundred and sixty three

(*To be signed by Party applying*) Janet 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, John Dickson M.D being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton House Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Johnston, gentleman Lately residing at Gribthorpe and that the said William Johnston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Great depression, & nervous fears.

(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 Crichton Institution on
former occasion.

Name and Medical Designation, John Dickson M.D

Place of Abode, Buccleuch Street Dumfries

DATED this 25th day of October One thousand eight hundred and sixty three

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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 Gilchrist M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton House Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Johnston Gentleman Resident at Gribthorpe and that the said William Johnston is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Depression of spirits nervousness restless and gloomy inability to persevere the duties of life or gain that would

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has been getting worse for some months – has been in the Asylum before

Name and Medical Designation, J. Gilchrist M.D

Place of Abode, Crichton House Dumfries

DATED this 24th day of October One thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson M.D.
being (1) a Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton House Dumfries
in the County of Dumfries, seen and personally examined
William Johnstone - gentleman, and that the said
person is of unsound mind, and 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 Dickson MD

DATED this 27 day of October One thousand eight hundred and sixty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Alexander Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Janet Johnstone
Laurel Bank, Gatehouse
Certificates under the hands of John Dickson, M. D. Dumfries —
and James Gilchrist M.D. 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)
William Johnston Laurel Bank Gatehouse and that the said
William 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 William Johnstone as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorize you. Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Johnstone — which accompanied the said Petition.

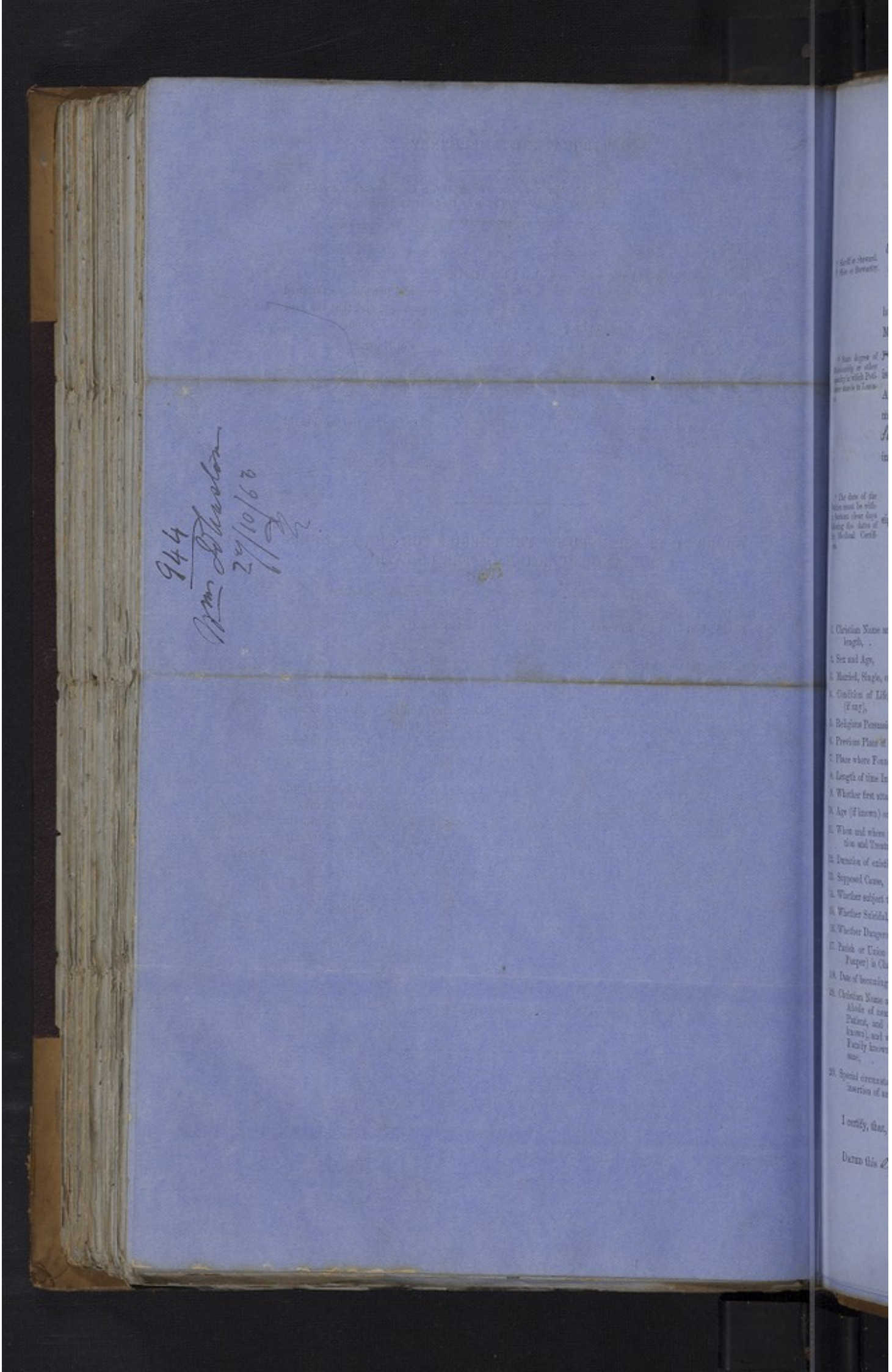
DATED this Thirtieth day of October — One thousand eight hundred and Sixty three

John A Trotter

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.


944
Wm Blanchard
24/10/60

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Wigton & Kirkcudbright

of _____ *and his Substitutes,*—

The Petition of James Sproat, Inspector of poor of the parish of Balmaghie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Susan Muir residing in Lauriston a

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (3) pauper on the parish of Balmaghie is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Susan Muir to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

James Sproat
Inspector of Poor Balmaghie

(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 October One thousand eight hundred and sixty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Susan Muir
2. Sex and Age,	Female about 30 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Previously domestic servant
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Lauriston Balmaghie
7. Place where Found and Examined,	Lauriston Balmaghie
8. Length of time Insane,	Has been in a melancholy state for about ten years
9. Whether first attack,	yes
10. Age (if known) on first Attack,	about 20
11. When and where previously under Examination and Treatment,	Not previously under treatment
12. Duration of existing Attack,	10 years
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Balmaghie
18. Date of becoming Chargeable,	December 1862
19. Christian Name and Surname, and Place of Abode of nearest known 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 Muir of Lauriston in the parish of Balmaghie is father of patient. No member 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 sixteenth day of October One thousand eight hundred and sixty three

(*To be signed by Party applying*) James Sproat
Inspector of Poor P.P.
of Balmaghie

