Sheriff's Warrants

Publication/Creation

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DGHI/5/1/1/26

N.B.—This F
Superintendent
the Sheriff o

PETITION
R

§ Sheriff or Steward.
§ Shire or Stewartry.

Unto the Ho
of

humbly shew

Medical Certi

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

your Petitioner
is at present i
Asylum for th
mission of the
into the the sa

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

DATED thi
eight hundred

If any of the

1. Christian Name and Surname of
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(if any), . . .
5. Religious Persuasion, so far as kn
6. Previous Place of Abode, . .
7. Place where Found and Examined
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . . .
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known), and whether any Membe
Family known to be or to have
sane, . . .
20. Special circumstances (if any) prevent
insertion of any of the above par

I certify, that, to the best of my

DATED this

(To be

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

[FORM A]

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

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

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

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

The Petition of Eleanor Gairns Sister

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

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

your Petitioner's (*) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Gairns to the Dumfries Royal Infirmary and to sanction his admission into the the said Asylum.

Eleanor Gairns.

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

DATED this fourth (*) day of January One thousand eight hundred and twenty 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,	William Cairns
2. Sex and Age,	M 22
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Agricultural Labourer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Closeburn Dumfriesshire
7. Place where Found and Examined,	Dumfries Royal Infirmary
8. Length of time Insane,	about two days
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	22
11. When and where previously under Examination and Treatment,	Ce Rl. Infirmary Dumfries about two days
12. Duration of existing Attack,	Constitutional Tendency
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Eleanor Cairns Sister Closeburn Dumfriesshire a Lunatic in asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

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

(*To be signed by Party applying*) Eleanor Gairns

P. F

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Smith Kerr,
being a (1) Graduate of Glasgow University and Lic. Roy. Coll: of Surgeons. Edinr.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) William Cairns
and that
the said William 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.:—

1. Facts indicating Insanity observed by myself: (6)
He is excited — talks rambling & incoherent & full of delusions. —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He has been for some time, clerk to Dr Gilchrist in this house. He has been often separated & the day. must guilt wrong again —

Name and Medical Designation, William S Kerr M.B.

Place of Abode, Dumfries

DATED this Fourth day of January One thousand eight hundred and Seventy. Years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) William Cairns. Clerk.
and that
the said William 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.:—

1. Facts indicating Insanity observed by myself: (6) He is excited man unconnected & rambling conversation and many delusions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Nelson tells me that during the last 3 or 4 days he has been very much changed in his manner & conduct. sometimes noisy & threatening violence

Name and Medical Designation, John Smith M.B.

Place of Abode, Dumfries

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

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Wood 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 Royal Institution in the County of Dumfries, seen and personally examined William Cairns, and that the said person is of unsound mind, and 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 Wood M.D.

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

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Eleanor Cairns Chorley Lancashire Certificates under the hands of William Smith Kerr and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Cairns lately of Chorley Petitioners Brother and that the said William 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 William Cairns 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 Cairns which accompanied the said Petition.

DATED this fifth day of January One thousand eight hundred and seventy years.

David Boyle Hope

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

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

William Cairns.
Jan. 2/10

William Cairns

This Form shall be transmitted to
Board of Lunacy after it is filled up
Petition, Statement, Medical Certificate
are required here from Form A.

20 d

Notice of Admis

I HEREBY GIVE NOTICE, That (

Patient on the
and I hereby transmit a Copy o
which was received.

Subjoined is a Report with
named Patient.

(SIGNATURE)

DATED at

One

To the Secretary of the
General Board of

I HAVE this day (*) seen and per

and hereby report and certify, wi

and with respect to bodily

(SIGNATURE)

(†)

DATED this
hundred and

(*) Name and Designation.
(†) Private or Proper.
(‡) Some day within fourteen days aft
the Order be granted by the Sh
(‡) Some day not less than four clear da
days after
(*) Insert particulars.
(*) Insert particulars.
(†) Add Designation.

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.

~~Form~~

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

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

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

The Petition of William Carlyle Inspector of Poor Gretna humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Richardson, Pettiner's Parker is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Richardson to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

~~(Signed)~~ William Carlyle

(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 January One thousand eight hundred and Seventy

STATEMENT.

If any 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 – Twenty one years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Established church of Scotland
6. Previous Place of Abode,	Gretna
7. Place where Found and Examined,	Rigg of Gretna
8. Length of time Insane,	a week or ten days
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	Twenty one years
11. When and where previously under Examination and Treatment,	never – nowhere
12. Duration of existing Attack,	A week or ten days
13. Supposed Cause,	Recent confinement of an illegitimate child
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Threatens to commit suicide
16. Whether Dangerous to others,	a little violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Gretna
18. Date of becoming Chargeable,	4 January 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Her father Robert Richardson at Tanyrow
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

~~(Signed)~~ *Name,* William Carlyle

DATED this Fourth day of January One thousand eight hundred and Seventy

* To be signed by the Party applying

(Copies)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Carruthers being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rigg in the Parish of Gretna in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Richardson pauper and that the said Agnes Richardson at Rigg is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

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

(6) *State the facts.*

Swearing, striking, laughing and speaking nonsensically. Destroying things staring eyes Expression of countenance quite indicative of insanity

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

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

Told by her mother She tore the bed curtains as if in a frolic; very restless, getting often out of bed & into it. is very sleepless & sometimes very quiet & sometimes very talkative

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

Place of Abode, Kirkpatrick 7 Leming

Dated this second day of January One thousand eight hundred and Seventy

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, Miles Elwert 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) Gretna Green in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Richardson pauper and that the said Agnes Richardson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

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

(6) *State the facts.*

Her general appearance, manner behaviour &c

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

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

Told by attendants that she is very violent & attempts to injure herself

(Signed) *Name and Medical Designation,* Miles Elwert Surgeon

Place of Abode, Edgware Rd London

Dated this fourth day of January One thousand eight hundred and Seventy

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, David Boyle Stoke (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) ~~Agnes Richardson, Servant~~ William Carlyle Inspector of Poor Gretna
Certificates under the hands of James Carruthers
and William Ewart , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Richardson, Farm Servant, Rigg of Gretna, a pauper and that the said Agnes Richardson is a (5) person of unsound mind and an insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Richardson 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 Richardson which accompanied the said Petition. Three words delete

~~(Signed)~~ David Boyle Stoke

DATED this Fourth day of January One thousand eight hundred and Seventy

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

Agnes Richardson. 1/515. 4/1/70

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

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

Unto the Honourable the (*) Sheriff of ~~the~~ (*) Wigton and ~~of~~ Kirkcudbright *and his Substitutes,*—

The Petition of John Hunter.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Mc. Nay your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Mc. Nay to the S. C. Asylum, Dumfries and to sanction his admission into the the said Asylum.

John Hunter.

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

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

Dated this Fifth (*) day of January One thousand eight hundred and Seventy.—

STATEMENT.

If any 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. Nay
2. Sex and Age,	aged 29 Male
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,	
8. Length of time Insane,	Infancy.
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	S. C. Asylum out on approbation
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmabreck
18. Date of becoming Chargeable,	in Gilton with his Mother
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	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 Fifth day of January One thousand eight hundred and Seventy

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

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) *Lunatic, or an insane person, 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 Nichol Coy
being a (1) Licentiate of the Royal College of Surgeons of Edinb
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Nelson Square
Gatehouse of Fleet
in the County of
Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas McKay, residing at Nelson S
Gatehouse of Fleet a pauper
and that
the said Thomas McKay
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) 1st Shows a great dislik
to his friends. 2d Sleeps with his clothes on. 3d Has a wild
Appearance. 4th Blames his Mother for cutting his hair. 5th
Wants Whisky when he has got a supply. 6th Canies distinct ideas on the Thre
7th Been previously confined in a Lunatic Asylum

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Gets very outrageous & has to be restrained by force from committing
of violence upon himself & others. His Mother says that he has tried
to shoot her & attempted to throw himself down stairs. His Brother s
he is afraid to stay in the house with him owing to his violence

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

Place of Abode, Gatehouse of Fleet

DATED this Fourth day of January One thousand eight hundred and Seventy Seven

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Grant
being a (1) Graduate in Medicine of Kings College, Aberdeen
and Fellow of the Faculty of Phys & Surg Glasgow.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Nelson Square.
Gatehouse of Fleet.
in the County of
Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas McKay residing at
Gatehouse Nelson Square Gatehouse of Fleet and that
the said Thomas McKay
is a (5) person of
unsound mind.
and a proper person to be detained
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, and unconnected states of his mind
relations, & Family they are in constant conspiracy
against him, and pass into private Company, Towards Mother

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

Violence, and incoherent talk impedes. Speaking pass
Assault upon his Mother, Sister and Brother
and Speaking Furniture — Knows his Mother his Br
and Sister.

Name and Medical Designation, James Grant M.D. Surgeon.

Place of Abode, Laurel Bank, Gatehouse of Fle

DATED this Fourth day of January One thousand eight hundred and Seventy Years.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Hyacinth Dunbar (1) Esquire Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Hunter
Certificates under the hands of John James Nicholloe
and James Fraser , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Kinnan M'Kay, a Pauper and that the said
Kinnan M'Kay is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Kinnan M'Kay as a Patient into the (6) Lunatic Asylum of Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Kinnan M'Kay which accompanied the said Petition.

DATED this Seventh day of January One thousand eight hundred and Seventy

W R Dunbar

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

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

N.B.—The Fees shall remain
Superintendent of the Asylum
the Sheriff is obliged.

PETITION TO TH
RECEPTION

Sheriff or Steward,
Shire or Stewartry.

Unto the Honourable the
of Wigto

The Petitio
Parish of
humbly sheweth that H

Medical Certificates, that

Petitioner (Pat

is at present in a state of
Asylum for the Insane
mission of the said
Southern Counti
into the the said Asylum.

DATED this four
eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient at
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation
(if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examina-
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a
Pauper), is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of
Abode of nearest known Relative of the
Patient, and degree of Relationship (
known), and whether any Member of
Family known to be or to have been In
sane,
20. Special circumstances (if any) preventing the
insertion of any of the above particulars,

I certify, that, to the best of my knowle

DATED this fourteenth day

(To be signed

1 State degree of
relationship, or other
quality in which Peti-
tioner stands to Lunat

2 The date of the
Petition must be with-
in fourteen clear days
following the date of
the Medical Certifi-
cate.

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

[Form A]

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

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

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

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

The Petition of James Dalby, Inspector of Poor of the Parish of Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jeanie Burns Gordon or Glen residing at ~~your Petitioner's~~ (3) No 97 George Street, Stranraer is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jeanie Burns Gordon or Glen to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

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

James Dalby, Inspector of Poor

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

Dated this fourteenth (4) day of January one thousand eight hundred and seventy —

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jeanie Burns Gordon or Glen
2. Sex and Age,	Female — 30 6/12
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Sewer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	No 97 George Street Stranraer
7. Place where Found and Examined,	Do
8. Length of time Insane,	Has come on gradually, the last few weeks
9. Whether first Attack,	No
10. Age (if known) on first Attack,	25
11. When and where previously under Examination and Treatment,	In Southern Counties Asylum from June 1868 to February 1869.
12. Duration of existing Attack,	See answer to No 8.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Given hints of something of that kind
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
18. Date of becoming Chargeable,	14 January 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret McDonald, Mother — No 97 George Street, Stranraer
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this fourteenth day of January One thousand eight hundred and seventy

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

P.P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) *Lunatic, or an insane person, 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 Dale residing in Alva
being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the house of her mother in George St Alva
in the County of Clackmannan
separately from any other Medical Practitioner visited and personally examined (4) Jessie Burns Gordon or Glen residing in said house a pauper
and the said Jessie Burns Gordon or Glen is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She says she is troubled & as something descends & tells to take Mother food nor medicine, and speaks in a rambling and incoherent manner

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother says she speaks of devils injuring her own child, and wishes to be taken to prevent from killing the child. She can get no sense out of her

Name and Medical Designation, John Dale Surgeon

Place of Abode, Alva

DATED this 14th day of January One thousand eight hundred and seventy

---

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Mc Neil MD
being a (1) Graduate of the University of Edinburgh & a Licentiate of the 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) 97 George Street Stanraer
in the County of Wigtown
separately from any other Medical Practitioner visited and personally examined (4) Jeanie Burns Gordon or Glen residing Boyze Glenluce
and the said Jeanie Burns Gordon or Glen is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has a wild hostile appearance. Her eye wander unmeaningly from object to object. She says she has committed a horrible deed constantly mutters & broadly. but refuses to reply to questions put to her &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Mother Margaret Mc Dowall says she breaks out into violent fits of passion, refuses to take food, expresses constantly a dread & fear lest she should kill her own child. Urges her mother to beware of her lest she should be compelled to murder her. talks incoherently & broadly &c

Name and Medical Designation, William Mc Neil M.D. and Surgeon

Place of Abode, Stranraer

DATED this 14th day of January One thousand eight hundred and seventy years.

CERTIFICATE OF EMERGENCY.

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

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

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

Dated this day of One thousand eight hundred and

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

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

I, Peter Mackean (3) Sheriff Substitute
of the (4) County of Wigtown
having had produced to me, with a Petition at the instance of (5) James Dally
Inspector of Poor, Parish of Stranraer
Certificates under the hands of John Orgill
and William Mc Neil , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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)
Jeanie Burns Gordon or Glen a pauper and that the said
Jeanie Burns Gordon or Glen 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 Jeanie Burns Gordon or Glen as a Patient into the (Southern Counties Asylum at Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jeanie Burns Gordon or Glen — which accompanied the said Petition.

Dated this fourteenth day of January One thousand eight hundred and seventy

P Mackean Sh. Sub.

To the Superintendent of the (8) Southern Counties Asylum at Dumfries

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

N.B.—This Form sho
Superintendent of
the Sheriff in obtain

PETITION T
RECE

(a) Sheriff or Steward,
or Shire or Stewartry.

Unto the Honourab
of Dum

The
Parish of Ba
humbly sheweth t

Medical Certificate

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

your Petitioner's (
is at present in a s
Asylum for the In
mission of the said
Cuthbert Rox
into the the said A

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

DATED this
eight hundred and

If any of the Par

1. Christian Name and Surname of Pat
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occ
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pa
Abode of nearest known Relative
Patient, and degree of Relationship
known), and whether any Member o
Family known to be or to have be
same, ...
20. Special circumstances (if any) prevent
insertion of any of the above particu

I certify, that, to the best of my k

DATED this Seventeenth

(To be s

1/
517
Nearest Relative for Petition
15/11/90

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Meikle farmer Rotherwamms in the Parish of Kirkmaining and County of Ayr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Susan Meikle

(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 Susan Meikle to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

Jas Meikle

(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 January One thousand eight hundred and Seventy

STATEMENT.

If any 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 Meikle
2. Sex and Age,	female - aged 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,	Presbyterian
6. Previous Place of Abode,	Fichen farm. Parish of Largs
7. Place where Found and Examined,	Fichen farm, parish of Largs
8. Length of time Insane,	about three months
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	about 38 years
11. When and where previously under Examination and Treatment,	nowhere about three months
12. Duration of existing Attack,	
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	No
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Date of becoming Chargeable,	——
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Meikle, farmer Rotherwamms Kirkmaining (brother) a Sister was insane before death the brother died of general paralysis
20. Special circumstances (if any) preventing the 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 January One thousand eight hundred and Seventy

(To be signed by Party applying) Jas Meikle

P. p

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Robt. Craig Surgeon
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) The Farm Jurnes in the County of
Parish of Largs Ayr separately from any other Medical Practitioner,
visited and personally examined (4) Susan Meikle residing at Fisher
Parish of Largs, County of Ayr and that
the said Susan Meikle is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her general delusion
and that her friends and continuous to injure her
and that she has suffered grievous disappointm
through neighbours and insists the Jury and more
would assist [illegible] nature is changed since her
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She insists on having a considerable quantity o
Spirits every night on the pretext that she c
sleep without it. Communicated by her brothe
and sister

Name and Medical Designation, Robt. Craig Surgeon

Place of Abode, Kilwinning

DATED this Seventeenth day of January One thousand eight hundred and Seventy

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Susan Meikle, Farmers
daughter, Parish of Largs, Ayrshire and that
the said Susan Meikle is a (5) person
of unsound mind and a proper person to be detained
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 Abusive.
Imagines that her friends & neighbours have been
doing their utmost to make her uncomfortable causing the
~~[illegible]~~ noise to appear in different parts of her room
& otherwise ~~in different ways~~ annoying her
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Nelson informs me that since h
admission she has been letting on a delus
to commit

Name and Medical Designation, J. Smith MB &

Place of Abode, Dumfries

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Robt. Craig Surgeon
being (1) L.R.F.P.S. of Glasgow
hereby certify, on soul and conscience, that I have this day, at (2) Hillend, Parish of Largs
in the County of Ayr, seen and personally examined
Susan Meikle residing there, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

DATED this Seventeenth day of January One thousand eight hundred and Seventy

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

Robt. Craig Surgeon

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Keith
Farmer Letter Kains, in the Parish of Kilwinning & County
of Ayr
Certificates under the hands of Robert Craig
and John Smith, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Susan
Keith, Hillend, Parish of Largs, County of Ayr and that the said
Susan Meikle is a (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 Meikle as a Patient into the (6) Public Asylum of ~~(Southern Counties)~~ 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 Susan
Meikle which accompanied the said Petition.

DATED this Nineteenth day of January One thousand eight hundred and seventy years. Two words delete.

David Boyle Hope

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

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

Susan Meikle
Jan. 11/10

N.B.—This Form sh
Superintendent of
the Sheriff is obtain

PETITION T
RECE

§ Sheriff or Steward, Shire or Stewartry.

Unto the Honoura
of Dr
Whaw Hill near Wigton, The
Cumberland humbly sheweth

Medical Certificate

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

your Petitioner's
is at present in a
Asylum for the In
mission of the said
Crichton
into the the said

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

Dated this
eight hundred and

If any of the Par

1. Christian Name and Surname of Pa
length, ...
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous Oc
(if any), . . .
5. Religious Persuasion, so far as known
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under Ex
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lunati
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member
Family known to be or to have b
sane, ...
20. Special circumstances (if any) preven
insertion of any of the above parti

I certify, that, to the best of my

Dated this 22 D
7

(To be

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,—*

Ashawhill, near Wigton, Cumberland. The Petition of John Mandnell, the elder, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mandnell, the younger, your Petitioner's (3) Son residing with him, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Mandnell, the younger, to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

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

John Mandnell

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

Dated this 22nd (4) day of January One thousand eight hundred and seventy

STATEMENT.

If any 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 Mandnell.—
2. Sex and Age,	male, aged 38 years.—
3. Married, Single, or Widowed,	Single.—
4. Condition of Life, and previous Occupation (if any),	Farmer.—
5. Religious Persuasion, so far as known,	Church of England.—
6. Previous Place of Abode,	Oakshaw Hill, parish of Wigton, Cumberland.
7. Place where Found and Examined,	
8. Length of time Insane,	about six months in present attack.—
9. Whether first Attack,	second attack.—
10. Age (if known) on first Attack,	Thirty-six years of age.—
11. When and where previously under Examination and Treatment,	At home.—
12. Duration of existing Attack,	Six months.—
13. Supposed Cause,	Intemperance and anxiety about his affairs.—
14. Whether subject to Epilepsy,	no.—
15. Whether Suicidal,	not in present attack, except at commencement of it.
16. Whether Dangerous to others,	no.—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Mandnell, father of the patient resides at Oakshaw Hill, Wigton, in the County of Cumberland.— Insanity not known in the family, either father or mother sick hitherto.—
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 22nd day of January One thousand eight hundred and seventy.—

(*To be signed by Party applying*) John Mandnell

P. p

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Tiffen
being a (1) Doctor of Medicine (Aberdeen) Member of Royal
College of Surgeons England
and being in actual practice as a (2) General medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Creighton Royal
in the County of
Dumfriesshire separately from any other Medical Practitioner,
visited and personally examined (4) John Mandwell, Farmer
Oakshawhill, parish of Wigton, County of Cumberland and that
the said John Mandwell is a (5) person of unsound
mind and a proper person to be detained
under Care and Treatment, 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 – constant
depression of spirits – Brooding on domestic troubles – restlessness
– wanders about without object. – Saw him immediately after attempt
of suicide about 18 months ago. –

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Patient's
father, John Mandwell, the Elder, informs me that he gets no
sleep during the night, owing to worldly troubles which have no existence
– that he about 18 months ago attempted suicide. –

Name and Medical Designation, Robt Tiffen M.D.

Place of Abode, Wigton Cumberland

Dated this 24th day of January One thousand eight
hundred and Seventy-

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Patrick Brennan
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) Crighton Royal
in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) John Mandwell Farmer
Oakshawhill Cumberland and that
the said John Mandwell is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I saw the patient
when I proceeding to him, I found
over excited, that all information
was [illegible]

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Graham informed me that previous
to my interview the Eighteen, he had himself
[illegible]

Name and Medical Designation, P Brennan M.D.

Place of Abode, Crighton Royal Dumfries

Dated this 25th day of January One thousand eight
hundred and 70

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Robert Tiffin being (1) Doctor of Medicine (St Andrews) Member of Royal College of Surgeons of England 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 John Mandwell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Robert Tiffin M.D. &c

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

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

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

I, James Gordon (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Mandwell Oakbankhill near Wigton, Cumberland Certificates under the hands of Robert Tiffin 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 Mandwell, Petitioners son residing with him and that the said John Mandwell is a (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 Mandwell as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Mandwell which accompanied the said Petition.

DATED this Twenty sixth day of January One thousand eight hundred and seventy years.

James Gordon

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

1157
John Mandeville
24/11/20

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Wigtown & Kirkcudbright *and his Substitutes,*—for the County of Wigtown.

The Petition of Marion Kelly residing in Newton Stewart in said County humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Kelly your Petitioner's (3) brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charles Kelly to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

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

Marion Kelly

Dated this Fifteenth (4) day of January One thousand eight hundred and Seventy

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Charles Kelly
2. Sex and Age,	Male - about 56
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No occupation - Now dependent on myself - a Pauper
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Has been mostly in the parishes of Glasserton and
7. Place where Found and Examined,	Craighmine Croft Parish of Glasserton
8. Length of time Insane,	Probably about or near 40 years
9. Whether first Attack,	Probably from 15 to 18
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	Uncertain
14. Whether subject to Epilepsy,	Not known to the
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not known to the
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Fifteenth day of January One thousand eight hundred and Seventy

(*To be signed by Party applying*) Marion 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.

(6) *State the facts.*

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

I, the undersigned, Robert Broadfoot Surgeon, 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) Craiglemine croft in the Parish of Glasserton and Whitecrook in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Charles ~~Kelly~~ residing with Mrs McDowall at the said Craiglemine Croft and that the said Charles ~~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) His silly stolid, expressive countenance, his slouching attitude and deportment whether in rest or motion, his habitual taciturnity unless spoken to, and my personal knowledge of his mental imbecility several years ago.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Never speaks but when spoken to. Is entirely destitute of memory except of some occurrences of his early life. Has chiefly employment sometimes in breaking straw into small pieces or amusement is to sit and when taken a little distance from home [illegible] them in rows - for hours together.

Name and Medical Designation, Robert Broadfoot, Surgeon

Place of Abode, Whithorn

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Dunbar White being a (1) Graduate in Medicine of the University of Edinburgh and a Licentiate of the Royal College of Surgeons of Edinburgh 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) Craiglemine Croft in the Parish of Glasserton and Whitecrook in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Charles Kelly residing with Mrs McDowall at the said Craiglemine Croft and that the said Charles 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) Charles Kelly has been, for many years, a person of very imbecile mind, and ~~confined~~ committed to the care of others. Can only take care of himself. His countenance indicates idleness, indifference, stupidity - Knows but some collection of arrangements made before his faculties began to decay, he knows what not knowledge of things that has taken place since & cannot name even his nearest neighbours.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From Mrs McDonald, with whom Chas Kelly lives, I learn that he has no memory - no remembrance of the any thing that occurs, knows nothing of what is going around him. Never speaks unless spoken to and takes no interest in anything but in breaking straw into small pieces, and in arranging them when broken into straight lines

Name and Medical Designation, Dunbar White M.D.

Place of Abode, Whithorn

DATED this thirteenth day of January One thousand eight hundred and seventy

CERTIFICATE OF EMERGENCY.

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

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

And I further certify that the case of the 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, Macduff Rhind Esquire Advocate Sheriff Substitute
of the (3) County of Wigtown
having had produced to me, with a Petition at the instance of (4) Marian Kelly residing
at Newton Stewart in said County
Certificates under the hands of Robert Broadfoot Surgeon Whithorn
and Dunbar White M.D. Whithorn , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) the said Charles Kelly residing with Mr M'Donald at Craigcaimie and that the said Charles Kelly is a (6) Lunatic

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

DATED this Eighteenth day of January One thousand eight hundred and seventy Years

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

M. Rhind

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

XII.—This Form

Superintendent of th
Sheriff is obtained.

PETITION TO
RECE

§ Sheriff or Steward.
§ Shire or Stewartry.

Unto the Hon
of Lud

The

humbly sheweth
Medical Certificate
is at present in a
Asylum for the In
mission of the said
Northern Counties
into the said Asyl

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

DATED this
eight hundred and

If any of the F

1. Christian Name and Surname of
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(*if any*), . .
5. Religious Persuasion, so far as kno
6. Previous Place of Abode, .
7. Place where Found and Examined
8. Length of time Insane, .
9. Whether first attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lu
Pauper) is Chargeable, .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and
Abode of nearest known Relati
Patient, and degree of Relati
known), and whether any Mem
Family known to be or to hav
sane, . . .
20. Special circumstances (if any) pre
insertion of any of the above pa

I certify, that, to the best of m

DATED this *Third*

1
5-18
Charles Kelly
1/2/70

N.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 Linlithgow and his Substitute.

The Petition of Thomas Robertson Inspector of Poor, Bathgate

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

(SIGNED) Thomas Robertson Inspector of Poor

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

DATED this 3rd (*) day of February One thousand eight hundred and Seventy

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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 Dodds
2. Sex and Age,	Female, 40 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Edinburgh
7. Place where Found and Examined,	Bathgate
8. Length of time Insane,	Two Weeks
9. Whether first attack,	First
10. Age (if known) on first Attack,	"
11. When and where previously under Examination and Treatment,	"
12. Duration of existing Attack,	"
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	Unknown
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Whitburn
18. Date of becoming Chargeable,	23 January 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas Dodds a Baker in Whitburn
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* Name Thomas Robertson Insp. of Poor

DATED this third day of February One thousand eight hundred and Seventy

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, John Dois being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Bathgate Parochial sick room Linlithgow in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Dodds and that the said Mary Dodds is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is in a low, melancholy state. Says that the devil tempted her to destroy herself, and that all her friends have been put to death on her account, and for her sins.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Occasionally violent - But the sick nurse & husband communicated these to me by them.

(SIGNED) *Name and Medical Designation,* John Dois - L.R.C.S.E.

Place of Abode, Bathgate

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, J Walfour Mackie being a (1) Member of the Royal College of Physicians Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Bathgate Linlithgow in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Dodds and that the said Mary Dodds is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Melancholic - Constantly brooding over her sins & iniquities

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Occasionally violent Sick-Nurse

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

Place of Abode, Bathgate

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
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, Francis Home (2) Sheriff Substitute
of the (3) County of Lanarkshire
having had produced to me, with a Petition at the instance of (4) Mary Dodds
Thomas McCorkindale, Inspector of Poor, Ballagate
Certificates under the hands of John Bain
and J. Balfour Kirkpatrick, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Dodds and that the said
Mary Dodds 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 Dodds as a Patient into the (7) Southern Counties Asylum at Dumfries and I authorize
also Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Dodds which accompanied the said Petition. Two w[illegible] deletes.

(SIGNED) Francis Home

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

To the Superintendent of the Asylum at (7) 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
5-19
Mary Dodds,
4/2/70

N.B.—This Form shall remain
Superintendent of the Asylu
the Sheriff is obtained.

PETITION TO TH
RECEPTION

Sheriff or Steward,
Mayor or Secretary.

Unto the Honourable the
of Ulgtown

The Petitio
of the Parish of
humbly sheweth that
Medical Certificates, that
(1) Mary
is at present in a state of
Asylum for the Issue.
mission of the said
Antrim County
into the the said Asylum.

(1) State degree of
Imbecility or other
alady in which Pet-
or stands to Lunac

(2) The date of the
Petition must be with-
fourteen clear days
following the date of
the Medical Certifi-
cate.

DATED this
eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient at
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupation
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Examina-
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (if a
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place of
Abode of nearest known Relative of the
Patient, and degree of Relationship (if
known), and whether any Member of
Family known to be or to have been In-
sane, ...
20. Special circumstances (if any) preventing the
insertion of any of the above particulars,

I certify, that, to the best of my knowle

DATED this fourth day o

(To be signed

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

[Form A]

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

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

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

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

The Petition of James Dally, Inspector of Poor of the Parish of Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Allison, a pauper, presently ~~your Petitioner's~~ (3) residing at Rhins Poor House, Stranraer is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Allison —— to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

James Dally, Inspector of Poor

(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 fourth (4) day of February One thousand eight hundred and seventy. —

STATEMENT.

If any 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 Allison
2. Sex and Age,	male, 29
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Stonebreaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dalrymple Street, Stranraer
7. Place where Found and Examined,	Rhins Poor House.
8. Length of time Insane,	Has come on during this last month—
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	——
11. When and where previously under Examination and Treatment,	Never before under treatment
12. Duration of existing Attack,	about one months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No— But paralytic in both legs for a number of years past.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
18. Date of becoming Chargeable,	4th February 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	1. Wife - Mary Warren residing at Redcraig Poke House Mochr 2. Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this fourth day of February One thousand eight hundred and seventy

(*To be signed by Party applying*) James Dally
Inspector of Poor P.P.

5/2
Mary Dodds
4/2/70

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 Orgill being a (1) a 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) the Poor House in Dalrymple Street Stranraer in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) William Allison a pauper there and the said William Allison is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He believes that he a member of many Societies for none at all Kinds of Females and believes he has plenty of money and pays them a Daily Sum in order to provide Meals for them he says he is purchasing a Quantity of Horses, He is also Superstitious says to prove his Existence &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Allen and the Governor of the Poor House says in addition to these myself observed that he Cleans himself very seldom in the night & requires Supervision abroad. He is very filthy in his habits, will destroy Nearly all articles of Clothing he can lay his hands on. John Dodds one of the Inmates Corroborates the above.

Name and Medical Designation, John Orgill Surgeon

Place of Abode, George St Stranraer

DATED this 4th day of Feby One thousand eight hundred and Seventy

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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, 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) the Wigtown poor house, Dalrymple Street, Stranraer Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) William Alison a pauper there and the said William Alison is a (5) pauper of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His eyes have an unsettled appearance talking about from one object to another, He labours under a variety of delusions, imagining that he has a number of workmen under him some breaking stones some making carts for him & all at the Cross. He says he is possessed of a large sum of money & other valuables. When examining his hand was cut while attempting to escape & the window he got furious and attempted to strike me. On several occasions he has become so excited as to require strong restraint.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr. Moreland the Governor of the poor house states that he is very restless at night, sleeping little, whistling & singing ~~at one time~~ or cursing and swearing the greater part of the night that he is sometimes outrageous requiring the strait waistcoat, that he has torn his blankets & bed clothes to shreds and rolled part of the torn clothes round his legs for stockings, and that he ~~suffered from~~ labours under a variety of delusions &c.

Name and Medical Designation, David Easton M

Place of Abode, Castle Street Stranraer

DATED this fourth day of February One thousand eight hundred and Seventy

CERTIFICATE OF EMERGENCY.

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

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

And I further certify that the case of the 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, Peter Maclean (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dally
Inspector of Poor of the Parish of Stranraer
Certificates under the hands of John Orgill Surgeon
and David Easton M.D. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
William Allison, pauper and that the said
William Allison is a (5) insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Allison 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 William Allison which accompanied the said Petition.

DATED this fourth day of February One thousand eight hundred and seventy

Maclean Sh. Sub.

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

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

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William Allen
7/2/80

N.B.—This Form sh
Superintendent of
the Sheriff is obtain

PETITION T
RECE

Sheriff or Steward.
Shire or Stewartry.

Unto the Honour
of

Th

Newton Stewart

humbly sheweth

Medical Certificat

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

your Petitioner's
is at present in a
Asylum for the
mission of the said

Crichton

into the the said

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

DATED this
eight hundred and

If any of the P

1. Christian Name and Surname of P
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous O
(if any), . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lun
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relati
Patient, and degree of Relatio
known), and whether any Mem
Family known to be or to have
sane, . . .
20. Special circumstances (if any) prov
insertion of any of the above pa

I certify, that, to the best of my

DATED this 26th

(To

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Cecilia M. Carmont Cree Bridge Newton Stewart humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Carmont your Petitioner's (3) brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Carmont to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

Cecilia M Carmont

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

Dated this 26th (4) day of February One thousand eight hundred and ~~sixty~~ seventy.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Carmont
2. Sex and Age,	male - 58.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	retired clothier
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Bristol
7. Place where Found and Examined,	~~Bath~~ Crichton Institution
8. Length of time Insane,	a fortnight
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	58.
11. When and where previously under Examination and Treatment,	~~Dumfries~~ County Asylum Wells
12. Duration of existing Attack,	a fortnight
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,	Cecilia M. Carmont Cree Bridge Newton Stewart sister — none —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 26th day of February One thousand eight hundred and seventy.

(*To be signed by Party applying*) Cecilia M Carmont

P. p

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William Allan
7/2/70

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Carmont, Retired Clothier Kenlee Stewart and that the said John Carmont is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has delusions. Tells me that during his stay at Bath three weeks ago he was attended at the Hotel by a man dressed like a hangman that he was forced to remain on his back on the floor for a considerable time & that attempts were made to give him fluid food

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Groom who accompanied him from Bath states that he heard him make several delusive statements during his attendance on him

Name and Medical Designation, J Smith MB & C

Place of Abode, Dumfries

DATED this 28th day of February One thousand eight hundred and 70

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Carmont, Retired Clothier Kenlee Stewart and that the said John Carmont is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has delusions about being badly treated in Bath Cabs. He talks them with marked fluency — He is excited and cannot sleep well.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The attendant says that his talk is always about the delusions.

Name and Medical Designation, William S Kerr M

Place of Abode, Dumfries

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Jas. Gibson MD being (1) a graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) C. R. Institution in the County of Dumfries, seen and personally examined John Carmont, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

J Gibson MD

DATED this 26th day of February One thousand eight hundred and Seventy.

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Cecilia H. Carmont, Cree Bridge, Newton Stewart Certificates under the hands of John Smith and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Carmont, Retired Clothier, Newton Stewart Kirkcudbrightshire and that the said John Carmont is a (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 Carmont as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Carmont which accompanied the said Petition.

DATED this Twenty eighth day of February One thousand eight hundred and Seventy years.

David Boyle Hope

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

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

John Garnett.
February 26/10.

N.B.—This Form sho
Superintendent
the Sheriff, Provo

PETITION T
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Unto the Honour
of Ire

The

[1] Sheriff or Provost, or Clerk or Secretary.

humbly sheweth
Medical Certificat
your Petitioner's
[2] State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a
Asylum for the In
mission of the sai
Ireland
into the said Asyl

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

DATED this
eight hundred and

If any of the Pa

1. Christian Name and Surname of P
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous O
(if any), . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known), and whether any Memb
Family known to be or to have
sane, . . .
20. Special circumstances (if any) prev
insertion of any of the above par

I certify, that, to the best of my

DATED this twenty eighth

(To be

John Carmont
February 26/60.

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) County of Dumfries *and his Substitutes,—*

The Petition of John Thomson Sup.r & Pour Holywood,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Maxwell residing in Holywood,

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

your Petitioner's (3) Pauper

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

John Thomson

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

Dated this twenty eighth (4) day of February One thousand eight hundred and Sixty.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnes Maxwell.
2. Sex and Age,	Female – Fifty-six years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	A Pauper – Formerly a domestic Servant.
5. Religious Persuasion, so far as known,	Presbyterianism.
6. Previous Place of Abode,	Newington, St Holywood Parish.
7. Place where Found and Examined,	Newington St Holywood Parish.
8. Length of time Insane,	Observed for a few days.
9. Whether first attack,	No.
10. Age (if known) on first Attack,	Fifty one years.
11. When and where previously under Examination and Treatment,	Dumfries L.C. Asylum.
12. Duration of existing Attack,	A few days.
13. Supposed Cause,	Unknown to me.
14. Whether subject to Epilepsy,	Unknown to me.
15. Whether Suicidal,	Formerly was – no symptoms at present.
16. Whether Dangerous to others,	Formerly was – no symptoms at present.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of St Holywood, Dumfries.
18. Date of becoming Chargeable,	1863. September.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joan Gray Maxwell (sister) Newington St Holywood Dumfries. No other instance of 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.