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 MB of the Edinr Univ
being a (1) ~~General Practitioner~~ M.R.C.S. & L.R.C.P. Edin. & Licentiate of the Royal College of Surgeons Edin.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Lauriston
in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Susan Muir a pauper
and that
the said Susan Muir a pauper is a (5) Person of
Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) From her manner
State of mind, Melancholia alternating with excitement
and incoherent talk - Fears that persons
speak to her & refusing to leave the house

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Similar facts to the above from
her parents - Also from her hearing strange voices
and sounds when none such exist

Name and Medical Designation, Wm Johnstone MB

Place of Abode, Kirkcudbright

DATED this 14 day of Oct. One thousand eight
hundred and 64

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Findlay
being a (1) M.D. 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) Lauriston
in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Susan Muir Pauper
and that
the said Susan Muir 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) From her manner
State of mind alternating in Melancholia
Incoherent Depression - Covering her head &
with her bed clothes - refuses to speak - &
Fears from her bed

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From
her Mother in my presence
to me Coat & Vest off her for
back

Name and Medical Designation, James Findlay M

Place of Abode, Castle Douglas

DATED this 4th day of Oct. One thousand eight
hundred and 64

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, 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 Hyacinth Dunbar (1) Esquire Steward-Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) James Grant herein designed Certificates under the hands of William Johnstone and James Findlay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Susan Muir, a Pauper and that the said Susan Muir is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Susan Muir as a Patient into the (6) Dumfries and Galloway 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 Susan Muir which accompanied the said Petition.

DATED this Sixteenth day of October One thousand eight hundred and Sixty three years.

W. H. Dunbar

To the Superintendent of the (7) Dumfries & Galloway
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Allan Mun
28th October 1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*

The Petition of William Lowson Dundee

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mr Henry Flowerdew

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) uncle 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 Henry Flowerdew to the Crichton Royal Institution and to sanction his admission into the said Asylum.

William Lowson

(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 Oct: One thousand eight hundred and Sixty Three

STATEMENT.

If any 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 Flowerdew
2. Sex and Age,	supposed about 50
3. Married, Single, or Widowed,	a bachelor
4. Condition of Life, and previous Occupation (if any),	Writer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Dundee
7. Place where Found and Examined,	do
8. Length of time Insane,	18 Months to 2 years
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	about 48 years
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	supposed to above
13. Supposed Cause,	cannot say
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	29 Oct 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Flowerdew (nephew) 52 Brunston Crescent London a sister long in confinement in Dundee 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 27th day of Oct: One thousand eight hundred and Sixty Three

(*To be signed by Party applying*) William Lowson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Lockhart Gibson being a (1) Graduate in Medicine of the University of Edinburgh and a Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) No. 27 South Jay Street, Dundee, in the County of Forfar, separately from any other Medical Practitioner visited and personally examined (4) Mr. Henry Flowerdew, Writer, of said Town — and that the said Mr. Henry Flowerdew is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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 and groundless despondency in regard to his own state of bodily health — and equally groundless suspicions of others, absurdly, in spite of every attempt to reason him out of it, into the belief that he is the object of Conspiracy, espionage on the street & at home &c. &c. — and that attempts have been made to drug or even to poison him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Delusions in regard to family matters, leading him to resolve on actions at law against certain of his relations, on the utterly groundless allegation of their having conspired to defraud him of a large sum of money. — No action however, should be taken, & any attempt to institute legal proceedings would probably be formally disowned by him.

Name and Medical Designation, Wm. L. Gibson M.D.

Place of Abode, 27 South Jay Street, Dundee

DATED this twenty sixth day of October One thousand eight hundred and sixty three. —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Matthew Nimmo being a (1) Licentiate of 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) No. 27 South Jay Street Dundee in the County of Forfar separately from any other Medical Practitioner, visited and personally examined (4) Mr. Henry Flowerdew Writer and that the said Mr. Henry Flowerdew is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Despondency and over anxiety about his health. Sleeplessness & pulsations in his head at night.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been suspicious and on one occasion stated (under the delusion) that a conspiracy was formed by those in the house with him, against his life.

Name and Medical Designation, Matthew Nimmo Surgeon

Place of Abode, 148 Wilson Buildings Dundee

DATED this twenty sixth day of October One thousand eight hundred and sixty three —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, 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. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Gifford Carruthers Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Lowson Dundee Certificates under the hands of William Lockhart Gibson, M.D. Dundee and Matthew Chrimes Surgeon Dundee, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henry Howerdew, Miller, Dundee and that the said Henry Howerdew is a (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 Howerdew as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Howerdew which accompanied the said Petition.

DATED this Second day of November One thousand eight hundred and Sixty three years

John G. Carruthers

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.

945

Henry Flowerdew

30/10/63

24 November 1863

Into the Court the Sheriff of Wigton and Kirkcudbright

The Petition of the Prison Board of the Stewartry of Kirkcudbright, Administration of the Prison of Kirkcudbright

Humbly Sheweth

That James M'Guinnies residing at the Mote of Dunjop was incarcerated in the Prison of Kirkcudbright on the day of November 1863. at the instance of William Milroy Procurator Fiscal of Court for the Public interest, for the crime of Theft and Reset of Theft, and on the 18th day of said month and year he was committed until liberated in due course of Law

That by the 72d. Section of the Act of Parliament 23d. and 24th Victoria Chapter 105. entitled "An Act to provide for the management of the General Prisons at Perth, and for the administration of Local Prisons in Scotland." it is enacted "that in reference to any person convicted in a Prison it is certified by two Medical Practitioners who have visited and carefully examined him that he is afflicted with any contagious or infectious disease, which renders his removal

2. " necessary for the health of the other
" Prisoners, Inmates of the Prison, or that
" he is afflicted with any disease which
" threatens immediate danger to life, and
" cannot be treated in Prison, or that from
" his condition Continued imprisonment
" would cause his death, it shall be law-
" ful for the Sheriff, on summary
" application at the instance of the Ad-
" ministrators of the Prison, accompanied
" by such certificate, to order the Prisoner
" to be removed to an Hospital or other
" fit place under such precautions as to
" the Sheriff may seem necessary and proper.

That the Petitioner have secured and herewith produces a Certificate under the hands of his Medical Practitioner certifying that after having visited and carefully examined the said James McGinnis, he is labouring under an attack of acute mania, which threatens immediate danger of life and cannot be treated in Prison, and that from his Condition Continued ~~imprisonment~~ Confinement would cause his death, And the present application is therefore necessary

Kirkcudbright
24th. November 1863.