Dated this twenty eighth day of February One thousand eight hundred and Sixty.

(*To be signed by Party applying*) John Thomson Sup.r of the Parish of St Holywood P.P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Have known her for the last five years during which time she has been twice a patient in the Asylum Has delusions and is very excitable

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

2. Other facts (if any), indicating Insanity communicated to me by others: (7)
Her niece says she represses & talks to herself or speaks for some days

Name and Medical Designation, W Scott MD

Place of Abode, Dumfries

DATED this 26th day of February One thousand eight hundred and seventy.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kennington Cottage
Holywood
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Maxwell a pauper
and that
the said Agnes Maxwell
is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Have delusions
Thinks she has special communication with heaven
often refuses to answer questions.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her niece & other friends say she gets quite out of herself at times. She has been a patient before.

Name and Medical Designation, William S Kerr MD

Place of Abode, Dumfries

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope Advocate (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me with a Petition at the instance of (3) John Thomson, Inspector of Poor Holywood.
Certificates under the hands of William Scott.
and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Maxwell, Sauchrigton, Holywood, (A pauper) and that the said Agnes Maxwell, is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Maxwell as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Maxwell, which accompanied the said Petition.

DATED this twenty eighth day of February One thousand eight hundred and seventy years.

David Boyle Hope

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

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

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Agnes Maxwell
28/2/70

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

[Form A]

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

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

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

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

The Petition of Elizabeth Kennedy or Thomson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Milligan Thomson 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 Grace Milligan Thomson to the Crichton Lunatic Asylum and to sanction her admission into the the said Asylum.

Elizabeth Thomson

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

Dated this seventh (4) day of March One thousand eight hundred and seventy

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Grace Milligan Thomson
2. Sex and Age,	Female. 17 years last Sept.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Living at home with her Parents.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Cotton Street, Castledouglas.
7. Place where Found and Examined,	Cotton Street, Castledouglas.
8. Length of time Insane,	About four weeks.
9. Whether first Attack,	First attack.
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	Predisposition, and being brought up in the house with an insane Father, and not permitted to have any companions
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	not even to go to school
16. Whether Dangerous to others,	Somewhat so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joseph Thompson, Cotton Street Castledouglas, at present a Patient in the Crichton Lunatic 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 seventh day of March One thousand eight hundred and seventy

(To be signed by Party applying) Elizabeth 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, Patrick Anderson being a (1) L.R.C.S. Edin.

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

1. Facts indicating Insanity observed by myself: (6) She has undergone a great change in appearance and manner. She has become very morose and extremely melancholy, taking the most morbid and unfounded views of her mental health and of herself being left unprotected. She refuses to speak and does

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother states that when she attempts to control her she becomes very violent and has threatened to strike her and has attempted to injure her own person

Name and Medical Designation, Patk. Anderson L.R.C.S.

Place of Abode, Castle Douglas

DATED this 30th day of March One thousand eight hundred and Seventy

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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, Walter Lorraine being a (1) Graduate of Edinburgh University and a Licentiate of the Roy. Coll. 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) Cotton Street Castle Douglas Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Grace Milligan Thomson and that the said Grace Milligan Thomson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She appears very melancholy and so absorbed in thought as to get with difficulty to answer any questions put to her — She is subject to delusions about her own health & many matters respecting herself

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother states that when contradicted she becomes violent; with attempts to injure her mother & family

Name and Medical Designation, Walter Lorraine M.D.

Place of Abode, Castle Douglas

DATED this 30th day of March One thousand eight hundred and Seventy

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Henry Johnston Esquire (1) Advocate, Steward Substitute of the (2) Stewartry of Kirkcudbright at having had produced to me, with a Petition at the instance of (3) Elizabeth Kennedy or Thompson Certificates under the hands of Patrick Anderson and Walter Lorraine , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Grace Milligan Thomson and that the said Grace Milligan Thomson 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 Grace Milligan Thomson 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 Grace Milligan Thomson which accompanied the said Petition.

DATED this eighteenth day of March One thousand eight hundred and Seventy

Henry Johnston.

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.

N.B.—This Form
Superintendent of th
Sheriff is obtained.

PETITION TO
RECEP

† Sheriff or Steward.
†† Shire or Stewartry. Unto the Honourable
of

The

humbly sheweth
Medical Certificate
is at present in a
Asylum for the In
mission of the said
into the said Asyl

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

DATED this
eight hundred and

If any of the P

1. Christian Name and Surname of P
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(if any),
5. Religious Persuasion, so far as kno
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lu
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relati
Patient, and degree of Relati
known), and whether any Mem
Family known to be or to hav
ance,
20. Special circumstances (if any) pecu
insertion of any of the above pa

I certify, that, to the best of m

DATED this
19

1161

Grace Milligan Thornton

Nov. 2/10

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

[FORM A.]

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

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

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

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

The Petition of James Brown Inspector of Poor Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Wilson Carter at Wanlockhead is at present in a state of Mental Derangement, and 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 Wilson to the Southern Counties Asylum at Dumfries and to sanction his admission into the said Asylum.

(SIGNED) James Brown Inspector of Poor

(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 Seventy

---

STATEMENT.

If any 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 Wilson
2. Sex and Age,	Male. 50 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Carter
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Wanlockhead
7. Place where Found and Examined,	Wanlockhead
8. Length of time Insane,	Three Weeks
9. Whether first attack,	First
10. Age (if known) on first Attack,	50.
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Three Weeks.
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sanquhar
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative 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 Robertson Mo Father committed suicide
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* *Name,* James Brown

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

* To be signed by the Party applying.

P. P.

1101
Grace Milligan Thomson
Aged 2/12

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Menzies being a (1) Doctor of Medicine, and a Licentiate 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) Wauloch Head in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Wilson. Carter. Wauloch Head and that the said Thomas Wilson 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) Change of character, delusions, causeless suspicions, attempt to has cut his throat in attempting to commit suicide - has to be restrained by strait waistcoat, proper

2. Other facts (if any) indicating Insanity communicated to me by others: (7) violence, delusions, displays cunning in attempting to carry out his insane intentions. Derived from wife & family

(SIGNED) *Name and Medical Designation,* James Menzies Doctor of Medicine

Place of Abode, Wauloch Head

DATED this Ninth day of March One thousand eight hundred and Seventy

---

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Ramsay McNab 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) Southern Counties Asylum - Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Wilson. Carter. Wauloch Head [a pauper] and that the said Thomas Wilson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has the delusion that his friends wished to shut him up in an Asylum to avoid which he felt compelled to commit suicide -

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

(SIGNED) *Name and Medical Designation,* W. R. McNab. M.D. &c.

Place of Abode, Dumfries

DATED this 11th day of March One thousand eight hundred and Seventy

CERTIFICATE OF EMERGENCY.

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

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

Name, James Menzies Doctor of Medicine

Place of Abode, Wauchhead

DATED this tenth day of March One thousand eight hundred and Seventy

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Brown Inspector of Poor, Sanquhar Certificates under the hands of James Menzies and William Ramsay McNab, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Wilson, Carter, Wauchhead, a Pauper and that the said Thomas Wilson is a ~~(5)~~ Insane person, and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Wilson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Wilson which accompanied the said Petition.

~~(Signed)~~ David Boyle Hope

DATED this Twelfth day of March One thousand eight hundred and Seventy

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if 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
522
Thomas Wilson
10/3/70

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

[Form A]

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

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

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

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

The Petition of

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

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

your Petitioner's (3)

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

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

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

STATEMENT.

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

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

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

Dated this day of One thousand eight hundred and

(To be signed by Party applying)

P. p

MEDICAL CERTIFICATE, No. I.

I, the undersigned, being a (1)

and being in actual practice as a (2)

hereby certify, on soul and conscience, that I have this day, at (3)

in the County of

separately from any other Medical Practitioner, visited and personally examined (4)

and that the said

is a (5)

and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

Name and Medical Designation, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, being a (1)

and being in actual practice as a (2)

hereby certify, on soul and conscience, that I have this day, at (3)

in the County of

separately from any other Medical Practitioner, visited and personally examined (4)

and that the said

is a (5)

and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

Name and Medical Designation, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, J. Wilson M.D. 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 Frances Moffat, and that the said Christian Bryden Inhabitant Dumfries person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

J. Wilson M.D.

DATED this 12th day of March One thousand eight hundred and Seventy

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

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

I, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

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

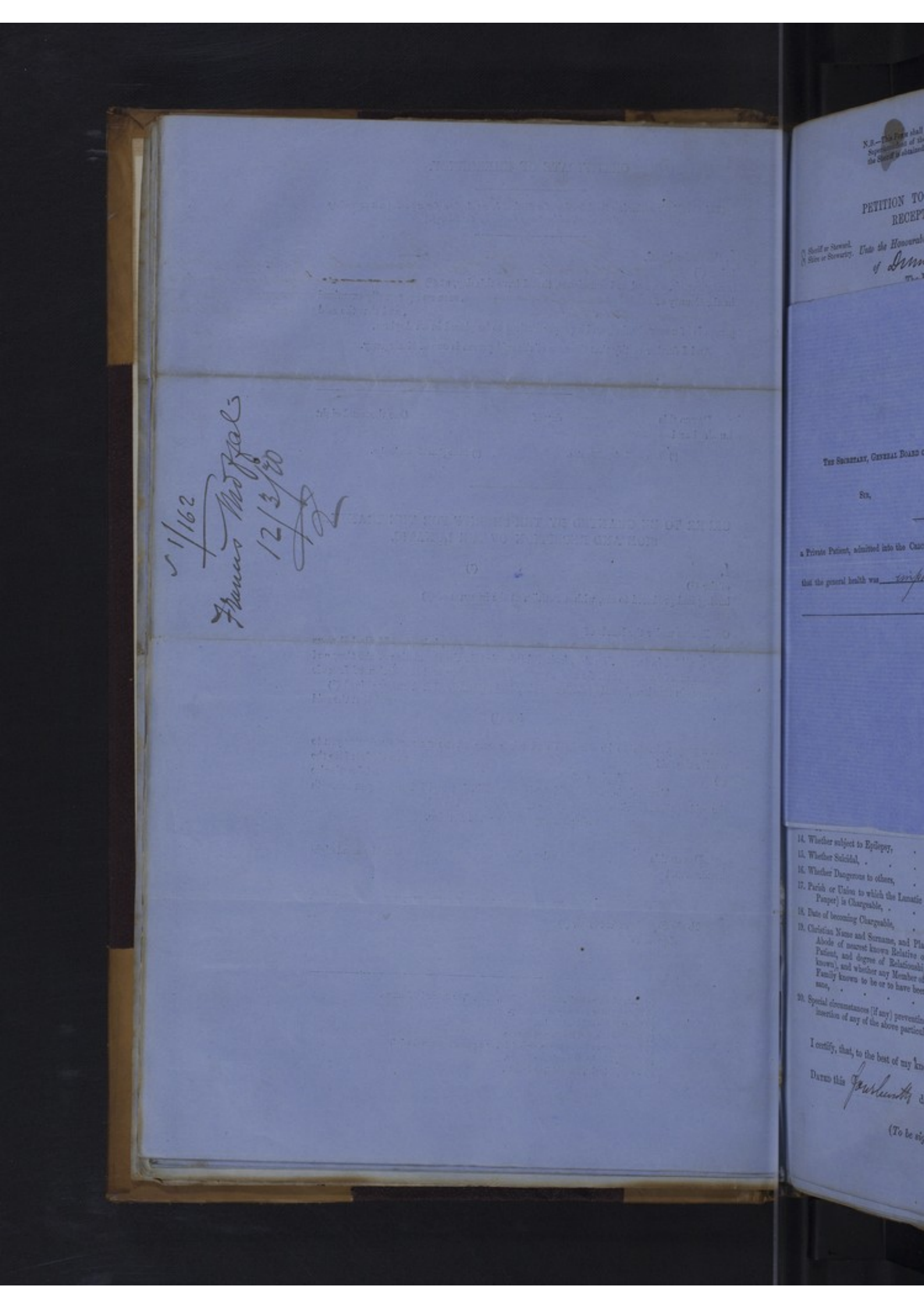
is a (5)

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

DATED this day of One thousand eight hundred and

To the Superintendent of the (7)
Asylum of

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


S 1/162
Thomas Moffat
12/3/20

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

[FORM A]

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

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

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

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

The Petition of [illegible]

CRICHTON ROYAL INSTITUTION, DUMFRIES.

March 12/20

THE SECRETARY, GENERAL BOARD OF LUNACY,

SIR,

Moffat

a Private Patient, admitted into the CRICHTON ROYAL INSTITUTION to-day, has been duly examined, when it was found that the general health was impaired and that the patient suffered from no special disease

14. Whether subject to Epilepsy, . . long continued Melancholia
15. Whether Suicidal, ... No
16. Whether Dangerous to others, . . Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . . Not Chargeable
18. Date of becoming Chargeable, . .
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, ... Thomas Kennedy
Mrs Kennedy
7 East Morton St
Thornhill
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

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

DATED this fourteenth day of March One thousand eight hundred and twenty

(*To be signed by Party applying*) Thos Kennedy

P. P

1/162
Frances Moffat
12/5/20

S.R.—This Form shall
Superintendent of t
the Sheriff is obtained

PETITION TO
RECEP

To Sheriff or Steward.
To Mayor or Stewartry. Unto the Honourable
of Dum

LETTER OF OBLI

To be

To the Trustees a

GENTLEMEN,

Upon your admitti

Royal Institution for Lunatics, as a P

and in advance, for the said

required to do so by you; to bury

to renew them when destroyed or w

Valitry for the reception or detention

Regulations of the Institution.

Name

Addre

14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Pla
Abode of nearest known Relative
Patient, and degree of Relationshi
known), and whether any Member o
Family known to be or to have bee
sane,
20. Special circumstances (if any) preventi
insertion of any of the above particul

I certify, that, to the best of my kn

DATED this Fourteenth

(To be sig

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

[FORM A]

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

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

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

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

The Petition of [illegible]

LETTER OF OBLIGATION FOR PAYMENT OF BOARD.

To be Subscribed by One or Two Respectable Persons.

To the Trustees and Directors of the Crichton Royal Institution for Lunatics.

_____ 186

GENTLEMEN,

Upon your admitting _____ into the Crichton Royal Institution for Lunatics, as a Patient, I hereby bind and oblige myself to pay the Board fixed by you quarterly, and in advance, for the said _____ to remove _____ when required to do so by you; to bury _____ in case of death; to keep up a proper stock of necessaries, and to renew them when destroyed or worn out; to relieve you and all the Officers, &c., of the Asylum of all responsibility for the reception or detention of the said Patient; and, generally, to fulfil all the obligations required by the Regulations of the Institution.

Name..... Janet Scott Macfarlane

Address ~~Hair Dee~~ Lockerbie

14. Whether subject to Epilepsy, . . long continued Hemiplegia
15. Whether Suicidal, ... No
16. Whether Dangerous to others, . . Yes
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 Family known to be or to have been Insane, ... Thomas Kennedy Mrs Kennedy 7 East Morton St Thornhill
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

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

DATED this Fourteenth day of March One thousand eight hundred and Seventy

(*To be signed by Party applying*) Thos Kennedy

P. P

N.B.—This Form shall
Superintendent of t
the Sheriff is obtained

PETITION TO
RECEPT

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

Unto the Honourable
of Dum
The

humbly sheweth th
Medical Certificates,
your Petitioner's (*)
is at present in a sta
Asylum for the Insa
mission of the said
Ruth
into the the said As

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

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

DATED this
eight hundred and

If any of the Particu

1. Christian Name and Surname of Pati
length, ...
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occu
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pla
Abode of nearest known Relative o
Patient, and degree of Relationship
known), and whether any Member o
Family known to be or to have bee
sane, ...
20. Special circumstances (if any) preventin
insertion of any of the above particul

I certify, that, to the best of my kn

DATED this Jan

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

[FORM A]

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

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

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

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

The Petition of John Kennedy Thornhill

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Kennedy Thornhill your Petitioner's (3) Brother

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

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

John Kennedy

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

DATED this 14 (4) day of March One thousand eight hundred and seventy

STATEMENT.

If any 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 Kennedy
2. Sex and Age,	about fifty
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Nicholsten
5. Religious Persuasion, so far as known,	Presbetrin
6. Previous Place of Abode,	Thornhill
7. Place where Found and Examined,	Thornhill
8. Length of time Insane,	two years
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	48
11. When and where previously under Examination and Treatment,	no we have
12. Duration of existing Attack,	see above
13. Supposed Cause,	long continued Drinkpress
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	not chargable
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Kennedy Mrs Kennedy 7 East Morton St Thornhill
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this fourteenth day of March One thousand eight hundred and seventy

(*To be signed by Party applying*) John Kennedy

P. P

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Robert Shaw being a (1) Medical practitioner & Bachelor of the Master in Surgery and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Kennedy, Upholsterer Thornhill and that the said Thomas Kennedy is a (5) person of unsound mind – and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) For the last month or so I have been seeing him frequently – He is a dipsomaniac – has no power of resisting the use of drink – For the last week or ten days got a delusion that his wife is insane & that his family are all plotting against him to his injury – He is very variable in temper, at one time he will talk quite sensibly about his affairs, whilst at another he will be laughing & talking obscene language – The state of matters is getting worse, he says he cant sleep at night – He is at present suffering from melancholia – Bursts into tears – is very excited –

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states the following, which her two brothers & a neutral person corroborate – That on Saturday evening he struck his wife on the head & swore that he would cut her throat – so that it was necessary to guard him during the night – Yesterday he made a rush out of his door while the police were present to attack them – He is in the habit of using very obscene language in the presence of his children – On Sunday he drank a bottle of whisky & on Monday he got a bottle of beer – He had got no drink on Tuesday, but was for the safety of himself & others removed to the House they are taking. Those who live in the next house tell me that he moans & cries the most of the night so that they cant sleep with the noise –

Name and Medical Designation, Robert Shaw, M.B. C.M. 1870

Place of Abode, Thornhill

DATED this 14th day of March One thousand eight hundred and seventy years –

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University & Physician & Surgeon and being in actual practice as a (2) Royal Morningside hereby certify, on soul and conscience, that I have this day, at (3) Cruchlon Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas Kennedy Upholsterer Thornhill and that the said Thomas Kennedy is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has delusions tells me that his wife is insane, & that she has been the means of great annoyance to him – that all his friends are going much set against him, has a stupid appearance & mechanical speech –

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Pitcairn informs me that for a great many years has been a dipsomaniac (taken) his friends great annoyance by assaults & threats even when he is not under the influence of drink – His wife is quite sane & his friends have been warned to have him under the circumstances

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

Place of Abode, Dumfries

DATED this 13 day of March One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Robert Shaw being (1) a Bachelor of medicine & master of Surgery Thornhill hereby certify, on soul and conscience, that I have this day, at (2) in the County of Dumfries, seen and personally examined Thomas Kennedy, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Robert Shaw M.B. Ch Ed

DATED this 14th day of March One thousand eight hundred and seventy

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

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

I, David Boyle Hope Advocate, (1) Sheriff Substitute of the (2) County of Dumfries. having had produced to me, with a Petition at the instance of (3) John Kennedy residing in Thornhill Robert Shaw. Certificates under the hands of and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Kennedy Upholsterer, Thornhill and that the said Thomas Kennedy is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Kennedy as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Kennedy which accompanied the said Petition.

DATED this sixteenth day of March One thousand eight hundred and seventy years.

David Boyle Hope

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

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

v Thomas Kennedy.
March 14/10

N.B.—This Form sh
Superintendent of
the Sheriff is obtai

PETITION
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§ Sheriff or Steward.
Shire or Stewartry.

Unto the Honour
of

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Medical Certific
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* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a
Asylum for the
mission of the su
Southern
into the the said

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

DATED this
eight hundred an

If any of the

1. Christian Name and Surname of
length, . . .
2. Sex and Age, . .
3. *Married, Single,* or *Widowed,*
4. Condition of Life, and previous
(if any), . .
5. Religious Persuasion, so far as kn
6. Previous Place of Abode, .
7. Place where Found and Examined
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the La
Paupe) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, an
Abode of nearest known Rela
Patient, and degree of Relat
known), and whether any Mem
Family known to be or to ha
sane, . . .
20. Special circumstances (if any) pre
insertion of any of the above p

I certify, that, to the best of m

DATED this Eighteen

(To

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

[FORM A]

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

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

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

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

The Petition of John Dinwoodie. Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Frances Duin. residing at St Andrew's Street Dumfries your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Frances Duin to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

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

John Dinwoodie

DATED this Eighteenth (*) day of March One thousand eight hundred and Seventy

(*) 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,	Frances Duin
2. Sex and Age,	female — 35
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single — Seamstress
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,	not exactly known
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	would be about 34.
11. When and where previously under Examination and Treatment,	Dumfries —
12. Duration of existing Attack,	nearly a year —
13. Supposed Cause,	long bodily trouble
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	18th Mar 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	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.

DATED this Eighteenth day of March One thousand eight hundred and Seventy

(*To be signed by Party applying*) John Dinwoodie, Inspector

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

1. Facts indicating Insanity observed by myself: (6) Works unprovoked Speaks but the people in Lough and her own particularly she constable keep quiet my boy with Convicts with Women and with having the bad dress

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother states that she becomes violent Threatens and swears at her husbands a calls them bad names

Name and Medical Designation, } W Marshall M.D. &c

Place of Abode, Dumfries

DATED this 18 day of March One thousand eight hundred and Seventy years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, 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) St Andrews Square Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Francis Quin a pauper in Dumfries and that the said Francis Quin is a (5) person of unsound mind and a proper person to be detained 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 & Outrageous to people, calls her name Lie, that the Devil is in the window & among her Clothes &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Mother tells me that at times she is very violent, swears at her & threatens to kill her

Name and Medical Designation, P Murray M.D.

Place of Abode, Dumfries

DATED this 18 day of March One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, James Gordon — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor of the Parish of Dumfries —
Certificates under the hands of William Marshall
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) Frances Dun, Seamstress Dumfries, a Pauper — and that the said
Frances Dun — 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 Frances Dun 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 Frances Dun which accompanied the said Petition.

DATED this Eighteenth day of March One thousand eight hundred and Seventy eight.

James Gordon

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

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

1/523
Frances Lucas
18/3/70

N.B.—This Form sho
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PETITION T
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§ Sheriff or Steward.
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§ The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

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1. Christian Name and Surname of
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(if any), . .
5. Religious Persuasion, so far as kno
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lun
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relati
Patient, and degree of Relatio
known), and whether any Mem
Family known to be or to hav
sane, . . .
20. Special circumstances (if any) pecu
insertion of any of the above pa

I certify, that, to the best of m

Dated this Twenty-seve

(To

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catharine Morgan residing Dumfries Poorhouse your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catharine Morgan to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

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

John Dinwoodie

Dated this Twenty first (4) day of March One thousand eight hundred and Seventy

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Catharine Morgan
2. Sex and Age,	female 85 yrs
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Widow — Outdoor labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dumfries Poorhouse
7. Place where Found and Examined,	do — do
8. Length of time Insane,	for a considerable time
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	Dumfries Poorhouse
12. Duration of existing Attack,	see query 8th
13. Supposed Cause,	Old age —
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,	as a lunatic not known
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of 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.

Dated this Twenty first day of March One thousand eight hundred and Seventy

(*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.

(6) *State the facts.*

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 Poor House of Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Catherine Morgan a Pauper and that the said Catherine Morgan 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 delusions she is Morose and indifferent—

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She swore in the ward says that she saw the red hot coal in the fire cooked meat and that the organs could a watching

Name and Medical Designation, Wm Scott MD

Place of Abode, Dumfries

DATED this 19th day of March One thousand eight hundred and seventy —

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & 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) Poorhouse Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Catherine Morgan a Pauper and that the said Catherine Morgan is a (5) 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 Was delivering up to the Red Hot Fire some [illegible] Food which she begs for refuses orders and [illegible]

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her nurse states that she sometimes [illegible] violent but wanders through the ward at [illegible]

Name and Medical Designation, Wm Marshall M.D.

Place of Abode, Dumfries

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Lauderdale Maitland (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 Scott 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) Catharine Morgan, Dumfries Pauper Lunatic and that the said Catharine Morgan 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 Catharine Morgan 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 Catharine Morgan which accompanied the said Petition.

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

L Maitland

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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
Superintendent
the Sheriff is obli

PETITION
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* Sheriff or Steward.
Shire or Stewartry.

Unto the Honou
of
Poor for
humbly shewet
Medical Certific
Daniel
Your Petitioner's

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

is at present in
Asylum for the
mission of the
Southern
into the the said

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

DATED this
eight hundred a

If any of the

1. Christian Name and Surname of
length, . . .
2. Sex and Age, . .
3. *Married, Single, or Widowed,*
4. Condition of Life, and previous
(if any), . .
5. Religious Persuasion, so far as kn
6. Previous Place of Abode, .
7. Place where Found and Examined
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lun
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relati
Patient, and degree of Relati
known, and whether any Mem
Family known to be or to have
sane, . . .
20. Special circumstances (if any) pre
insertion of any of the above pa

I certify, that, to the best of m

DATED this Twenty-first

(To

1/6724
Catherine Morgan
22/3/20

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Little residing at the Poorhouse Dumfries your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Little to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

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

John Dinwoodie

Dated this Twenty first (4) day of March One thousand eight hundred and Seventy

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Janet Little
2. Sex and Age,	female – 88 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single – formerly a Domestic Servant
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,	for a considerable time
9. Whether first Attack,	yes —
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	Dumfries Poorhouse
12. Duration of existing Attack,	not known
13. Supposed Cause,	Old age —
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,	as a Lunatic not known
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of 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.

Dated this Twenty first day of March One thousand eight hundred and Seventy

(*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.

(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) Poor House of Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Janet Little a Pauper and that the said Janet Little is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her delusion says she is upwards of 102 years old when in fact she is about 80.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Governor of the Poor House says she imagines any person is against her say she has delusion

Name and Medical Designation, W Scott M.D.

Place of Abode, Dumfries

DATED this 19th day of March One thousand eight hundred and seventy

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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, William Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and Licentiate of the Medical and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Poor House Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Janet Little a Pauper and that the said Janet Little is a (5) 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 thinks that she are Engaged to Dr Lyon Imagines that the King Spoke to her and Speaks to her is 102 years old when she is really about 80

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

Name and Medical Designation, W Marshall M.D.

Place of Abode, Dumfries

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

CERTIFICATE OF EMERGENCY.

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

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

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

Dated this day of One thousand eight hundred and

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

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

I, Lauderdale Maitland (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 Scott
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) Janet Little Dumfries Poorhouse (a pauper) and that the said Janet Little is a (5) person of unsound mind and a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Little 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 Little which accompanied the said Petition.

Dated this twenty first day of March One thousand eight hundred and seventy years.

L Maitland

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

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

1/525
Jamil Settle
22/3/20

N.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 Andrew Johnston Rigg, Gretna

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

(Signature) Andrew Johnston

(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 March One thousand eight hundred and Seventy

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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 Johnston
2. Sex and Age,	Female — 42.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	Rigg, Gretna
8. Length of time Insane,	Six months
9. Whether first attack,	No
10. Age (if known) on first Attack,	20 years of age
11. When and where previously under Examination and Treatment,	At Rigg
12. Duration of existing Attack,	Six months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Suicidal
16. Whether Dangerous to others,	Dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Andrew Johnston Rigg Gretna, Father Brother formerly in the asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(Signature)* Name, Andrew Johnston

Dated this Thirtieth day of March One thousand eight hundred and Seventy

* 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, James Carruthers being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Rigg in the Parish of Gretna in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Johnstone of Rigg of Gretna and that the said Helen Johnstone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Raves out of bed at untimely hours, threatened to set fire to houses, restlessness, wild appearance

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother said he believed she went out by a window at night and did not conduct herself properly

(SIGNED) *Name and Medical Designation,* James Carruthers Surg

Place of Abode, Kirkpatrick Fleming

DATED this 28th day of March One thousand eight hundred and seventy —

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow Licentiate of the Faculty Phys. & Surg. Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Johnstone Rigg Gretna Domestic Servant and that the said Helen 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) Thinks her friends are plotting against her Melancholy and thinks much of her unhappy condition. Mind is restless and excitable —

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Goldsby Wilkinson Constable Inspector of Poor Gretna. Says Helen Johnston is violent. Threatening often to murder her friends — She is peculiar in many other ways —

(SIGNED) *Name and Medical Designation,* Alex Thomson.

Place of Abode, Dumfries

DATED this Thirtieth day of March One thousand eight hundred and Seventy 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, Alexander Thomson
being (1) a doctor of medicine
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
Helen Johnstone, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Alex. Thomson

DATED this thirtieth day of March One thousand eight hundred and seventy years.

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

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

I, David Boyle Hope, Advocate, (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Andrew Johnstone
residing at Rigg of Gretna
Certificates under the hands of James Carruthers
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) Helen Johnstone, Petitioner's daughter and that the said Helen 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 Helen 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 Helen Johnstone which accompanied the said Petition.

(SIGNATURE) David Boyle Hope

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

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if 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 Sharkey
3073/70

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18.5

15/3

N.B.—This Form shall
Superintendent of t
the Sheriff is obtained

PETITION TO
RECEP

(1) Sheriff or Steward-Substitute or Stewartry.

Unto the Honourable
of

The

(2) Insert name of Petitioner.

(2) ... humbly sheweth t

Medical Certificates

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

your Petitioner's (3)
is at present in a st
Asylum for the Ins
mission of the said

(2) ...

into the the said As

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

DATED this
eight hundred and

If any of the Part

1. Christian Name and Surname of Pati
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occ
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member o
Family known to be or to have be
sane, ...
20. Special circumstances (if any) prevent
insertion of any of the above particu

I certify, that, to the best of my k

DATED this 4th

(To be s

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

[FORM A]

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

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

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

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

The Petition of David Wight Tailor & Draper Walsall humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Irving or Wight Mother your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Wight to the Lutheran County Asylum and to sanction her admission into the the said Asylum.

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

David & George Wight

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

DATED this 1st (4) day of April One thousand eight hundred and Seventy

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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 Irving or Wight
2. Sex and Age,	Female - age 58 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	late Shopkeeper now no occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Annisfield Town Tinwald
7. Place where Found and Examined,	Collin
8. Length of time Insane,	three weeks
9. Whether first Attack,	no - Similar attack
10. Age (if known) on first Attack,	when 48 years old
11. When and where previously under Examination and Treatment,	- none
12. Duration of existing Attack,	- from three to six months
13. Supposed Cause,	- no known Cause
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,	Tinwald not a Pauper case
18. Date of becoming Chargeable,	-
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Geo Wight Caldmore Rd Walsall Staffordshire Son 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 4th day of April One thousand eight hundred and Seventy

(*To be signed by Party applying*) David & George Wight

P. p

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, James Murray McCulloch M.D. &c.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician in Dumfries
hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Jane Irving or Wright
and that
the said Jane Irving or Wright is a (5) person of unsound
mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She says her soul is lo
that she has committed the sin against the Holy Ghost, that her sons will be bain
for her sins, that she created a woman with frigs &c &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The
as above, also that she sleeps badly, eats little & mourns continua
about these & other delusions.

Name and Medical Designation, James Mc. McCulloch M.D.

Place of Abode, 16 Castle Street, Dumfries

DATED this first day of April One thousand eight
hundred and seventy years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Alexander Ker M.D. &c
being a (1) Graduate of the University of St. Andrews
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High Stre
Dumfries in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Jane Irving or Wright
and that
the said Jane Irving or Wright is a (5) person of
unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems in a very
depressed state of mind. Thinks her soul is lost. That G
will not hearken as Christ will come before she dies.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
from Sons Sleeps badly, would be willing to
suffer any kind of death to save her soul

Name and Medical Designation, John A. Ker M.D. &c

Place of Abode, 17 Castle Street, Dumfries

DATED this first day of April One thousand eight
hundred and seventy.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Mc. McCulloch, M. D. &c.
being (1) Physician
hereby certify, on soul and conscience, that I have this day, at (2) Collin
in the County of Dumfries, seen and personally examined
Mrs Jane Irving or Wight, and that the said
person is of unsound mind, and 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 Mc. McCulloch

DATED this first day of April One thousand eight hundred and seventy years.

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

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

I, David Boyle Hope Advocate (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) David Wight Tailor and Draper & Vicarage Place Walsall
Certificates under the hands of James Murray McCulloch and
and John Alexander Ker, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Jane Irving or Wight, Publishers mother and that the said Mrs Jane Irving or Wight is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Jane Irving or Wight 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 Mrs Jane Irving or Wight which accompanied the said Petition.

DATED this Second day of April One thousand eight hundred and Seventy years.

David Boyle Hope

P.S.

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

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

1/527

Jane Irving v Wright

1/4/70.

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Hannah residing at 93 Broughton St Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Hannah

(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 Hannah to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

Rob[t] Hannah

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

Dated this second (4) day of April One thousand eight hundred and seventy

STATEMENT.

If any 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 Hannah
2. Sex and Age,	Female - 45
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Kept house to her Brother a Cabinetmaker
5. Religious Persuasion, so far as known,	Catholic Apostolic Church
6. Previous Place of Abode,	English Street Dumfries
7. Place where Found and Examined,	21 Shakespeare St Dumfries
8. Length of time Insane,	about six months
9. Whether first Attack,	second attack
10. Age (if known) on first Attack,	42
11. When and where previously under Examination and Treatment,	During the Summer of 1869 examined by Dr McCulloch & under the care of Dr Brodie
12. Duration of existing Attack,	about six months
13. Supposed Cause,	Wanted a better position in life than she could attain to
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Has not shewn any symptoms
16. Whether Dangerous to others,	Has not shewn any symptoms
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,	Robert Hannah No 93 Broughton Street her Brother no other member 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 second day of April One thousand eight hundred and seventy

(*To be signed by Party applying*) Rob[t] Hannah

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, Alexander Thomson
being a (1) Doctor of Medicine of the University Glasgow
and Licentiate of the Faculty Phys. & Surgeons Glas
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 21, Shakespeare
Dumfries
in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Hannah.
a Boarder at 21 Shakespeare Street and that
the said Margaret 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has Suffered from
Melancholy & nervous depression for several months
Complains of queer sensations about the head -
Lies in bed - takes no apparent interest in anything - tired of

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Told by Mrs Grierson, with whom she boards; That
she thinks her friends are plotting against her: often lies
as if she were tired of living. Can get out of bed, but will not
dress till late in the evening

Name and Medical Designation, Alex Thomson. MD: Surg

Place of Abode, Castle St Dumfries

DATED this Fourth day of April One thousand eight
hundred and seventy years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Murray McCulloch 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) 21 Shakespeare St
Dumfries
in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Hannah
and that
the said Margaret Hannah 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane look, restless
wandering in look & speech & thought, listlessness, apparently
she cannot exert herself or go out. Complains of her friends
wants (which is beyond her circumstances) a fine house in Glasgow
complains of her head, stomach &c. Wished she was dead & that
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

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

I am told by Mr & Mrs Grierson that she sleeps & eats very
little, thinks her brother & other friends have evil designs against
that she is tired of life, melancholy &c. I recollect of her being
insane some years ago.

Name and Medical Designation, James Mc McCulloch M: D

Place of Abode, 16 Castle Street, Dumfries.

DATED this fourth day of April One thousand eight
hundred and seventy years.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Hannah
residing at 93 Broughton Street Edinburgh
Certificates under the hands of Alexander Thomson
and James Murray M'Culloch, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hannah, 21 Shakespeare St Dumfries Roy (Enter) and that the said Margaret Hannah is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Hannah as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Hannah which accompanied the said Petition.

DATED this Fifth day of April One thousand eight hundred and seventy years.

David Boyle Hope

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

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

1164
Maynard Hannah
574/90

1164
Maynard Hannah
574/90

N.B.—This Form
Superintendent
the Sheriff is obta

PETITION
RECE

8 Sheriff or Steward, Shire or Stewartry.

Unto the Honou
of

the Parish
humbly sheweth

Medical Certific

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

your Petitioner's
is at present in
Asylum for the
mission of the
Southern
into the the said

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

DATED this
eight hundred a

If any of the P

1. Christian Name and Surname of
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(if any), . .
5. Religious Persuasion, so far as kno
6. Previous Place of Abode, .
7. Place where Found and Examined
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lu
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relati
Patient, and degree of Relati
known), and whether any Mem
Family known to be or to hav
sane, . . .
20. Special circumstances (if any) pre
insertion of any of the above pa

I certify, that, to the best of m

DATED this Twelfth

(To

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Smith or Brown residing at Academy Lodge your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Smith or Brown to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

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

John Dinwoodie

Dated this Twelfth (4) day of April One thousand eight hundred and Seventy.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Janet Smith or Brown
2. Sex and Age,	female 55 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	do Sanitrep of the Academy. Dumfries
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,	Since Friday last
9. Whether first Attack,	yes—
10. Age (if known) on first Attack,	about 55 years
11. When and where previously under Examination and Treatment,	was never under treatment before
12. Duration of existing Attack,	Since Friday last—
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no—
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Very Violent and excited
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	11 April 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Twelfth day of April One thousand eight hundred and Seventy

(*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.