I hereby certify, that I have visited & carefully examined James McGinnies, a prisoner in the Jail of Kirkcudbright, & that I find him labouring under an attack of Acute Mania, & that he is in a state dangerous to himself and to others, & is in danger of his life, & cannot be treated properly in Prison. This is to Soul and conscience I certify to the best of my belief to be true.

[signature]

Med. Off.

Med. Off. to Prison.
Kirkcudbright 24th November 1863
I hereby certify, that I have visited and carefully examined James McGinnies, a prisoner in the Jail of Kirkcudbright, and that I find him labouring under an attack of Acute Mania, & that he is in a state, which threatens immediate danger to life and

and cannot be treated in Prison and that from his condition continued Confinement would cause his death.

This on Soul and Conscien I certify to the best of my belief to be true

William Cumming
M, D; C, M;

945

945

Medical Certificates

ante

Somme de Geniers

24 Mars 1863.

3.

May it therefore please your Lordship, on considering the said Certificate and the Petition to order the said James McGuinness to be removed to an Hospital Asylum or other fit place, under such precautions as to your Lordship may seem necessary and proper

According to Duty &c

Wm Tellan

Clerk of the Prison Board

Dublin Castle 24 November 1863 Having considered the foregoing Petition with the Medical Certificate produced I sign a warrant to Officers &c to remove the before designed James McGuinness from the Prison of Dublin Castle to the Southern Counties Asylum of Dundrum, and grant warrant to the Superintendent of said Asylum to receive and detain him therein until he shall be restored and in a state to be retransmitted to said Prison; and appoint the Superintendent of said Asylum to

W H Duncan

* To be signed by the Party applying.

P. p.

give due intimation of said
recovery to the Guardians Treasurer
the Treasurer of Kirkcudbright

W H Dunbar

945

Petition
for
the Parish Council of the
Stewartry of Kirkcudbright
for
Removal to our Asylum
of James Mc Kinnies
24 August 1893.

James Mc Kinnies
24 yrs Ploughman RC

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriffe *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Christopher Borthwick Inspector of Poor of Middlebie Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Lyrahame is at present in a state of Mental Derangement, and 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 Lyrahame to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Chris Borthwick Inspector of Poor

(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 November One thousand eight hundred and sixty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Lyrahame
2. Sex and Age,	Male aged 40 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Weaver
5. Religious Persuasion, so far as known,	a member of Establishe Church
6. Previous Place of Abode,	Eaglesfield
7. Place where Found and Examined,	Eaglesfield
8. Length of time Insane,	a few days
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	age 36
11. When and where previously under Examination and Treatment,	Never under treatment
12. Duration of existing Attack,	3 days
13. Supposed Cause,	in Brain
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Middlebie
18. Date of becoming Chargeable,	15th July 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Margaret Wilson wife
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	I do not know of any of his family have been Insane

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Chris Borthwick

DATED this Sixteenth day of November One thousand eight hundred and sixty three

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Rae Anderson being a (1) Doctor of medicine & Licentiate Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Village Dumfries Eaglesfield in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Graham Pauper (Maven) residing at Eaglesfield, and that the said John Graham is a (5) Maniac and a Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is delirious and quite unmanageable, his reasoning is thoroughly confused &c. On attempting to give him a draught he fancies Sinter[illegible] Kill him and got quite ungovernable.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I was told today by his wife and neighbours that he had frequently during the morning cried for a razor to cut his throat with and that he had attacked them with his hands [illegible] mouth.

(SIGNED) *Name and Medical Designation,* James R. Anderson M.D.

Place of Abode, Waterbeck Dumfriesshire

DATED this Sixteenth day of November One thousand eight hundred and Sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Young being a (1) Licentiate of the Royal College of Surgeons, Edinburgh. and being in actual practice as a (2) General Practitioner in Medicine hereby certify, on soul and conscience, that I have this day, at (3) Eaglesfield in the Parish of Middlebie Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Graham Pauper residing at Eaglesfield and that the said John 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.:—

1. Facts indicating Insanity observed by myself: (6) General delirium. He imagines that he was sold to the Devil when he was four years of age. He says that he constantly hears evil Spirits urging him to do evil.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I was told by his wife he had shewn a suicidal tendency

(SIGNED) *Name and Medical Designation,* William Young Surgeon

Place of Abode, Ecclefechan

DATED this seventeenth day of November One thousand eight hundred and Sixty Three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that _____ is a (*) _____ hereby further certify that the Case of the said _____ is One of Emergency, and I recommend the immediate removal of the said _____ to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this _____ day of _____ One thousand eight hundred and _____

(*) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Fowler Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Christopher Borthwick Inspector of Poor of the Parish of Middlebie Certificates under the hands of James Mac Anderson M. D. Waterbeck and William Young Surgeon Ecclefechan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Graham, Mason, Eaglesfield, a pauper and that the said John Graham is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Graham as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Graham which accompanied the said Petition.

(SIGNED) John P. Fowler

DATED this Eighteenth day of November One thousand eight hundred and Sixty three

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Mary Ann Nichol Headingdon Oxford

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Nichol

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

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 Margaret Nichol to the Carlston Royal Institution and to sanction the admission into the said Asylum.

M A Nichol

(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 Nov. One thousand eight hundred and sixty three

STATEMENT.

If any 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 Nichol
2. Sex and Age,	Female 44
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Presbyterian Church
6. Previous Place of Abode,	Headingdon Oxford
7. Place where Found and Examined,	Carlston Royal Institution
8. Length of time Insane,	~~From November~~ 26 years
9. Whether first attack,	Second short attacks
10. Age (if known) on first Attack,	About 18
11. When and where previously under Examination and Treatment,	Treated at home without
12. Duration of existing Attack,	about 3 months
13. Supposed Cause,	Illness & death of Parents
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,	Mary Ann Nichol Inst. Headingdon Oxford / sister.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 24th day of Nov. One thousand eight hundred and sixty three

(*To be signed by Party applying*) M A Nichol

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, Gamaliel Lloyd M.D
being a (1) Graduate of the University
of Edinburgh Physician
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Town Dumfries
Dumfries in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Margaret Nichol of
Headmyton Oxford and that
the said Margaret Nichol is a (5) Person
Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She appeared
restless and excited. Believing
she is Insane

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her sister says the husband
went attacked during which she
was Plain Threatened and sometimes
attempted suicide