(6) *State the facts.*

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

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

1. Facts indicating Insanity observed by myself: (6) Appearance
wild & excited. swearing raving & tear
at every person near her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Father & several neighbours informed me that
during last week they noticed her in a very unsettled
mind. becoming at times very much excited. She was also
Mr. Ombac today on leaving church
& since has been quite
in a previous state.

Name and Medical Designation, J Smith MB & C

Place of Abode, Breedloch & Dumfries

DATED this 11th day of April One thousand eight hundred and 70

MEDICAL CERTIFICATE, No. II.

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

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

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

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

(5) Lunatic, or an insane person, 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 Fellow of the Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) D. & C Asylum
Dumfries
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Janet Smith or Brown (a) Pauper
and that
the said Janet Smith or Brown is a (5) 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 not slept recently
Very violent & excited & refuses food
Threatens violence to other persons (mistaking them for)
Says she has a great desire for
Has delusions as to

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

Name and Medical Designation, Wm Marshall MD & DPH

Place of Abode, Dumfries

DATED this 13th day of April One thousand eight hundred and Seventy years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Academy Lodge, Dumfries
in the County of Dumfries, seen and personally examined Janet Smith or Brown
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

John Smith, MB & CM

DATED this 11th day of April One thousand eight hundred and 70

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

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

I, David Boyle Hope Advocate (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 John Smyth.
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) Janet Smith or Brown Academy Lodge, Dumfries aforesaid and that the said Janet Smith or Brown, is a (5) person of unsound mind and a lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Smith or Brown 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 Smith or Brown, which accompanied the said Petition.

DATED this Thirteenth day of April One thousand eight hundred and Seventy years

David Boyle Hope.

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

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

1/528

v. Land Smith or Brown

11/4/20

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 & Kirkcudbright *and his Substitutes.*—

The Petition of William Henry Insp. of Poor Minnigaff

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

William Henry

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

Dated this Fourteenth (4) day of April One thousand eight hundred and Seventy

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Helen Lochrie
2. Sex and Age,	Female: 69 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Washerwoman
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Carsebridge, Minnigaff
7. Place where Found and Examined,	Carsebridge, Minnigaff
8. Length of time Insane,	3 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,	3 days
13. Supposed Cause,	No Cause Known
14. Whether subject to Epilepsy,	Not subject to Epilepsy
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	Dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Minnigaff
18. Date of becoming Chargeable,	1852.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	No known relative
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Fourteenth day of April One thousand eight hundred and Seventy

(To be signed by Party applying) William Henry.
Insp. of Poor P. Minnigaff

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, James Clark being a (1) Licentiate of the Faculty of Physicians & 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) Cambridge Mumyaff Kirkintilloch in the County of separately from any other Medical Practitioner, visited and personally examined (4) Helen Lochrie, Pauper, Cambridge, Mumyaff and that the said Helen Lochrie of unsound mind is a (5) person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is labouring under acuminty of delusions. She believes that her neighbours are going to take she is surrounded with enemies, whom she upon to aid her & that her deceased daughter is co

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Maxwell, Cambridge
She has attempted violence to others - sets fire to her bedclothes

Name and Medical Designation, James Clark, Surg

Place of Abode, Newton Stewart

Dated this 13th day of April One thousand eight hundred and 70 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, Fergus M'Kenzie being a (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Cambridge Mumyaff Kirkintilloch in the County of separately from any other Medical Practitioner, visited and personally examined (4) Helen Lochrie, Pauper and that the said Helen Lochrie of unsound mind is a (5) Person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She talks incessantly & is of opinion that her daughter cannot get to the kingdom of Heaven for six years to come. She daughter died 4 years ago, & she has frequent intercourse with her

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has shown violence & various parties

Name and Medical Designation, F M'Kenzie Surg

Place of Abode, Newton Stewart

Dated this 13th day of April One thousand eight hundred and 70 years.

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CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Henry Johnston Esquire (1) Advocate Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) William Henry

Certificates under the hands of James Clark and Fergus MacKenna, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Frehrie, Pauper, and that the said Helen Frehrie is a (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 Frehrie as a Patient into the (6) Dumfries Lunatic Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Frehrie which accompanied the said Petition.

DATED this fourteenth day of April One thousand eight hundred and Twenty

Henry Johnston

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

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

PETITION
REC

[*] Sheriff or Steward.
[*] Shire or Stewartry.

Unto the Honour

humbly sheweth
Medical Certificate
is at present in a
Asylum for the
mission of the said
into the said Asy

[*] The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this
eight hundred and

If any of

1. Christian Name and Surname of Pa
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occ
(if any),
5. Religious Persuasion, so far as know
6. *Previous Place of Abode*,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Ex
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunat
Pauper) is Chargeable,
18. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relations
known), and whether any Member
Family known to be or to have b
sane,
19. Special circumstances (if any) prevent
insertion of any of the above partic

I certify, that, to the best of my

DATED this *Fifteenth*

Armstrong Brand, Printer, 37, Nicolson Street, Edinburgh.

1529
Helen Lowrie
1874/80
F

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 Thomson Inspector Holywood

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

(SIGNED) John Thomson, Inspector Holywood.

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

DATED this Fifteenth (3) day of April one thousand eight hundred and Seventy.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Robert McCraig
2. Sex and Age,	Male. Fifty seven years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Retired farm business - Formerly a Stocking maker.
5. Religious Persuasion, so far as known,	Presbyterianism.
6. Previous Place of Abode,	Newington, Parish of Holywood.
7. Place where Found and Examined,	Newington Parish of Holywood.
8. Length of time Insane,	Supposed for a month or so.
9. Whether first Attack,	yes.
10. Age (if known) on first Attack,	Fifty seven years
11. When and where previously under Examination and Treatment,	- - - -
12. Duration of existing Attack,	Supposed for a month or so.
13. Supposed Cause,	Supposed to be Constitutional.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Was threatened to commit Suicide.
16. Whether Dangerous to others,	No such symptoms.
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,	Janet McCraig - Collin, Torthorwald Sister to the patient - Brother committed Suicide - A Sister considered of weak intellect.
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 Thomson, Inspector

DATED this Fifteenth day of April one thousand eight hundred and Seventy

* 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 Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Newington
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Robert McKaig -
and that
the said Robert McKaig is a (5) 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 restless and incoherent - has delusions - He is of hereditary,

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His sister in Law states that he threatened to take what would destroy himself

(SIGNED) *Name and Medical Designation,* Wm Scott MD &c

Place of Abode, Dumfries

DATED this 15th day of April One thousand eight hundred and seventy.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Quick movement although anxious to become communicative, talked much unfolded.

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

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

Name and Medical Designation, John Smith MB &c

Place of Abode, Dumfries

DATED this 19th day of April One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Ramsay Mc. Nab being (1) a Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Robert McKaig Kevington Holywood, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

W. R. Mc. Nab Scott.

DATED this fifteenth day of April One thousand eight hundred and seventy years.

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

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

I, David Boyle Hope Advocate, (1) Sheriff-Substitute of the (2) County of Dumfries. having had produced to me, with a Petition at the instance of (3) John Thomson, Inspector of Poor Holywood, Certificates under the hands of William Scott, and ~~George Wood~~ John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert McKaig Kevington Holywood ~~[illegible]~~ and that the said Robert McKaig 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 Robert McKaig as a Patient into the (6) Public Asylum of Southern Counties Dumfries, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert McKaig which accompanied the said Petition.

(SIGNED) David Boyle Hope

DATED this ~~first~~ fifteenth day of April one thousand eight hundred and seventy years.

Five words delete. ~~Hope~~

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

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

N.B.—This Form sho
Superintendent of t
the Sheriff is obtain

PETITION T
RECEP

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

Unto the Honourab
of ———

The

humbly sheweth t
Medical Certificate
your Petitioner's (
(‡) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.
is at present in a st
Asylum for the In
mission of the said
Lunatic
into the the said A

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

DATED this 2
eight hundred and

If any of the Par

1. Christian Name and Surname of Pa
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous Oc
(if any), . . .
5. Religious Persuasion, so far as known
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under Ex
tion and Treatment, . .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relation
known), and whether any Member
Family known to be or to have be
sane, . . .
20. Special circumstances (if any) prevent
insertion of any of the above partic

I certify, that, to the best of my k

DATED this 22nd

(To be s

1530
Mackenzie Mc Kay
1574/60

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 John Hannah Inspector of Poor Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Dickie ——— your Petitioner's (3) Pauper ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Dickie ——— to the Southern Counties asylum Dumfries and to sanction his admission into the the said Asylum.

John Hannah Insp of Poor

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

DATED this Twenty Second (4) day of April ——— One thousand eight hundred and Seventy.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Dickie
2. Sex and Age,	Male 24
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	House Carpenter
5. Religious Persuasion, so far as known,	Roby Low
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	Kirkcudbright
8. Length of time Insane,	Several 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,	Since August last
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	22nd April 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thos. Dickie High St Kirkcudbright Father Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 22nd day of April One thousand eight hundred and Seventy

(*To be signed by Party applying*) John Hannah Insp of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, David Blair
being a (1) L.R.C.S. Ed.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) his Father house in High Street of Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John Dickie a Pauper and that the said John Dickie is a (5) Person of sensound mind and a proper person to be detained 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 excited & violent conduct

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From information derived from his Father.

Name and Medical Designation, David Blair Surg.

Place of Abode, Kirkcudbright

DATED this 22d day of April One thousand eight hundred and seventy-

---

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Henry Douglas Hay
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) his father house High Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John Dickie, Pauper and that the said John Dickie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) his manner is excitable and violent he talks of some scheme or plot against him; he admits that at times when excited he has no control over his actions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By his father & Mrs Houston, he has been of intemperate habits, & has a special dislike to some of his family & wants to injure them at times if they did not avoid him and that there is not any apparent cause for his delusion

Name and Medical Designation, Henry D Hay M.B.C.S.

Place of Abode, St Cuthbert St. Kirkcudbright

DATED this twenty-second day of April One thousand eight hundred and seventy.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Henry Johnston Esquire Advocate (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Hannah Dunlop Blair Certificates under the hands of Dunlop Blair and Harry Dyker Hay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Dickie a Pauper and that the said John Dickie is a (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 Dickie 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 John Dickie which accompanied the said Petition. (Petition undelivered)

DATED this Second Second day of April One thousand eight hundred and Seventy

Henry Johnston

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.

1/531

John Dickie

22/4/20

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Affleck Mossknowe

Dumfriesshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Affleck

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

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

John Affleck

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

Dated this 29th (4) day of April One thousand eight hundred and 70

STATEMENT.

If any 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 Kerr or Affleck.
2. Sex and Age,	female age 49
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Household work at her own home
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Kirkpatrick Fleming
8. Length of time Insane,	16 months
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	48
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of existing Attack,	Death of her youngest child.
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	occasionly
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Affleck Mossknowe Kirkpatrick Fleming—Ecclefechan Dumfriesshire— no other relative 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 twentyninth day of April One thousand eight hundred and Seventy

(*To be signed by Party applying*) John Affleck

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, *or* an insane person, *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) Doctor of medicine and Lic: Roy: coll: Phil:
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Kerr or Affleck Mephamm. Ecclefechan. and that the said Margaret Kerr or 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)
She has an imbecile appearance. Has great loss of memory. Forgets how many children she has. Can scarcely answer the simplest questions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The servants & nurse say she is much so at times, & that her mind is very weak.

Name and Medical Designation, William S Kerr MD

Place of Abode, Dumfries

DATED this 29th day of April One thousand eight hundred and Seventy Years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh Universities
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Kerr or Affleck Mephamm. Ecclefechan. and that the said Margaret Kerr or 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) Seems to have no power of coherent conversation, & to answer questions even of the simplest nature.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her attendant informs me that for the last about 12 months she was under the L.C. System only leaving it a few days ago during which time she was in the state as I have mentioned above

Name and Medical Designation, John Smith MB & CM

Place of Abode, Dumfries

DATED this 29 day of April One thousand eight hundred and Seventy

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, William Smith Kerr M.D.
being (1) a graduate 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
Margaret Kerr or Affleck, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

William Smith Kerr M.D.

Dated this 28th day of April One thousand eight
hundred and Seventy

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

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

I, David Boyle Hope — (3) Sheriff Substitute —
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) John Affleck
Mosskennel Ecclefechan
Certificates under the hands of William Smith Kerr —
and John Smith —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6)
Margaret Affleck, the Petitioner's wife — and that the said
Margaret Affleck — 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 Affleck — as a Patient into the (8) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Affleck — which accompanied the said Petition.

Dated this Fortieth day of April — One thousand eight
hundred and Seventy

David Boyle Hope.

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

---

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

N.B.—This Form shou
Superintendent of th
the Sheriff is obtained

PETITION TO
RECEP

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

Unto the Honourable
of Dum

The

Morton

humbly sheweth th
Medical Certificates

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

your Petitioner's (?)
is at present in a sta
Asylum for the Insa
mission of the said
Southern Co
into the the said Asy

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

DATED this 4th
eight hundred and

If any of the Particu

1. Christian Name and Surname of Patie
length,
2. Sex and Age,
3. *Married, Single, or Widowed,*
4. Condition of Life, and previous Occup
(*if any*),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Exam
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Plac
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane,
20. Special circumstances (if any) preventing
insertion of any of the above particula

I certify, that, to the best of my kno

DATED this 29

(To be sign

1532
Magnus Rose vs Affleck
28/4/10

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Alexander Newrson Inspector of Poor Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret McCauly or Menzies your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret McCauly or Menzies to the Southern Counties Asylum and to sanction her admission into the the said Asylum. at Dumfries—

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

Alex Newrson

(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 April — One thousand eight hundred and Seventy 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,	Margaret McCauly or Menzies
2. Sex and Age,	Female — 28 years —
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Penpont —
7. Place where Found and Examined,	Penpont
8. Length of time Insane,	Three days
9. Whether first Attack,	~~Third~~ — Fourth
10. Age (if known) on first Attack,	18 years —
11. When and where previously under Examination and Treatment,	D. C. — Asylum
12. Duration of existing Attack,	three days —
13. Supposed Cause,	—
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,	Morton Parish
18. Date of becoming Chargeable,	— 1865 —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	McCauly Farm Servant Floors of Penpont, father
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 29 day of April One thousand eight hundred and 70 years

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

P. P

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 Logan
being a (1) Doctor of Medicine, and Licentiate of the Faculty of Physicians 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) Kirkland
in the Parish of Penpont
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Margaret McKinley or Menzies
and that the said Margaret McKinley or Menzies is a (5) person of sound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She talks incoherently, refuses to answer questions when put to her, screams, tears her hair, is subject to fits of great excitement in which she otherwise attempts to injure herself, and has been several times confined in an Asylum before.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She asks for razors and knives with which to injure herself and others, attempted to strangle herself by tightly surrounding her neck with a cord, tears her clothes and injures the furniture. She has been taken from her parents

Name and Medical Designation, Thomas Logan M.B.

Place of Abode, Penpont Dumfriesshire.

DATED this twenty-eighth day of April One thousand eight hundred and seventy 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, Edward Haggan
being a (1) Doctor of Medicine & Licentiate of the Royal College of Physicians, Edinburgh —
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkland
Penpont
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Margaret McKinley or Menzies
and that the said Margaret McKinley or 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.:—

1. Facts indicating Insanity observed by myself: (6)
Violent fits of screaming, singing and mocking. Has struck friends against the wall — Trembling, resisting all attempts to get her to talk — Wild odd and hymns are repeated alternately — Threatens her son

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her friends inform me that she got out of bed demands in various distinctive articles, i.e. knives &c threatens their lives — Breaks anything she can lay hold upon — She has been detained in an Asylum

Name and Medical Designation, Edward Haggan M.B. L.R.C.

Place of Abode, Thornhill, Dumfriesshire

DATED this twenty ninth day of April One thousand eight hundred and seventy —

CERTIFICATE OF EMERGENCY.

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

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

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

Thomas Logan M.D.

DATED this twenty-eighth day of April One thousand eight hundred and seventy years

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

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

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) ~~Thomas Logan~~ Alexander Hewison Inspector of Poor for Morton
Certificates under the hands of Thomas Logan
and Edward Hoggan, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McCurly or Menzies Kirkland Pertpond (a pauper) and that the said
Margaret McCurly or 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 Margaret McCurly or Menzies as a Patient into the (6) Public Asylum of Southern Counties 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 Margaret McCurly or Menzies which accompanied the said Petition.

P.S. /

DATED this Thirtieth day of April One thousand eight hundred and seventy years. Two words delete.

David Boyle Hope

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

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

N.B.—This Form shall
Superintendent of th
the Sheriff is absent

PETITION TO
RECEPT

[1] Sheriff or Steward,
or Mayor or Sheward.

Unto the Hon
of Dum

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Medical Certificates,

your Petitioner's [2]

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

is at present in a sta

Asylum for the Insa

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Southern Count

into the the said Asy

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

Dated this

eight hundred and

If any of the Particu

1. Christian Name and Surname of Patie
length, ...
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occu
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pla
Abode of nearest known Relative o
Patient, and degree of Relationshi
known), and whether any Member of
Family known to be or to have bee
sane, ...
20. Special circumstances (if any) preventin
insertion of any of the above particul

I certify, that, to the best of my kn

Dated this first

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(To be sig

533
Magistrate Musgrave
Mr Attwell
29/4/70

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Richardson Maude Gate Dunscore humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Mc Cartney or Richardson 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 Catherine Mc Cartney or Richardson to the Southern Counties Lunatic asylum and to sanction her admission into the the said Asylum.