Name and Medical Designation, Gamaliel Lloyd M.D

Place of Abode, Crichton House Dumfries

DATED this 24th day of Nov. One thousand eight hundred and Sixty Three

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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 Dickson. M.D
being a (1) graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Institution Dumfries
Dumfries, in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Margaret Nichol of
Headington - Oxford and that
the said Margaret Nichol is a (5) Person of
Unsound Mind and a proper person to be detained under Care and Treatment, 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 depressed in mind
I despair to take the most gloomy view of her
condition - that she is eternally damned, &c - states
that she often meditated suicide, & twice attempted it -
by drowning & once by laudanum - Is restless at night &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her medical attendants confirm the previous
observations - & furnish statements derived from those
who accompanied her, of a similar character

Name and Medical Designation, John Dickson M.D

Place of Abode Breconbank Street Dumfries

DATED this 26th day of November One thousand eight hundred and Sixty Three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Gilchrist M.D. being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Cruchton House in the County of Dumfries, seen and personally examined Margaret Nicholson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

DATED this 24th day of Nov. One thousand eight hundred and sixty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Delcairn Dalrymple Esqr. (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mary Ann Nicholson, Headington Oxford Spinster Certificates under the hands of James Gilchrist M.D. and John Dickson M.D. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Nicholson Sister of Petitioner and that the said Margaret Nicholson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Nicholson as a Patient into the (6) Public Asylum of Cruchton 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 Margaret Nicholson which accompanied the said Petition.

DATED this twenty sixth day of November One thousand eight hundred and sixty three.

J. Dalrymple

To the Superintendent of the (7) Public Asylum of Cruchton 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.

946
Margaret Nicholson
24/11/63

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Counties *of* Dumfries *and his Substitutes,—*

The Petition of Robert M'Kinnel

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Joan Gordon [illegible] James Gordon a Pauper Kirkbean Village residing in the House of his nephew James Gordon is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Joan Gordon to the Public Asylum of Southern Counties and to sanction her admission into the said Asylum.

(SIGNED) Robert M'Kinnel Inspr of Poor of Kirkbean

(1) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this First (2) day of December one thousand eight hundred and sixty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joan Gordon
2. Sex and Age,	Female - 65 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Cook & domestic servant
5. Religious Persuasion, so far as known,	Established church of Scotland
6. Previous Place of Abode,	Kirkbean Village
7. Place where Found and Examined,	The Southern Counties Asylum
8. Length of time Insane,	about 6 months
9. Whether first Attack,	First
10. Age (if known) on first Attack,	66 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries in 1863
12. Duration of existing Attack,	About three months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkbean Parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Brother in Norway named Peter Gordon no member of his family known to have been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Robert M'Kinnel Insp. of Poor Kirkbean

DATED this Twenty eighth day of November one thousand eight hundred and sixty three

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1210.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Mc. McCulloch M: D: &c, being a (1) Graduate of the University of Edinburgh &c. and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Southern Asylum, Dumfries in the County separately from any other Medical Practitioner, visited and personally examined (4) Grace Gordon, a pauper and that the said Grace 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) Great excitement, singing, dancing, swearing, incoherence & hallucination.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) & imagines that she is to meet "Fox Maule" – Lord Panmure – & persons of similar rank &c. &c.

(SIGNED) *Name and Medical Designation,* James Mc. McCulloch M: D:

Place of Abode, 38 Castle Street, Dumfries.

DATED this 26th day of November One thousand eight hundred and sixty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Gilchrist M D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Grace Gordon a pauper from parish of Kirkbean and that the said Grace 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) Excitedly excited and talks incoherently

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7)

(SIGNED) *Name and Medical Designation,* James Gilchrist M

Place of Abode, Crichton House Dumfries

DATED this 26th day of Nov. one thousand eight hundred and sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Grace Gordon is a (1) Lunatic hereby further certify that the Case of the said Grace Gordon is One of Emergency, and I recommend the immediate removal of the said Grace Gordon to an Asylum accordingly.

Name, James M'Gillivray M'Gulloch M.D. &c.

Place of Abode, 38 Castle Street, Dumfries.

DATED this 26th day of November one thousand eight hundred and sixty three years.

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pearce Tytler Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert M'Kune Inspector of Poor of Kirkbean Parish Certificates under the hands of James Murray M'Culloch, M.D. Dumfries and James Gilchrist, M.D. Crocketford, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Grace Gordon a Pauper and that the said Grace Gordon 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 Grace Gordon as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Grace Gordon which accompanied the said Petition.

(SIGNED) John P. Tytler

DATED this Fourth day of December one thousand eight hundred and Sixty three years

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Grace Gordon
26th November 1883.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Wigtown *and his Substitutes,—*

The Petition of Archibald Stewart Minister of Glasserton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Douglas is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Douglas to the Crichton Asylum at Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Arch. Stewart

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty seventh (*) day of November One thousand eight hundred and fifty three Years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Douglas
2. Sex and Age,	Male - 63 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Son of late Gardener at Glasserton - Labourer
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Glasserton
7. Place where Found and Examined,	do
8. Length of time Insane,	always of back intellect
9. Whether first attack,	always supposed able to take care of himself tolerably well
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	about 4 weeks
13. Supposed Cause,	Natural imbecility
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	very excitable and passionate
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glasserton - Has funds of his own. His trustees are J. H. Stewart Esq of Physgill and Mr Alex. Stewart Clay. Mossilee by 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 his Family known to be or to have been Insane,	David Douglas of Edmonston and Douglas Burkettes Parish of Edinr. is nephew of the patient and is aware of his state and is anxious he should be placed in safe keeping
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Arch. Stewart

DATED this 27th day of November One thousand eight hundred and 63 Years

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Dunbar White being a (1) Doctor of Medicine, of the University of Edinburgh, and a Licentiate of the Royal College of Surgeons, Edinburgh and being in actual practice as a (2) Physician and Surgeon in Whithorn hereby certify, on soul and conscience, that I have this day, at (3) his Cottage, near the Post Office, in the Parish of Glasserton, and in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Douglas, a Labourer, residing in the said Cottage and that the said James Douglas is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) I have known him to be an irritable and excitable person for many years. During the last 10 days he has laboured under delusions – that Magic and Enchantments are employed to do him injury, that he is turned sometimes into a Cat and sometimes into a Stone, that his Legs are taken off & put on again, that his Getting more Teeth &c, and he is so restless & excited as to require Attendants by night & by day –

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Kelly, one of his neighbours, says, for 3 months past he has been very much distressed as to his property – that his Sheds & Stacks, after being stolen, were brought back by Enchantment – that he smashed his windows in a fit of excitement &c – –

(SIGNED) Name and Medical Designation, Dunbar White M. D

Place of Abode, Whithorn

DATED this 23rd day of November One thousand eight hundred and Sixty three

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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, Mex M. Millan being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon in Whithorn hereby certify, on soul and conscience, that I have this day, at (3) his house near the Post Office in the Parish of Glasserton and in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Douglas Labourer residing in his House and that and that the said James Douglas is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) I have known him for many years. I always considered him of very weak mind but of late has been bereft of reason he told me when he was born he was all cut into pieces that he is under enchantment that the man who watched him last night had spoiled his Watch had made her not worth three halfpence that he was to be taken to Wigtown tried by the Sheriff and to be Hanged for it. takes almost incessantly now That he broke a great window with a Poker without any provocation that he went in before to Bed with a Lighted Candle that he requires constant watching night and day. else they are afraid something untoward would befal them or him.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) Name and Medical Designation, Mex M. Millan Surgeon

Place of Abode, Whithorn

DATED this 25th day of Nov One thousand eight hundred and Sixty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Murray Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Archibald Stewart, Minister of Glasserton Dunbar White M.D.
Certificates under the hands of
and Alexander M'Millan Surgeon , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Douglas, labourer Glasserton and that the said James Douglas is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Douglas as a Patient into the (6) Crichton Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Douglas which accompanied the said Petition.

(SIGNED) Thos Murray

DATED this twenty eighth day of November One thousand eight hundred and sixty three years

To the Superintendent of the (7) Crichton
Asylum of Dumfries

3

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Louis Douglas
vs Alexander Wm

1. Sheriff or Steward
4. Sister or Steward

8. State degree
Relationship or
capacity in which P
deser stands to Le
&c.

9. The date of
Petition must be w
is fourteen clear da
following the dates
the Medical Cert
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length,
2. Sex and Age
3. Married, Sin
4. Condition of
(if any),
5. Religious Pro
6. Previous Pla
7. Place where
8. Length of th
9. Whether firs
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13. Supposed Ca
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17. Parish or U
Pauper)
18. Date of beco
19. Christian Na
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Patient,
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20. Special circu
insertion

I certify, th

DATED this

Sixty

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(a) Sheriff or Steward.
(b) Shire or Stewartry.

Unto the Honourable the (a) Sheriff *of the* (b) County *of* Dumfries *and his Substitutes,—*

The Petition of Eleanor Cairns, Closeburn Lanarkshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Cairns your Petitioner's (c) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Cairns to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(c) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Eleanor Cairns

(d) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth day of December One thousand eight hundred and Sixty three years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Cairns
2. Sex and Age,	Male 41 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk & Accountant
5. Religious Persuasion, so far as known,	Independent
6. Previous Place of Abode,	Closeburn
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	1 week
9. Whether first attack,	Seventh attack
10. Age (if known) on first Attack,	Twenty two years
11. When and where previously under Examination and Treatment,	Dumfries - Crichton Institution
12. Duration of existing Attack,	1 week
13. Supposed Cause,	Masturbation
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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,	Eleanor Cairns. Closeburn Sister - Yes.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of December One thousand eight hundred and Sixty three

(*To be signed by Party applying*) Eleanor Cairns

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson,
being a (1) graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Cairns, Clerk. Chorley and that the said William Cairns is a (5) person of unsound mind & a lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) great restlessness & excitement — is naturally reserved & quiet is now talkative & obtrusive — rambling rapidly from one subject to another without sequence / I am aware that he has frequently been insane.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Gilchrist informs me that during the night he was restless, and excited & talked incessantly

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

Dated this 17th day of December One thousand eight hundred and sixty three

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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 Grainger Stewart
being a (1) graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Cairns Clerk of Chorley and that the said William Cairns is a (5) person of unsound mind & a Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Great restlessness and excitement. From being very quiet and which are natural. Which shows in good mental health reserved has become talkative. Has been on several occasions been insane and a patient in this institution

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Informed by James Dickson that he is excited and restless. Talks rapidly & runs from one subject to another without sequence.

Name and Medical Designation, H G Stewart M.D.

Place of Abode, Crichton Institution Dumf.

Dated this 17th day of December One thousand eight hundred and sixty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson,
being (1) a Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution Dumfries
in the County of Dumfries, seen and personally examined
William Cairns Clerk. Chorley, and that the said
person is of unsound mind, and 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 Dickson MD

DATED this 17th day of December One thousand eight hundred and sixty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay Esquire (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) Eleanor Cairns
residing at Chorley, Lancashire
Certificates under the hands of John Dickson M.D Dumfries and
and Hugh Grainger Stewart M.D Crichton Institution, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Cairns, Clerk, Chorley aforesaid and that the said
William Cairns 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 William Cairns as a Patient into the (8) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Cairns which accompanied the said Petition.

DATED this Eighteenth day of December One thousand eight hundred and Sixty three years

A Hannay

To the Superintendent of the (9) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mrs Cousins
15/12/63

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of John Copeland, Inspector of Poor of the Parish of Kirkgunzeon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace McRobert or McCubbin, a pauper is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Grace McRobert or McCubbin to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) John Copeland Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fourth (3) day of December one thousand eight hundred and Sixty three

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Grace McRobert or McCubbin
2. Sex and Age,	Female - about 46 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of a Labourer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Cocklick, Kirk
7. Place where Found and Examined,	Southern Counties Asylum Dumfries
8. Length of time Insane,	Suppose to date back to the period of Mr Hammonds visit to the neighbourhood
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	43
11. When and where previously under Examination and Treatment,	After Bereavement, but not specially for this ailment
12. Duration of Existing Attack,	Nine Weeks
13. Supposed Cause,	Anxiety.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Has made some violent attack upon her husband on
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkgunzeon
18. Date of becoming Chargeable,	14th December 1863.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Wm McCubbin her husband residing at Cocklick in the Parish of Kirk. No member of the family known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name* John Copeland Inspector

DATED this 24th day of December one thousand eight hundred and 63

* To be Signed by the Party applying.

P. p. [illegible]

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Grace Mc Roberts or Mc Cubbin Labourers Wife and Pauper on the Kirkgunzeon Roll and that the said Grace Mc Robert, or Mc Cubbin is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) Is a Melancholic At present anxious & depressed — Has delusion of hearing, & believes that spirits visit her at & addresses her in obscene language.

(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 Dr Greenson that she has attempted suicide, and also that she has made violent attacks upon her husband & her own

(SIGNED) *Name and Medical Designation,* John Dickson Med

Place of Abode, Breeclinch Street Dumfries

DATED this 23rd day of December One thousand eight hundred and sixty three

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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, Samuel Greenson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) 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) Grace Mc Roberts or Mc Cubbin Labourers Wife at Locklick in the Parish and that the said Grace Mc Roberts or Mc Cubbin is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 great anxiety about the future, Expecting hourly the destruction of the world. and has constant intelligence of the coming underground of a host of Black Who are to swallow all up. Hallucinations of hearing and seeing spirits. and her nights are sleepless and full of terror

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* S. Greenson M.R.C.S.