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

Thomas Richardson

Dated this first (4) day of May One thousand eight hundred and seventy

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Catherine Mc Cartney or Richardson
2. Sex and Age,	female forty five years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	schoolmaster's wife — housekeeper
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Maude Gate Dunscore
7. Place where Found and Examined,	Dunscore Maude Gate
8. Length of time Insane,	three days
9. Whether first Attack,	second attack
10. Age (if known) on first Attack,	forty four
11. When and where previously under Examination and Treatment,	Southern Counties asylum
12. Duration of existing Attack,	three days
13. Supposed Cause,	infirmity
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private Patient
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Richardson, Maude Gate, Dunscore
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

Dated this first day of May One thousand eight hundred and Seventy

(*To be signed by Party applying*) Thomas Richardson

P. P

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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) Maude G...
Parish of Dumfries in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Catherine McCartney or
Richardson and that
the said Mrs McCartney or 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) She was standing in the middle of the room quite furious & [illegible] & every one who approached her with a Bible, also kicking, biting attacking religious incoherencies &c. &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband is the Devil & that others are so also, greatly excited, violent & [illegible] on religious topics especially

Name and Medical Designation, James Mc. McCulloch M.
Place of Abode, 16 Castle Street, Dumfries

Dated this first day of May One thousand eight hundred and seventy years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh [illegible]
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern [illegible]
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Catherine McCartney or Richa...
and that
the said Catherine McCartney or Richardson is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a melancholy appearance. admits on that she is [illegible] her religious ideas are wrong. All other questions she refuses to answer.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The attendant informs me that she was [illegible] by the S. C. Constable

Name and Medical Designation, John McB...
Place of Abode, Dumfries

Dated this 2nd day of May. One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Mc. McCulloch M. D. &c.
being (1) Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Manse Gate, Parish of Dunscore
in the County of Dumfries, seen and personally examined Mrs Catherine McCartney or Richardson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

James Mc. McCulloch M. D. &c.

DATED this first day of May One thousand eight hundred and twenty-seven years.

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

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

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries —
having had produced to me, with a Petition at the instance of (3) Thomas Richardson
Manse Gate Dunscore —
Certificates under the hands of James Murray McCulloch
and John Smith —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine McCartney or Richardson Petitioner's wife and that the said Catherine McCartney or Richardson 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 Catherine McCartney or Richardson 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 Catherine McCartney or Richardson which accompanied the said Petition.

DATED this Third day of May One thousand eight hundred and twenty years.

David Boyle Hope

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

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

N.B.—This Form sha
Superintendent of
the Sheriff is obtain

PETITION T
RECE

[5. Sheriff or Steward, 8. Shire or Stewartry.] Unto the Honourab
of D
Kirkmahoe The
humbly sheweth
Medical Certificate
your Petitioner's (
[6. State degree of Relationship or other capacity in which Petitioner stands to Lunatic.] is at present in a s
Asylum for the In
mission of the said
into the the said

[7. The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.] DATED this
eight hundred and

If any of the Par

1. Christian Name and Surname of Pa
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Oc
(if any), . . .
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack, .
11. When and where previously under Ex
tion and Treatment, .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunati
Pauper) is Chargeable, .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relations
known), and whether any Member
Family known to be or to have be
sane, . . .
20. Special circumstances (if any) preven
insertion of any of the above partic

I certify, that, to the best of my k

DATED this first

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

[FORM A]

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

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

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

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

The Petition of James Sinclair Inspector of Poor Kirkmahoe humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Springvale Kirkmahoe John Hastings, Farm Servant, Pauper is at present in a state of Mental Derangement, and 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 Hastings to the D. & G. Asylum, Dumfries and to sanction his admission into the the said Asylum.

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

James Sinclair

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

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Hastings
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Parkburn Kirkmahoe
7. Place where Found and Examined,	Springvale Kirkmahoe
8. Length of time Insane,	3 weeks
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	About 3 weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmahoe
18. Date of becoming Chargeable,	1st May 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Edna Hastings. Kirkmahoe Sister Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this first day of May One thousand eight hundred and Seventy

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

P. 2

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) In contradictory his Conversation, ~~whom~~ Has delusions regarding Mr Hastings his employer, tells me that Almighty God authorised him to address the Congregation in Cummertrees Church today which he allege

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Hastings informs me that during the last 3 or 4 days his manner has been quite changed: becoming at times excited & that he interrupted Mr Hoggs several times yesterday in charge of the Service,

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

Place of Abode, Dumfries

DATED this 1st day of May One thousand eight hundred and 70. Years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William Smith Kerr being a (1) Doctor of Medicine and Lic. Roy: Coll of Surgeons & Edin. and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Hastings. Pauper. and that the said John Hastings is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He thinks his master fully possessed with the spirit has tried hard to convert him. He has ~~atta~~ delusions. One he was commanded by God to speak the truth & he thought it his duty to do so, in church during the Sacrament Service.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Smith the Medical Officer for the Parish of Kirkmahoe tells me he has spoken with and sent for to find out what was the matter with the man — all about him thinks him —

Name and Medical Designation, William S Kerr M.D

Place of Abode, Dumfries

DATED this 2nd day of May One thousand eight hundred and Seventy Years.

CERTIFICATE OF EMERGENCY.

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

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

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

John Smith M.B.

DATED this 1st day of May One thousand eight hundred and 70 years

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

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

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Sinclair
Inspector of Poor, Kirkmahoe
Certificates under the hands of John Smith
and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Hastings, farm servant, Springvale, Kirkmahoe, and that the said John Hastings is a (5) person of unsound mind (a pauper)
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Hastings 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 Hastings which accompanied the said Petition.

DATED this third day of May One thousand eight hundred and seventy years.

David Boyle Hope

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

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

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Jas Mc Cartney

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Unto the Sheriff of the
County of Dumfries
James Sinclair Inspector of Poor
for the Parish of Kirkmahoe
Petitioner.

Against
John Hastings Farmservant,
lately residing at Parkburn in
the said Parish, now in the
Southern Counties Asylum
Dumfries, and Eliza Hastings,
residing at Corinons Knowe in
the said Parish of Kirkmahoe
Respondents.

The Petitioner humbly showeth.

That the said John Hastings
Respondent having become a Lunatic
your Lordship was pleased, on or
about the 5th day of May current,
on the application of the Petitioner,
to grant an Order for his reception
into the Southern Counties Asylum,
in terms of s 34 of the Lunacy
(Scotland) Act 20 & 21 Vict c. 71.

That the Petitioner has,
on behalf of the said Parochial
Board become bound to the
Trustees and Directors of the
Crichton

Jas Sinclair.

* To be signed by the Party applying.

P. P.

Crichton Royal Institution for Lunatics at Dumfries for the maintenance of the Respondent the said Lunatic he having a residential settlement in the said parish.

That by the 67th section of the said Statute the Expense incurred for or in relation to the Examination Removal and Maintenance of any Lunatic is to be defrayed out of the Estate of such Lunatic or if such Lunatic has no adequate Estate and if such expense shall not be borne by the Relations of such Lunatic then the Lunatic is to be treated as a Pauper Lunatic and such expense is to be defrayed by the Parish of the Settlement of such Lunatic, and the party disbursing such expense is to be entitled to recover the same from or out of the Parties or Estate liable to defray the same.

That the Petitioner has been informed and has reason to believe that the Respondent the said Lunatic is possessed of Money sufficient to maintain him in the said Asylum, and that the said Money is contained in his clothes Chest. That the Respondent the said Lunatic

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took the key of the said Chest with him to the said Asylum, and the other Respondent, who is a sister of the said Lunatic has removed the said Chest from Parkburn where the Lunatic resided, to her own residence at Commonsknowe. That the Lunatic has no Relations liable by law to relieve the Petitioner of his obligation for his Maintenance in the said Asylum.

That it is necessary that the contents of the said Chest should be inventaried, and the money therein placed in safe custody in order that the same may be available when required for the Lunatic's maintenance in the said Asylum.

May it therefore please your lordship to grant warrant to the Petitioner or his Agent at the sight of the Clerk of Court, or his Depute to take possession of and open the said Chest, which is shut and lockfast, and to report an Inventory of the contents thereof and to lodge the money found therein in Bank on Deposit

Wm Smith

* To be signed by the Party applying.

P. p.

4

Deposit Receipt to await the farther orders of Court and to lock up and retain the Key of the said Chest a to do otherwise as your Lordship shall think proper.

According to Justice
(Signed) James H. McGowan
Pro. of Court
Jas Smith

Dumfries 10th May 1870. Appoints a copy of the foregoing Petition and of this deliverance to be served in common form upon each of the therein designed John Hastings and Eliza Hastings Respondents, and then if so advised to lodge in the Clerks hands a notice of appearance to defend in terms of the Statute and that within three days next after such service under Certification &c

(Intd) R S

(Signed) David Boyle Hope
Jas Smith

I James Thomson Smith Sheriff Officer in virtue of a deliverance by the Sheriff-Substitute of Dumfriesshire granted on a Petition presented to the said Sheriff do lawfully Serve on John Hastings Respondent before designed with a full copy of the —

Said
Jas Smith

Said Petition and deliverance thereon and
require you to conform yourself thereto with
Certification this Second upon the tenth day
of May Eighteen hundred and ~~sixty~~ Seventy
Years before and in presence of George
Armstrong — Sheriff Substitute of the
Lothian and Peebles — Sheriff Substitute
Word deleted before signing

Jas Smith Sheriff Substitute

* To be signed by the Party applying.

P. p.



* To be signed by the Party applying.

P. p.

Copy

Petition

James Sinclair

&

John & Elija Hastings

1870

N.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) ~~Stewartry~~ Wigtown of Kirkcudbright *and his Substitutes,—*

The Petition of Anne Murray, Meadow Bank, Gallowway

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Isabella Macgowan — 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 Isabella Macgowan to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNED) Anne Murray

(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 Seventy

STATEMENT.

If any 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 Macgowan
2. Sex and Age,	Female. Sixty five
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Independant.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	
7. Place where Found and Examined,	
8. Length of time Insane,	Since July 1869
9. Whether first attack,	First
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	Supposed to be from Meeting with a Patient at her Sons house at Kingswood, Bristol. and from anxiety & fatigue in the Journey thereto.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
20. Special circumstances (if any) 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*, Anne Murray

DATED this Twenty third day of April One thousand eight hundred and Seventy

* 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 Anderson
being a (1) Licentiate of the Royal College of Surgeons Edin.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Meadow Bank
New Galloway
Kirkcudbright
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Macgowan at Meadow Bank
and that
the said Mrs Macgowan
found Insane
is a (5) person of un-
and a proper person to be detained
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 labours under great depression of spirits, and suffers from delusions as to her bodily condition, and the things about her and believes that she is doom to be relieved, as the infatuated never d

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

Her Sister informs me that she has attempted to commit suicide by drowning

(SIGNED) *Name and Medical Designation,* Patk. Anderson L.R.C.S.

Place of Abode, Castledouglas

DATED this Twenty third day of April One thousand eight hundred and Seventy

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(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 and a member of the Royal College of Surgeons in England
and being in actual practice as a (2) Doctor of Medicine and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Meadow Bank
in the Burgh of New Galloway
Kirkcudbright
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Isabella Macgowan a lady residing at the before mentioned Meadow Bank and that
the said Mrs Isabella Macgowan is a (5) person of un-
found mind
and a proper person to be detained
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 Suffers from various delusions: believes she is never to die but is doomed to remain alive until the end of the world &c &c

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

Miss Murray her sister has informed me she has lately attempted to commit suicide by drowning.

(SIGNED) *Name and Medical Designation,* Alfred McKinley Millman M.D., M.R.C.

Place of Abode, New Galloway

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
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 Hyamith Dunbar Jr (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Anne Murray
Certificates under the hands of Patrick Anderson
and Alfred McKinley Millman, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Macgowan and that the said
Isabella Macgowan is a (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 Macgowan as a Patient into the (6) Crichton Royal Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Macgowan which accompanied the said Petition.

(SIGNED) W H Dunbar

DATED this Twenty Sixth day of April One thousand eight hundred and Seventy

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

---

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

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Isabella Macgrann
3/5770

N.B.—This Form sho
Superintendent of
the Sheriff is obtain

PETITION TO
RECEPT

Unto the Honourable
of Down

(*) Sheriff or Steward.
(†) Shire or Stewarty.

The P
humbly sheweth th
Medical Certificates,
is at present in a stat
Asylum for the Insan
mission of the said
Southern
into the said Asylum

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

DATED this
eight hundred and

If any of the

1. Christian Name and Surname of Pati
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occu
(if any), . . .
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined, .
8. Length of time Insane, . .
9. Whether First Attack, . .
10. Age (if known) on First Attack, .
11. When and where previously under Trea
tion and Treatment, . .
12. Duration of Existing Attack, . .
13. Supposed Cause, . . .
14. Wether subject to Epilepsy, .
15. Whether Suicidal, . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pl
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member
Family known to be or to have be
sane, . . .
20. Special circumstances (if any) preventi
insertion of any of the above particu

I certify, that, to the best of my k

DATED this Nearly Eighty
Seventy Years

N.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 Robt R. Rowe Inspector of Poor Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine McDonald or Lennan is at present in a state of Mental Derangement and 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 McDonald or Lennan to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) R. In R. Rowe

(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 April one thousand eight hundred and Seventy

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Catharine Mc Donald
2. Sex and Age,	Female Age 48 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Garden Worker
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Caroline Street Langholm
8. Length of time Insane,	Ten weeks.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	48 years
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	10 weeks.
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Suicidal
16. Whether Dangerous to others,	Dangerous to others
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,	Mary Butler, Daughter Caroline St Langholm
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNATURE)* Name R. In R. Rowe Inspector of Poors

DATED this Twenty Eighth day of April one thousand eight hundred and Seventy 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, William Wheatstone Langley being a (1) Doctor of Medicine and Licentiate of the Royal College of Physicians Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Louisa's Cottage Longtown in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) Catherine McDonald Louisa's Street - Longtown Cumb. and that the said Catherine McDonald is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Habitual Excitement occasionally very violent; speech incoherent; sometimes furious, with homicidal impulses, imagines her relations & Surgeon are plotting against her & on some occasions has refused food, but at present is in a state of comparative calmness

(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 the neighbours Mary Butler and Mrs William Irving

(Signed) *Name and Medical Designation,* W. Wheatstone Langley Surgeon

Place of Abode, Longtown

Dated this 27th day of August One thousand eight hundred and 70

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Robert Baillie Macbean being a (1) Bachelor of Medicine Edinburgh and a Master in Surgery Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Caroline Langholm Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Catharine McDonald Caroline Street - Langholm Spr., and that the said Catharine McDonald is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Fiberfex Excitement = Continual restlessness - She has the idea that her neighbours want to kill her, & does her bodily injury - & has a great variety of morbid delusions —

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She has attempted to commit Suicide The above information was given by Mary Butler her daughter & Agnes Irving, a neighbour.

(Signed) *Name and Medical Designation,* R. Baillie Macbean M.B. Surgeon

Place of Abode Langholm

Dated this 28th day of April one thousand eight hundred and Seventy —

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, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert M. Rome, Inspector of Poor Langholm
Certificates under the hands of William Johnstone Carlyle and Robert Baillie Maclean, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine McDonald, Caroline Street, Langholm, a pauper, and that the said Catherine McDonald — 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 Catherine McDonald — 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 Catherine McDonald — which accompanied the said Petition.

(Signature) David Boyle Hope

Dated this Twenty Ninth day of April one thousand eight hundred and Seventy.

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
Superintendent of th
the Sheriff is obtained.

PETITION TO
RECEPT

* Sheriff or Steward.
† Shire or Stewartry.

Unto the Honourable
of Lunac

The P

Morris Ave

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Medical Certificates,

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

your Petitioner's (*)

is at present in a stat

Asylum for the Insan

mission of the said

Matthew Co

into the the said Asyl

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

DATED this

eight hundred and

If any of the Particu

1. Christian Name and Surname of Patien
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupa
(if any), . . .
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Examin
tion and Treatment, .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (
Pauper) is Chargeable, .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane, . . .
20. Special circumstances (if any) preventing
insertion of any of the above particulars

I certify, that, to the best of my know

DATED this Fourth day

(To be signed

1536
Catherine McDonald
2/5/20

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

[Form A]

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

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

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

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

The Petition of Thomas Davidson Inspector of Poor of the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes McMillan your Petitioner's (3) Mother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes McMillan to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

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

Thomas Davidson Inspector of Poor

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

Dated this Fourth (4) day of May One thousand eight hundred and Seventy —

STATEMENT.

If any 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 McMillan
2. Sex and Age,	29
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Parkhill Cottage
7. Place where Found and Examined,	do
8. Length of time Insane,	Fourteen
9. Whether first Attack,	Fourth
10. Age (if known) on first Attack,	19
11. When and where previously under Examination and Treatment,	Southern Counties
12. Duration of existing Attack,	Four days
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Dumfries
18. Date of becoming Chargeable,	1st May 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Fourth day of May One thousand eight hundred and Seventy-

(*To be signed by Party applying*) Thomas Davidson

Inspector of Poor P.P.
for the Parish of Dumfries

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

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

1. Facts indicating Insanity observed by myself: (6)
Incoherent rambling at times; and at others more rational upon common questions - Melancholy or low spirited state - has been previously in an asylum

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Repeated fits of violent fits of laughing & alternately - Fancies unkindness in the part friends, particularly her mother - Refuses to speak to her -

Name and Medical Designation, Edw: Hoggan M. D. L.

Place of Abode, Thornhill, Dumfriesshire

DATED this Tenth day of May One thousand eight hundred and seventy years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Robert Shaw being a (1) Bachelor of medicine & Master of Surgery and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Enterkin Foot Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes McMillan and that the said Agnes 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.:—

1. Facts indicating Insanity observed by myself: (6) She has great hesitation in answering questions, & when she does, speaks in scriptural language generally. She appears to me to be suffering from acute Melancholia of a religious type

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother tells me that she takes fits of laughing & crying alternately; sits for hours without speaking, appears to imagines that her mother is speaking to her -

Name and Medical Designation, Robert Shaw M.B. CM Edt

Place of Abode, Thornhill

DATED this Fourth day of May One thousand eight hundred and Seventy —

CERTIFICATE OF EMERGENCY.

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

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

And I further certify that the case of the 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, A Maitland (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Davidson Inspector of Poor Durrisdeer and Certificates under the hands of Edward Hoggan and Robert 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) Agnes M'Millan Enterkinfoot Durrisdeer (a pauper) and that the said Agnes M'Millan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes M'Millan 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 M'Millan which accompanied the said Petition.