Place of Abode Southern Counties Asylum Dumfries

DATED this 24th day of December one thousand eight hundred and Sixty three.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Grace McRobarts or McCubbin, is a (1) Lunatic hereby further certify that the Case of the said Grace McRobarts or McCubbin is one of Emergency, and I recommend the immediate removal of the said Grace McRobarts or McCubbin to an Asylum accordingly.

Name John Dickson MD

Place of Abode, Buccleuch Street Dumfries

DATED this 23rd day of December One thousand eight hundred and sixty three.

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Kellie Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Copland Inspector of Poor of the Parish of Kirkpatrick Certificates under the hands of John Dickson M.D. Dumfries and Samuel Grierson Surgeon Southern Counties Asylum being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Grace McRobarts or McCubbin, a pauper and that the said Grace McRobarts or McCubbin is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace McRobarts or McCubbin as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Grace McRobarts or McCubbin which accompanied the said Petition.

R.S.

(SIGNATURE) J. Pitt. Kellie

DATED this Twenty fourth day of December one thousand eight hundred and Sixty three

To the Superintendent of the (6) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

1420

Grace St Robarts or
M'Cabbie

19th December 1863.

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Stewart.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes—

The Petition of John Copeland Inspector of poor for Kirkgunzeon

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace M^c Robert or M^c Cubbin residing at Cocklick a Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Grace M^c Robert or M^c Cubbin to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) John Copeland Inspector

(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 December one thousand eight hundred and 63.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Grace M^c Robert or M^c Cubbin
2. Sex and Age,	Female aged 46 years
3. Married, Single, or Widowed,	Married -
4. Condition of Life, and previous Occupation (if any),	Labourers Wife
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Willimgan in the parish of Kirkgunzeon
7. Place where Found and Examined,	Little Cocklick parish of Kirk
8. Length of time Insane,	Nine weeks this Date 19 Dec ~~1863~~
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	46 same as above
11. When and where previously under Examination and Treatment,	None previous
12. Duration of existing Attack,	9 weeks as above
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Partialy on first attack
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Kirkgunzeon
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John M^c Cubbin Husband residing at Little Cocklick no member of his or her family ever known to be insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, John Copeland Inspector of poor

DATED this 19 day of December one thousand eight hundred and 63.

for Kirkgunzeon

* To be Signed by the Party applying.

Lunacy Board.—Dec.—57.—1200.

Grace M^c Robert or M^c Cubbin
Cocklick
19 December 1863

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, John Paterson Lewis MD being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the parish of Glencairn in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mrs John McCubbin Pauper and that the said Mrs John McCubbin is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *Insert Designation and Residence, and 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) has a dispondent appearance & in great concern about her eternal salvation — has no idea as to what worth there is — do not know whether it is delusion — but that when quite awake at night has been speaking to me, pleading her with after the needs & all the punishments inflicted in hell believes in these, & pain & other punishments being awarded daily — some times she struck her husband on the head with an iron bar, because he had untied a string which she had tied on the gate within which she declared room but the cause was the extreme she insisted to wander from home, that to be restrained from doing so.—

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* John Paterson Lewis MD

Place of Abode, Dalbeattie

DATED this 16th day of December One thousand eight hundred and Sixty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

I, the undersigned, Thomas Mackenzie L.R.C.S. Graduate of the University of Edinburgh being a (1) Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Little Cooley in the Parish of Girthon in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) ~~Mrs John McCubbin~~ Pauper and that the said ~~Mrs John McCubbin~~ is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Melancholy maintains that she is not clothed with the skin of Christ but that she is saved and has her own righteousness in her own sight — that she hears people speaking to her ears day and night & believes in them and is frightened for them

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others. (7) Her Husband says a few weeks ago she struck him on the Head without provocation because he attempted to take her home from a ring made by her unwound & sang & chanted at the stone

(SIGNED) *Name and Medical Designation,* Thomas Mackenzie L.R.C.S.

Place of Abode, Dalbeattie

DATED this Sixteenth day of December one thousand eight hundred and Sixty three

Grace McRobert for Mr Lewis

Mr K

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) *of* (2) *and his Substitutes,—*

The Petition of

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that

is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said to the and to sanction admission into the said Asylum.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

(SIGNATURE)

(3) The date of the Petition must be within ... clear days following the dates of the Medical Certificates.

DATED this (3) day of one thousand eight hundred and

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, . . .
4. Condition of Life, and previous Occupation (if any), ...

and , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) and that the said is a (5) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said as a Patient into the (6) Asylum of and I authorise Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

(SIGNED)

DATED this day of one thousand eight hundred and

To the Superintendent of the (7)
Asylum of

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Thomas M.D. being a (1) Graduate of the University Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Coughtonsmill Cottage in the County of separately from any other Medical Practitioner, visited and personally examined (4) Grace McArthur a McCulloch the said Grace McArthur a McCulloch and that 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) States that she is troubled with a sound calling on her at night, desiring to be in the ground & wants put in a chest, that she is not, that Christ has changed her name to K K

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The husband states that the man came from home, found a lang man in the ground, & that he is not right & that it is thought in England with whom

(SIGNED) Name and Medical Designation, J Murray M D

Place of Abode, Lochgelly & Cowdenbeath

DATED this 6 day of December One thousand eight hundred and 69

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Mackenzie Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Little Cooky in the Parish of Dysart Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) ~~Mr John McCubbon~~ Pauper the said ~~Mr John McCubbon~~ and that 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) Is incoherently maintains that she is not clothed with her own skin & is clothed with the skin of Christ that she is dead and has not the human feelings & that she hears people speaking to her ears day and night & believes in them and is frightened for them

(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 awoke up the whole house without cause because he attempted to take her home from a room made by her mother having en chanted at the stone

(SIGNED) Name and Medical Designation, Thomas Mackenzie M.D.

Place of Abode, Dalbeattie

DATED this Sixteenth day of December one thousand eight hundred and sixty three

Grace McRobert or McCulloch

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. 12 hereto annexed, to the effect that Grace Mc Robert a Mc Cotter is a (1) person of unsound mind, hereby further certify that the Case of the said Grace Mc Robert a Mc Cotter is one of Emergency, and I recommend the immediate removal of the said Grace Mc Robert a Mc Cotter to an Asylum accordingly.

Name, C Murray M D

Place of Abode, Buccleuch St Dumfries

DATED this 19th day of December One thousand eight hundred and 69

(1) Lunatic *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1)

of the (2)

having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of

and , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)

and that the said

is a (4)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said as a Patient into the (5) Asylum of and I authorise Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

(SIGNED)

DATED this day of one thousand eight hundred and

To the Superintendent of the (7)
Asylum of

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, *or* Private.
(7) Public, District, *or* Private.

1020

Grace A. Roberts or
M'Cabbie
19th December 1863

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of Agnes McKay, domestic servant in Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret McKay, daughter of Alexander McKay resides at Newlands 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 Margaret McKay 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.

Agnes McKay

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twenty third (4) day of December One thousand eight hundred and eighty-three.

STATEMENT.

If any 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 McKay
2. Sex and Age,	Female - 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,	Reformed Presbyterian
6. Previous Place of Abode,	Glasgow, and at Newlands
7. Place where Found and Examined,	Dumfries.
8. Length of time Insane,	3 days
9. Whether first attack,	First.
10. Age (if known) on first Attack,	28 years
11. When and where previously under Examination and Treatment,	Never and nowhere
12. Duration of existing Attack,	3 days
13. Supposed Cause,	Supposed to be religious impressions of an intense character
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Believed Not so
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Alexander McKay, her father, residing at Newlands Had a cousin under treatment for a short time during the present year.
20. Special circumstances (if any) preventing the 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 December One thousand eight hundred and eighty three

(*To be signed by Party applying*) Agnes McKay

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Scott.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Railway Station Dumfries — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Margaret McHarg, daughter of Abraham McHarg farmer New Luce and that the said Margaret McHarg 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) Great restlessness and incoherency - delusions as to persons and places

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister states that she has been in a similar state all the way from Glasgow & attempted to jump from the train

Name and Medical Designation, William Scott M.B.

Place of Abode, Buccleuch Street Dumfries

DATED this Fourteenth day of December One thousand eight hundred and Sixty three

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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, Samuel Gerson
being a (1) Member of the Royal College of Surgeons of England
and being in actual practice as a (2) 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) Margaret McHarg, lately a domestic servant in ~~the~~ Glasgow and that the said Margaret McHarg is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is in a state of great restlessness and excitement — screaming, laughing, dancing; and tearing her own or her neighbours hair & clothes by turns. She has

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) illusions & hallucinations — to see the sea her parents, her brother, or the police &c &c

Name and Medical Designation, Samuel Gerson M.B.

Place of Abode, Southern Counties Asylum Dumfries

DATED this 14th day of December One thousand eight hundred and Sixty-three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned William Scott being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Margaret McHarg before designed, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Scott M.D

DATED this Twenty third day of December One thousand eight hundred and sixty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Agnes McHarg Domestic Servant in Glasgow Certificates under the hands of William Scott M.D. Dumfries — and Samuel Grierson, Surgeon, Southern Counties Asylum, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McHarg daughter of Alexander McHarg Former Mariner and that the said Margaret McHarg — is a (5) 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 Margaret McHarg — as a Patient into the (6) Public — Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret McHarg — which accompanied the said Petition.

DATED this Twenty fourth day of December — One thousand eight hundred and Sixty three

John P Trotter

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.

1721

Margaret M Harg

24th December 1873

I will send for her father.

Thos Lorrs

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect*, 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Berwick *and his Substitutes*

The Petition of James Austin Inspector of Poor for the parish of Closeburn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Matheson residing at Mounthope parish of Closeburn is at present in a state of Mental Derangement, and 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 Matheson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) James Austin

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty sixth (3) day of December One thousand eight hundred and Sixty three

STATEMENT.

If any 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 Matheson
2. Sex and Age,	Female aged 46.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Daughter of a farmer
5. Religious Persuasion, so far as known,	Free Church.
6. Previous Place of Abode,	Rosehill parish of Closeburn
7. Place where Found and Examined,	Mounthope for the last 8 years.
8. Length of time Insane,	More especially for the last 8 years.
9. Whether first attack,	Gradual progress for years
10. Age (if known) on first Attack,	Unknown
11. When and where previously under Examination and Treatment,	Never until now
12. Duration of existing Attack,	Several years
13. Supposed Cause,	Original defect
14. Whether subject to Epilepsy,	Not Epileptic
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	Not Dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Closeburn
18. Date of becoming Chargeable,	26th Dec. 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary M. Murdo or Matheson Mounthope parish of Closeburn Mother No Member of family known to have been
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Insane None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name*, James Austin

DATED this Twenty fifth day of December One thousand eight hundred and Sixty three

* To be signed by the Party applying.

P. p.

Margaret McHarg
24 Dec 1863

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an Insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas B Grierson being a (1) Licr 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) Mounthope in the parish of Closeburn in the County of Dumfries. separately from any other Medical Practitioner, visited and personally examined (4) Jane Mathison and that the said Jane Mathison is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Dull & obtuse unable or unwilling to attend to her own wants. little action. Does not respond to remarks, & is destroyed without any obvious cause.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother & brother state. that she would wander from home if not prevented & do nothing to assist herself such as dressing herself. is unable when excited

(SIGNED) Name and Medical Designation, T B Grierson Surgeon

Place of Abode, Thornhill

DATED this twenty fourth day of December One thousand eight hundred and sixty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Andrew Crichton Chalmers being a (1) Doctor of Medicine of the University of Edinburgh & a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Mount Hope Parish of Closeburn Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jane Mathison, and that the said Jane Mathison is a (5) person of unsound mind and a proper person to be detained 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, inactive & demented, is destitute without bodily cause. Does not dress herself, or attend to her own wants. Does not speak unless spoken to, & then only answers questions. Escapes from home, but gives no reason for such desire.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother & sister (with whom she resides) inform me that she is always on the alert to escape from the house & that she will do nothing on the day of herself, such as dressing herself, unless spoken to: that she is at times violent when disturbed & then will destroy clothes

(SIGNED) Name and Medical Designation, Andrew Chalmers Surgeon

Place of Abode, Thornhill

DATED this twenty fifth day of December One thousand eight hundred and sixty three.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that _____ is a (1) _____ hereby further certify that the Case of the said _____ is One of Emergency, and I recommend the immediate removal of the said _____ to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this _____ day of _____ One thousand eight hundred and _____

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Fotheringham Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Austin Inspector of Poor of the Parish of Closeburn Certificates under the hands of Thomas Boyle Pearson Surgeon Thornhill and Andrew Crichton Chalmers Physician Thornhill, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Matheson residing at Mount Hope, Closeburn aforesaid and that the said Jane Matheson _____ is a (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 Matheson _____ 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 Matheson _____ which accompanied the said Petition.