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

A Maitland

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

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

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

Unto the Honourable
of Dum

The P

Duncan

humbly sheweth tha
Medical Certificates,
your Petitioner's (3)
is at present in a stat
Asylum for the Insa
mission of the said
L. Ang
into the the said Asyl

(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
eight hundred and

If any of the Particu

1. Christian Name and Surname of Patien
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. *Condition of Life, and previous Occup*
(if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Exam
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Pla
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
ance,
20. Special circumstances (if any) preventing
insertion of any of the above particula

I certify, that, to the best of my kno

DATED this fifth

(To be sig

1538
Agnes McMillan
57570

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

[FORM A]

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

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

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

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

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

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

Thos Williamson

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

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Henry Christopher Scrambler
2. Sex and Age,	Male 50
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	no proper occupation
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Annan
7. Place where Found and Examined,	Annan
8. Length of time Insane,	Left or more for 5 months at least
9. Whether first Attack,	So far a known
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	never
12. Duration of existing Attack,	5 months
13. Supposed Cause,	Life long spends drinking
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	yes (for years he has threatened to take his life, but has never attempted)
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	No (Annan)
18. Date of becoming Chargeable,	May Subsequent
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Frances Litt or Scrambler (his wife) residing in Annan none of his relations so far as known has been insane but a nephew aged 19 committed suicide
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	little of his personal life known at present, and he has not been very communicative since

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

DATED this fifth day of May One thousand eight hundred and Seventy

(*To be signed by Party applying*) Frances Scrambler
Thomas Williamson

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 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) High Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Henry Christopher Scambler out of Breadth and that the said Henry Christopher Scambler is a (5) 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 heard him threaten to commit Suicide, and to kill his wife, and have had to employ two strong men for several days at a time to hold him on bed and prevent him from doing violence to himself or others

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Irving of the Globe Inn and Mrs Scambler Annan have told me that he frequently threatened violence, often said, that his clothes by fire or the house was on fire, that late there that some person was shooting him &c

Name and Medical Designation, Thomas Williamson Surgeon

Place of Abode, High Street Annan

DATED this fifth day of May One thousand eight hundred and Seventy 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, Willm Everett 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) High Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Henry C. Scambler retired from business and that the said Henry C. Scambler is a (5) person of unsound mind and a proper person to be detained 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, trembling hesitation &c, & common impressions of ordinary things

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I have been told by neighbours that he has threatened injury to himself and others, and has attempted suicide.

Name and Medical Designation, Willm Everett Surgeon

Place of Abode, Eglinton Street Annan

DATED this fifth day of May One thousand eight hundred and Seventy.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 being (1) a Graduat 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 Henry C. Scambler, and that the said person is of unsound mind, and 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 Sixth day of May One thousand eight hundred and Seventy.

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Williamson Surgeon Annan Certificates under the hands of Thomas Williamson and William Grant, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Christopher Scrambler residing in Annan and that the said Henry Christopher Scrambler 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 Henry Christopher Scrambler as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize no Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Christopher Scrambler which accompanied the said Petition.

DATED this Seventh day of May One thousand eight hundred and Seventy.

David Boyle Hope

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

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

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable
of Dum

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humbly sheweth tha
Medical Certificates,

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

your Petitioner's (*)
is at present in a state
Asylum for the Insan
mission of the said
Southern
into the the said Asyl

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

DATED this
eight hundred and

If any of the Particula

1. Christian Name and Surname of Patient
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupa
(if any), . . .
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Examin
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (if
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place
Abode of nearest known Relative of t
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been I
sane, ...
20. Special circumstances (if any) preventing th
insertion of any of the above particulars

I certify, that, to the best of my knowl

DATED this . 18

day

(To be signed

1539
N. C. Hospitals
4/5/70

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

[Form A]

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

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

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

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

The Petition of Jane Marchbank residing in Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Marchbank your Petitioner's (*) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Marchbank to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

Jane Marchbank +

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

Dated this 10th (*) day of Mar One thousand eight hundred and Seventy

(*) 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 Marchbank
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Moffat
7. Place where Found and Examined,	Moffat
8. Length of time Insane,	more or less for two years
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	
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,	Jane Marchbank wife 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 10th day of Mar One thousand eight hundred and Seventy

(*To be signed by Party applying*) Jane Marchbank +

P. P

MEDICAL CERTIFICATE. No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians & Licentiate of the Royal College of Surgeons 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) Moffat Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Marchbank Sower Moffat and that the said John 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.:—

1. Facts indicating Insanity observed by myself: (6) Kept in bed the greater part of the day Unwilling to work, alleges that he has not any power over himself, and cannot work. Refused when asked to work.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The above facts. and being if any thing more when asked to work or do any

Name and Medical Designation, James Munro M.D. L.R.C.

Place of Abode, Moffat

DATED this 10th day of Mar One thousand eight hundred and seventy.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(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) Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Marchbank Sower Moffat and that the said John Marchbank is a (5) Pauper unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Melancholia Unable he cannot walk, go about sleep, or do anything Quite hopeless he cannot take the Care

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Gilchrist confirms the above.

Name and Medical Designation, P. Murray M.D.

Place of Abode, Buccleuch St Dumfries

DATED this 11th day of May One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

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

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

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

James Munro M.D. L.R.C.S. Edin.

DATED this 10th day of Mar One thousand eight hundred and Seventy

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

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

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mrs Jane
Marchbank, residing in Moffat —
Certificates under the hands of James Munro —
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
Marchbank, Joiner, Moffat — and that the said
John 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 John Marchbank — 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 March-: bank — which accompanied the said Petition.

DATED this Eleventh day of May One thousand eight hundred and Seventy years.

David Boyle Hope

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

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

1/540

John Murchbanks

10/5/40

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Thomson, Grove, Dalbeattie,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Thomson 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 Jane ~~Beattie~~ Thomson to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

Thos Thomson

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

Dated this Tenth (4) day of May One thousand eight hundred and Seventy

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jane Thomson
2. Sex and Age,	Female Single
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Free Kirk
6. Previous Place of Abode,	Carlisle
7. Place where Found and Examined,	Grove, Dalbeattie
8. Length of time Insane,	Four days
9. Whether first Attack,	No, one before
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Under no treatment for first attack
12. Duration of existing Attack,	Four days
13. Supposed Cause,	Religious mania from revivals.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Thomson father, Grove, Dalbeattie. No relations ever insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Tenth day of May One thousand eight hundred and 70 Years.

(*To be signed by Party applying*) Thos 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, 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) The Grove
Dalscone
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Thomson
and that
the said Jane Thomson is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Shouting, raving, sleepless & totally irritating, making hideous noises. The examinations in bed without any effort to void it. Very violent &c.

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

Name and Medical Designation, James M. McCulloch

Place of Abode, 16 Castle Street, Dumfries

Dated this tenth day of May One thousand eight hundred and seventy seven.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Patrick Murray
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) County Asylum Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Thomson, Grove
and that
the said Jane Thomson is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Insensate th
who is totally unwilling to, & will
not assist any function

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

Name and Medical Designation, P. Murray M.D.

Place of Abode, Queensbury House Dumfries

Dated this 16th day of May One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Murray McCulloch M.D. Edin. &c.
being (1) Graduate of the University of Edinburgh &c.
hereby certify, on soul and conscience, that I have this day, at (2) The Grove, Dalscone
in the County of Dumfries, seen and personally examined
Jane Thomson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

James M. McCulloch, M.D. &c

DATED this tenth day of May One thousand eight hundred and seventy years.

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Thomson
Grove, Dalscone
Certificates under the hands of James Murray McCulloch
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) Jane Thomson, presently at Grove Dalscone and that the said
Jane Thomson is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Thomson as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Thomson which accompanied the said Petition.

DATED this Eleventh day of May One thousand eight hundred and Seventy

David Boyle Hope

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

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

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

(†) Sheriff or Steward.
Shire or Stewartry.

Unto the Honourable
of Dum

The P

humbly sheweth tha

Medical Certificates,

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

your Petitioner's (*)

is at present in a state

Asylum for the Insan

mission of the said

Southern Count

into the the said Asyl

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

DATED this Sa

eight hundred and

If any of the Particu

1. Christian Name and Surname of Patien
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occup
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exami
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane, ...
20. Special circumstances (if any) preventing
insertion of any of the above particulars

I certify, that, to the best of my know

DATED this Sixteenth

day

(To be signe

1/5741
Alex Mathieson
18/6/20

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 White, Farmer, Mc Cracken, Dalton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Richard White

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

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

Robert White

(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 May One thousand eight hundred and Seventy.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Richard White
2. Sex and Age,	Male. 36 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Travelling Draper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Cairn Parish of Ilston
7. Place where Found and Examined,	Cairn Parish of Ilston
8. Length of time Insane,	about 6 months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	36 years
11. When and where previously under Examination and Treatment,	never
12. Duration of existing Attack,	6 months
13. Supposed Cause,	business going wrong suspected to be the 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,	Robert White, White Mosses Father of the Patient. no.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Sixteenth day of May One thousand eight hundred and Seventy.

(*To be signed by Party applying*) Robert White

P. P

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 Elwert being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Cairn — Dalton, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Richard White, Farmer, White Rashes, Dalton and that the said Richard White is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His General appearance and Manner, and Conversations Referring to unfounded questions

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Father says he has threatened violence to him, his Uncle his Brother, and keeps Murmuring over to Himself the Lord's Prayer

Name and Medical Designation, William Elwert

Place of Abode, Edinburgh

DATED this fourteenth day of May One thousand eight hundred and Seventy

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Little being a (1) Doctor of Medicine & 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) Cairn Parish of Dalton Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Richard White, Farmer White Rashes Dalton and that the said Richard White is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His excited look talk statements & his general appearance.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by his Brother & Sister in law that he wanders about the country refuses to work or attend to business and has let it be known that he has frequently threatened his father & his life is in danger from him

Name and Medical Designation, James Little MD Surgeon

Place of Abode, Maryfield Annan

DATED this 14th day of May One thousand eight hundred and Seventy

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Ewart being (1) a Member of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Cairn, Dalton in the County of Dumfries, seen and personally examined Richard White, and that the said Richard White is person is of unsound mind, and 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 Ewart

DATED this fourteenth day of May One thousand eight hundred and seventy

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert White, Farmer, White Riggs of Dalton Certificates under the hands of William Ewart and James Little, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Richard White, son of Petitioner and that the said Richard White is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Richard White as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Richard White which accompanied the said Petition.

DATED this Sixteenth day of May One thousand eight hundred and Seventy years.

David Boyle Hope

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

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

61

25 and 26 Vic

APPLICATION TO THE GENER

TRANSFER OF A PATIENT

I, the undersigned

being desirous to transfer Willia

at present a Patient in the Glasg

a pauper lunatic

an Inspector of

Asylum at Dunfer

the Board to such transfer; and I subjoin

William Mc Dowa

respect to his mental and bodily

Dated at Gartnavel th

One thousand eight hundred and Sevent

ST

1. Christian Name and Surname of Patient

length,

2. Sex and Age,

3. Married, Single, or Widowed,

4. Condition of Life, and Previous Occupa

(if any),

5. Religious Persuasion, so far as known,

6. Date of Admission into Asylum,

7. Length of time Insane,

8. Whether first Attack,

9. Age (if known) on first Attack,

10. Duration of existing Attack,

11. Supposed Cause,

12. Whether subject to Epilepsy,

13. Whether Suicidal,

14. Whether Dangerous to others,

15. Parish to which the Lunatic (if a Pauper

Chargeable,

16. Christian Name and Surname, and P

of Abode of nearest known Relative

the Patient, and degree of relations

(if known), and whether any Member

Family known to be, or to have b

Insane,

I certify that, to the best of my knowl

(To be signed by the Applicant)

Dated this twelfth day of

hundred and Seventy

N.B.—The foregoing particulars are r

whose care the Patient is to be transferred

1
5542
William Mc Lu
16/6/75

161

[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
being desirous to transfer William McDowall
at present a Patient in the Glasgow Royal Asylum, Gartnavel and (1)
a pauper Lunatic of the parish of which
I am Inspector of Poor
from the said Asylum to the
Asylum at Dumfries
hereby request the authority of
the Board to such transfer; and I subjoin a Statement of Particulars regarding the said
William McDowall 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.

Wm McDowall
Inspector of Poor for Leswalt Parish

DATED at Gartnavel this 12th day of May
One thousand eight hundred and Seventy.

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

STATEMENT.

1. Christian Name and Surname of Patient at length,	William McDowall.
2. Sex and Age,	Male – 14 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Biscuit Maker
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	18th January 1870.
7. Length of time Insane,	Upwards of 4 months
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	14 years.
10. Duration of existing Attack,	Upwards of 4 months.
11. Supposed Cause,	Fright
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	yes.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Leswalt
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	David McDowall, at Sea, patient's father. Sarah Somerville, 5 Marlow Street Glasgow, mother of patient. none

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

(*To be signed by the Applicant*) Wm McDowall Inspector for Leswalt

DATED this twelfth day of May One thousand eight hundred and Seventy

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 Robert Blair M.D.

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

being (1) a Graduate of the Glasgow University
hereby certify that I have this day at (2) the Glasgow Royal Asylum
personally examined William McDowall at present a
Patient in said Asylum, and with respect to his Mental State that he is a boor
under recurrent mania.

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

1543
Wm McDowall
16/6/70

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

Robert Blair M.D.
Glasgow Royal Asylum

DATED this twelfth day of May One thousand eight hundred and seventy.

SANCTION BY THE BOARD OF LUNACY.

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

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

Application having been made to the Board by (1) Inspector of Poor Leswalt to authorize the transfer of William McDowall from Glasgow Royal Asylum to Dumfries Royl Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said William McDowall as requested.

G. Paterson Depy Commissioner.

a) Valid for 14 days from date.

DATED at Edinburgh, this 13th day of May One thousand eight hundred and seventy

Date of Sheriff's Order — 21 January 1870

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

[Form A]

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

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

Sheriff or Steward. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Ayr *and his Substitutes*—

The Petition of John Sprot

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henrietta Dunlop Sprot 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 Henrietta Dunlop Sprot to the Crichton Asylum and to sanction admission into the the said Asylum.

State degree of lordship or other dignity in which Petitioner stands to Lunatic.

John Sprot

Dated this 24th (4) day of May One thousand eight hundred and Seventy years

(4) The date of the petition must be within seven clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Henrietta Dunlop Sprot
2 Sex and Age,	F 52
3 Married, Single, or Widowed,	Married
4 Condition of Life, and previous Occupation (if any),	Lady
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	South Park, Ayr
7 Place where Found and Examined,	Do
8 Length of time Insane,	about 3 weeks
9 Whether first Attack,	Third
10 Age (if known) on first Attack,	27
11 When and where previously under Examination and Treatment,	—
12 Duration of existing Attack,	Three weeks
13 Supposed Cause,	Suppressed menstruation
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	No
16 Whether Dangerous to others,	No
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18 Date of becoming Chargeable,	—
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	—
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	There are no living relatives

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 24th day of May One thousand eight hundred and Seventy

(*To be signed by Party applying*) John Sprot

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Dobbie being a (1) M.D (Edin.) and L.R.C.S.E. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) South Park Ayr in the County of separately from any other Medical Practitioner visited and personally examined (4) Mrs John Sprot and the said Mrs John Sprot is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Obstruction of memory; and ill-premeditated determinations not to perform ordinary duties on account of fictitious delusions of imaginary poverty.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Friends state that she has Spiritual directions for keeping & will only act upon these; the latter side of Christ &c &c.

Name and Medical Designation, Robert Dobbie

Place of Abode, Ayr

Dated this 24th day of May One thousand hundred and Seventy

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Clark Wilson being a (1) M.D Edin. and L.R.C.S.E. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) South Park Ayr in the County separately from any other Medical Practitioner visited and personally examined (4) Mrs John Sprot and the said Mrs John Sprot is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Constant talking to imaginary spirits &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Clark Wilson

Place of Abode, 27 Sandgate Ayr

Dated this 24 day of May One thousand hundred and Seventy

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Robison Esquire (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) John Sprot, South Park, Ayr Certificates under the hands of Robert Dobbie, M. D. Ayr and James Clark Wilson, M. D. Ayr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henrietta Dunlop Sprot, South Park, Ayr, and that the said Henrietta Dunlop Sprot is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henrietta Dunlop Sprot as a Patient into the (6) Private Asylum of Crichton and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henrietta Dunlop Sprot which accompanied the said Petition.

DATED this twenty fourth day of May One thousand eight hundred and seventy years.

J. Robison

To the Superintendent of the (7) Private
Asylum of Crichton

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPTI

Sheriff or Steward, Clerk or Secretary.

Unto the Honourable
of Dump

The Pe

humbly sheweth th

Medical Certificate

* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*)

is at present in a state

Asylum for the Insan

residence of the said

Enchita Roy

into the the said Asyl

† The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this

eight hundred and

If any of the Particul

1. Christian Name and Surname of Patient
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occup
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . . .
9. Whether first Attack, . . .
10. Age (if known) on first Attack, .
11. When and where previously under Exami
tion and Treatment, . . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (
Pauper) is Chargeable, . . .
18. Date of becoming Chargeable, . .
19. Christian Name and Surname, and Place
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
same, ...
20. Special circumstances (if any) preventing
mention of any of the above particular

I certify, that, to the best of my kno

DATED this Twenty eighth day

(To be sign

167
Newcastle Pauper Asylum
24/10/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitute,—

The Petition of James Wood residing at Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Wood your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Wood to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

James Wood

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this Twenty eight (4) day of May One thousand eight hundred and Seventy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Wood
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of Nursery Man
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Annan
7. Place where Found and Examined,	C. R. Institution Dumfries
8. Length of time Insane,	~~Five days~~
9. Whether first Attack,	No
10. Age (if known) on first Attack,	Not Known
11. When and where previously under Examination and Treatment,	C. R. Institution Dumfries
12. Duration of existing Attack,	Five days
13. Supposed Cause,	Ill health
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes Threatens
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Wood Husband Annan
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty fifth day of May One thousand eight hundred and Seventy.