(SIGNED) J Pitcairn Fotheringham

DATED this Twenty Sixth day of December One thousand eight hundred and Sixty three

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Ann Matthews

25th December 1883

P.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of John Carruthers Inspector of Poor Kirkpatrick Fleming humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Beattie Hollen Village a Pauper is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Beattie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) John Carruthers Inspector of Poor of Kirkpatrick Fleming

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28th (3) day of December one thousand eight hundred and Sixty three

STATEMENT.

If any 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 Beattie
2. Sex and Age,	Female, 48 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Mickleham side, Moffat
7. Place where Found and Examined,	Hollen Village Kirkpatrick Fleming
8. Length of time Insane,	Three months or thereby
9. Whether First Attack,	Has always been a little silly and at times in a deprived state
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Not under examination previously
12. Duration of Existing Attack,	Three months or thereby
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Kirkpatrick Fleming
18. Date of becoming Chargeable,	Present Date
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs Nancy Bell Hollen Village Kirkpatrick Fleming Sister. None of her relations known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* John Carruthers Insp^r of Poor

DATED this 28th day of December one thousand eight hundred and Sixty three

* To be Signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Currithers
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Hollee Village in the Parish of Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Beattie a Pauper of Hollee Village, Kirkpatrick Fleming and that the said Helen Beattie is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She says, she is always unhappy and has a constant desire to go and drown herself, but is too wicked to die and will go anywhere for relief

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She is restless, will work none and talks incessantly about matters.; to her sister at Hollee Village. stated to me

(SIGNED) Name and Medical Designation, James Currithers. L.R.C.S.E

Place of Abode, Kirkpatrick Fleming

DATED this Twenty Sixth day of December One thousand eight hundred and Sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or 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 Young
being a (1) Licentiate of the Royal College of Surgeons Edin
and being in actual practice as a (2) Surgeon & –
hereby certify, on soul and conscience, that I have this day, at (3) the village of Hollee in the parish of Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Beattie Pauper
the said Helen Beattie and that is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

She imagines that something constantly incites her to commit suicide by drowning or cutting her throat and that she has great difficulty in resisting it.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) Name and Medical Designation, William Young, Surgeon

Place of Abode Ecclefechan

DATED this twenty sixth day of December one thousand eight hundred and sixty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Carruthers Inspector of Poor Kirkpatrick Fleming
Certificates under the hands of James Carruthers Surgeon
and William Young Surgeon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Beattie, Hollee Village Kirkpatrick Fleming a pauper and that the said Helen Beattie 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 Helen Beattie as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Beattie which accompanied the said Petition.

(SIGNATURE) John P Trotter

DATED this twenty eighth day of December one thousand eight hundred and sixty three years

To the Superintendent of the (6) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

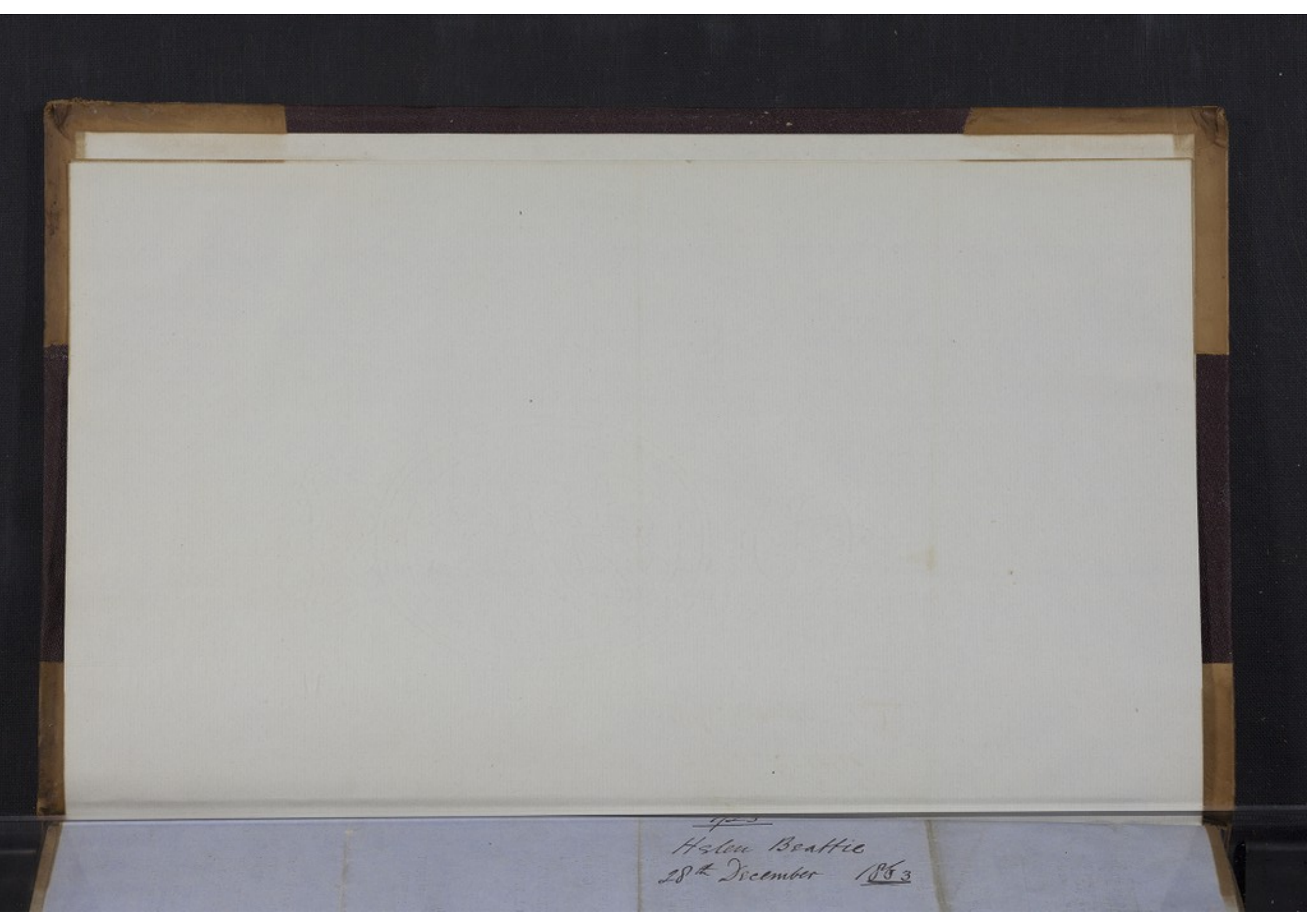
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Helen Beattie

28th December 1853

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1853


Helen Beattie
28th December 1863