(To be signed by Party applying) James Wood

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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) Crichton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Wood
the said Elizabeth Wood is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is very often
Incoherent & unintelligible in her speech & manner
that he should be. Thinks that Dr
Grant & Little Ireman are trying to
Poison her, & other such
grounds like

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Sr Johnstone told me that
She had been in the asylum
before

Name and Medical Designation, P. Murray M

Place of Abode, Dumfries

Dated this 30 day of May One thousand eight
hundred and 70

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Thompson
being a (1) Doctor of Medicine of the University
of Glasgow & Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3)
Royal Institution, in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Wood - Wife
of Surgeon man Annan and that
the said Elizabeth Wood is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks in an excited and rambling manner, chiefly about difficulties & jealousies at home with her husband - Sleepless & little appetite

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by patient herself that she was
in this institution four months ago; and Mr Blacklaw
here confirms her statement

Name and Medical Designation, Alex Thomson MD & Phy

Place of Abode, Dumfries

Dated this thirtieth day of May - One thousand eight
hundred and seventy years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a Graduate of the University of Edinburgh & the Crichton Royal Institution hereby certify, on soul and conscience, that I have this day, at (2) in the County of Dumfries, seen and personally examined Elizabeth Wood, and that the said person is of unsound mind, and 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 Twenty eighth day of May One thousand eight hundred and Seventy

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Wood residing in Annan Certificates under the hands of Patrick Murray 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) Elizabeth Wood (Petitioner's wife) and that the said Elizabeth Wood is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Wood as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Wood which accompanied the said Petition.

DATED this Thirtieth day of May One thousand eight hundred and seventy years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/168

Elizabeth Wood

28/6/70

Elizabeth Wood

Aug 28/10

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of George Burgess. Inspector of Poor Kirkpatrick Justa humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Thompson your Petitioner's (3) Pauper belonging to Kirkpatrick Justa is at present in a state of Mental Derangement, and 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 Thompson to the Southern Counties and to sanction her admission into the the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Geo Burgess

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 1st (4) day of June One thousand eight hundred and seventy

STATEMENT.

If any 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 Thompson
2. Sex and Age,	Female 80
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	General Worker
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous Place of Abode,	Buccleuch Street Moffat
7. Place where Found and Examined,	Buccleuch Street Moffat
8. Length of time Insane,	some months
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,	some months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Justa
18. Date of becoming Chargeable,	a number of 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 her Family known to be or to have been Insane,	John Thompson. Well Road Moffat. Brother – one brother in the Southern Counties asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 1st day of June One thousand eight hundred and seventy

(*To be signed by Party applying*) Geo Burgess

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians and 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) Buccleuch Street. Moffat Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Margaret Thompson Buccleuch Street. Moffat. a Pauper and the said Margaret Thompson is a (5) an insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Supposes she is in hell and talks, and bawls at everybody everything - abuses every one who goes into the house

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Supposes she is with child of the devil or that she has had a child to the devil. (The woman she has been working on her)

Name and Medical Designation, James Munro M.D. L.R.C.S.

Place of Abode, Moffat

DATED this 1st day of June One thousand eight hundred and seventy

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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, John Smith being a (1) Licentiate of Edinburgh Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Counties Dumfries Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Margaret Thompson. Pauper Moffat and the said Margaret 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) Unconnected by her conversation, & delusions, imagines that she has had a talk with the devil

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M.B. &c.

Place of Abode, Dumfries

DATED this 2nd day of June One thousand eight hundred and 70.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Munro
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Buccleuch Street Moffat
in the County of Dumfries, seen and personally examined
Margaret Thompson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro M.D. L.R.C.S. Edin

DATED this 1st day of June One thousand eight hundred and seventy

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Advocate (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) George Burgess
Inspector of Poor Kirkpatrick Juxta
Certificates under the hands of James Munro
and John Smith, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Margaret Thompson, Buccleuch Street Moffat aforesaid and that the said
Margaret Thompson is ~~not~~ (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 Thompson 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 Thompson which accompanied the said Petition.

DATED this Second day of June One thousand eight hundred and Seventy

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Margaret Thompson
11/10/40

574
Margaret Thompson
11/10/40

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Black Senior Thornhill

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Black Senior your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Black Senior to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Black Junr

DATED this third (4) day of June One thousand eight hundred and Seventy.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Black
2. Sex and Age,	Male about 58.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	A stone mason and Contractor
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous Place of Abode,	Thornhill
7. Place where Found and Examined,	Thornhill
8. Length of time Insane,	More or less for the last eight or twelve 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,	As stated above
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	His insanity began with an Epileptick fit
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Black Junior his eldest son residing Thornhill. no member of the family so far as known 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 third day of June One thousand eight hundred and Seventy

(*To be signed by Party applying*) John Black Junr

P.T.O.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Greenen 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) Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Black, Senior and that the said John Black Senior is a (5) Person of Unsound mind and a proper person to be detained 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 deeply impressed with the idea that his friends are abandoning poison for him, is at times very disturbed in mind, and depressed has for some time refused to sleep in his own house.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His family speak of the great difficulty they have in keeping him at home—

Name and Medical Designation, Thomas Boyle Greenen Lic R C S Ed

Place of Abode, Thornhill

DATED this Second day of June One thousand eight hundred and Seventy

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Keir being a (1) Doctor of Medicine and Lic: Roy: Coll of Surgeons. Edin: and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Black Junr and that the said John Black is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He has told me hereon & frequently about the head for sometime. Has had groundless suspicions of his wife & family trying to poison him. Thinks he will better in place for a time.—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, William S Keir

Place of Abode, Dumfries

DATED this 4th day of June One thousand eight hundred and Seventy Years.—

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist
being (1) a Graduate 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
John Black Senr, and that the said
person is of unsound mind, and 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

Dated this Third day of June One thousand eight hundred and Seventy

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Black Junior Thornhill
Certificates under the hands of Thomas Boyle Grierson
and William Smith Kerr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Black Senior Thornhill, Petitioners father and that the said John Black Senior — is a (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 Black Senior 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 Black Senior — which accompanied the said Petition.

Dated this Sixth day of June One thousand eight hundred and Seventy

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe Him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shou
Superintendent of t
the Sheriff is obtaine

PETITION TO
RECEP

To Sheriff or Steward,
or Sheriff or Stewartry.

Unto the Honourable
of Sher

The
humbly sheweth th

Medical Certificates

[a] State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's ([a]
is at present in a sta
Asylum for the Insa
mission of the said
into the the said As

[b] The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this
eight hundred and

If any of the Parti

1. Christian Name and Surname of Pati
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occ
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pla
Abode of nearest known Relative o
Patient, and degree of Relationshi
known), and whether any Member of
Family known to be or to have been
sane, ...
20. Special circumstances (if any) preventing
insertion of any of the above particula

I certify, that, to the best of my kn

Dated this Fourth

(To be sig

5 45
Lunacy Blanks
3/16/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Henry Montgomery Inspector of Poor Mochrum

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Archibald Murray ——— your Petitioner's (3) ~~Inspector of Poor~~ Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Archibald Murray ——— to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

H Montgomery Inspector

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this Fourth (4) day of June One thousand eight hundred and Seventy years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Archibald Murray
2. Sex and Age,	Male – aged 40 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Portwilliam, Parish of Mochrum
7. Place where Found and Examined,	Skate Farm do do
8. Length of time Insane,	Three days
9. Whether first Attack,	first, so far as is known to me
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Three days
13. Supposed Cause,	Long debauch, & a dispute with his employer
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Mochrum, Wigtownshire
18. Date of becoming Chargeable,	14th June 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Murray or Hunter, Ebrig Village Mochrum, Sister. Had two Aunts who died in the Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourth day of June One thousand eight hundred and Seventy

(*To be signed by Party applying*) H Montgomery Inspector of Poor Parish of Mochrum

P.P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Charles Douglas
being a (1) Graduate of Glasgow University & Licentiate of the R
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) State Farm
in the Parish of Mochrum in the County of Wigtown
separately from any other Medical Practitioner,
visited and personally examined (4) Archibald Murray - (Pauper)
Farmer residing at State Farm -
and that
the said Archibald 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) Restless & incoherent
will not answer questions, laughs immoderately, asked me ad
to fight with him, says he will do "Jon his corner Willi
Murray - speaks & wastes his hand to an imaginary person

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Am
Murray says he has not slept for two nights & will not stay
his own room as he sees a white woman there, will only hav
when he likes & often laughs at his work & when eating: this
provocation stamped his foot & tried to get at Williams Murray
he would "sort him"

Name and Medical Designation, John C. Douglas M.D. L.R.C.S.Ed

Place of Abode, Port Williams

DATED this Fourth day of June One thousand eight hundred and Seventy 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, John Smith
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify on soul and conscience, that I have this day, at (3) Southern
Counties Asylum
in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Archibald Murray
Residing at State Farm
and that
the said Archibald 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) Has at times
Imagines that something wherein he calls a tele
is Constantly flying against him giving him instru
how to speak & act.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M

Place of Abode, Dumfries

DATED this 4 day of June One thousand eight hundred and 70/

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Charles Douglas
being (1) a Graduate(s) Glasgow University &c
hereby certify, on soul and conscience, that I have this day, at (2) Port Williams
in the County of Wigtown, seen and personally examined
Archibald 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 C. Douglas. M.D. &c.

DATED this Fifth day of June One thousand eight hundred and seventy years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Henry Montgomery
Inspector of Poor, Mochrum, Wigtownshire
Certificates under the hands of John Charles Douglas. M.D &c
and John Smith, M.B &c, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Archibald Murray, farmer, Mochrum, Wigtownshire, of pauper and that the said
Archibald 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 Archibald Murray 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 Archibald Murray which accompanied the said Petition.

DATED this Eighth day of June One thousand eight hundred and Seventy years

James Gordon

To the Superintendent of the (7) Public
Asylum of Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPTI

1. Sheriff or Steward.
2. Sole or Steward.

Unto the Honourable
of Dumfr

The Pe

humbly sheweth that

Medical Certificates,

3. State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3)

is at present in a state

Asylum for the Insane

mission of the said

Southern

into the the said Asyl

4. The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this

eight hundred and

If any of the Particula

1. Christian Name and Surname of Patient
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupa
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Examin
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (if
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place
Abode of nearest known Relative of t
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been In
sane, ...
20. Special circumstances (if any) preventing th
insertion of any of the above particulars,

I certify, that, to the best of my knowl

DATED this sixth day

(To be signe

546
Archibald Murray
6/6/70
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) Sheriff *of the* (2) County of Dumfries *and his Substitute.*

The Petition of James Scott Inspector of Poor Ruthwell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henrietta Gillaby

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Henrietta Gillaby to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

James Scott

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this sixth (4) day of June One thousand eight hundred and Seventy

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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,	Henrietta Gillaby
2. Sex and Age,	Female. about 70 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	formerly a Servant. Pauper more than 20 yrs
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Ruthwell village
7. Place where Found and Examined,	Ruthwell village
8. Length of time Insane,	Not very well known
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Never before under treatment
12. Duration of existing Attack,	
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	not subject to Epilepsy
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	Perhaps at times.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not Known.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this sixth day of June One thousand eight hundred and Seventy

(*To be signed by Party applying*) James Scott
Inspector
of Ruthwell P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 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
separately from any other Medical Practitioner,
visited and personally examined (4) Henrietta Gillatly
and that
the said Henrietta Gillatly is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is my mother imagines that the Railway Company round down the Channel Fleet &c &c Stats as Good.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Woman about 40 mother distinct delusions

Name and Medical Designation, P. Murray M.D.

Place of Abode, Dumfries

DATED this 6th day of June One thousand eight hundred and 70

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh & Member of the Royal College of Physicians & Surgeons
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Henrietta Gillatly. Pauper
and that
the said Henrietta Gillatly is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Incoherent in speech. Has delusions. Imagines that she is constantly detected by innocent persons who stare at part of her dress

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M.B &c.

Place of Abode, Dumfries

DATED this 7th day of June One thousand eight hundred and 70.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Ruthwell Village in the County of Dumfries, seen and personally examined Henrietta Gellately, and that the said person is of unsound mind, and 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 6th day of June One thousand eight hundred and 70

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Scott, Inspector of Poor Ruthwell Certificates under the hands of Patrick Murray and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henrietta Gellately Ruthwell Village (a pauper) and that the said Henrietta Gellately is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henrietta Gellately as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henrietta Gellately which accompanied the said Petition.

DATED this Tenth day of June One thousand eight hundred and seventy

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall re
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPTI

[1] Sheriff or Steward, Bailie or Stewartry.

Unto the Honourable
Wigton and of Kirk

The Pet

humbly sheweth that
Medical Certificates, th
your Petitioner's (2)
is at present in a state
Asylum for the Insane,
mission of the said
into the the said Asylu

[2] State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

[3] The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Ei
eight hundred and

If any of the Particula

1. Christian Name and Surname of Patient length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupa (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Exami tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether Subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if Pauper) is Chargeable,
18. Date of Last Settlement Chargeable,
19. Christian Name and Surname, and Place Abode of nearest known Relative of t Patient, and degree of Relationship known), and whether any Member of Family known to be or to have been I sane,
20. Special circumstances (if any) preventing th insertion of any of the above particulars,

I certify, that, to the best of my know

DATED this Eighth day

(To be signe

547
Kenmitta Pettatty
6/6/80

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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~~ Wigton and of Kirkcudbright *and his Substitutes.*—

The Petition of William McGill

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet McGill 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 ~~Petition of William~~ McGill to the ~~Director of~~ the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum. (nine words deleted)

William McGill

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this Eighth (4) day of June One thousand eight hundred and Seventy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet McGill
2. Sex and Age,	Female - age 26 -
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Nursery-maid
5. Religious Persuasion, so far as known,	Ch. Presby. Church
6. Previous Place of Abode,	Returned from Bruges Belgium with Mr Gordon's family
7. Place where Found and Examined,	Culvennan in Parish Castle to Kilcarton Dumfriesshire
8. Length of time Insane,	Allan Gibbon Bridge - Daley Kirkcudbrightshire
9. Whether first Attack,	About 3 weeks.
10. Age (if known) on first Attack,	First attack so far as known to Petitioner
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	About 3 weeks.
13. Supposed Cause,	Impiety of mind in connexion with Female Ailment
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,	Allan Gibbon - Bridge - Daley William McGill Joiner - Father of Patient, The Grandfather of the Patient on the Mother-side became insane & did not live long after becoming so.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth day of June One thousand eight hundred and Seventy

(*To be signed by Party applying*) William McGill

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, Alfred McKinley Millman being a (2) Doctor of Medicine of the University of Aber and a Member of the Royal College of Surgeons in Engl and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Allan Gibbon Bridge, in the Parish of Dalry, in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Janet McGill, Nursery maid, and now residing at Allan Gibbon Bridge and that the said Janet McGill 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) A State of general restlessness, various delusions - considers her father and mother and other members of her fam are mentally deranged; misplaces various articles of her clothing, clothes, &c from her room through the co

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her father reports that she has destroyed parts of her clothing; burnt her purse, thrown away her ear-rings false teeth, cups & saucers; sometimes refuses to sleep in bed but sits in an arm chair; frequently will walk up down the house all night. Is afraid of the wife poisoning the wife poisoning therapy.

Name and Medical Designation, Alfred McKinley Millman M.D., M.R.C.S. & L.R.C.P.

Place of Abode, New Galloway

DATED this 7th day of June One thousand eight hundred and twenty.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Trotter M.D. of Erlangen being ~~a~~ (1) Parochial Med. Officer Dalry &c and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Allan Gibbon in the Parish of Dalry in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Janet McGill Nursery Maid late in the service of Mr Gordon of Culvennan Mn and that the said Janet McGill is a person ~~not~~ (5) of unsound mi and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) raised work & incoh laugh restlessness refused to allow me to feel her pulse Says who are you? where do you come from, what want talk me, &c. &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Robert Trotter M.D. Parochial Med. Officer Dalry

Place of Abode, Bothwell House Dalry New Gal

DATED this 7th day of June One thousand eight hundred and Seventy

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Hyslop Dunbar Esqr. (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) William McGill

Certificates under the hands of Alfred McKinley Millman and Robert Wallace, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet McGill and that the said Janet McGill is a (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 McGill as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet McGill which accompanied the said Petition.

DATED this Thirteenth day of June One thousand eight hundred and Seventy

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.

1
548
Janet McGill.
16/6/70.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Grain Canonbie &c.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Johnstone 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 James Johnstone to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Janet Johnstone

Dated this eighteenth (4) day of June One thousand eight hundred and seventy -

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Johnstone
2. Sex and Age,	male - 56 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Grain
7. Place where Found and Examined,	Grain
8. Length of time Insane,	Symptoms have continued one week. Got much worse yesterday.
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,	one week
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 Johnstone. Brother & present Carlisle - none -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this eighteenth day of June One thousand eight hundred and seventy -

(To be signed by Party applying) Janet Johnstone

C. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 and Licentiate of the Faculty of Physicians & Surgeons Glasgow
and being in actual practice as a (2) Physicians &
hereby certify, on soul and conscience, that I have this day, at (3)
Grain in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) James Johnstone residing at Grain
and that
the said James Johnstone is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Extreme restlessness - incoherent. At times jets violent and furious and requires two or three men to keep him under control. Attempts to strike &c. &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
James Johnstone (his wife) & George Coupland state that he has attempted to put into the fire, that he wishes to hang himself; tears his dress shirt bites and is exceedingly difficult to keep under re

Name and Medical Designation, James Rae Anderson M.D.

Place of Abode, Eastbank Cannonbie

DATED this Eighteenth day of June One thousand eight hundred and Seventy.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(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 Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution
Dumfries in the County of
visited and personally examined (4) James Johnston separately from any other Medical Practitioner,
the said James Johnston and that
unsound mind is a (5) Patient and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is very restless and says that the Devil among them that he can hear him talk and that he tries him constantly inciting

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He constantly threatening suicide and throwing himself about

Name and Medical Designation, P Murray M.D.

Place of Abode, Buccleuch St Dumfries

DATED this 20th day of June One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Rae Anderson being (1) a Doctor of Medicine &c hereby certify, on soul and conscience, that I have this day, at (2) Grain in the County of Dumfries, seen and personally examined James Johnstone, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Ja. Rae Anderson M.D.

Dated this eighteenth day of June One thousand eight hundred and Seventy —

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Janet Johnstone Grain, Lanarkshire, Dumfriesshire, Certificates under the hands of James Rae Anderson 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) James Johnstone (Petitioner's Husband) — and that the said James 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 James Johnstone 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 Johnstone which accompanied the said Petition.

Dated this Twenty first day of June — One thousand eight hundred and Seventy

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained

PETITION TO
RECEPT

1. Sheriff or Sheriff-Substitute within whose Jurisdiction

Unto the Honourable
of Dumf

The P

humbly sheweth tha

Medical Certificates,

your Petitioner's (*)

2. State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a stat

Asylum for the Insan

misfortune of the said

Southern Co

into the the said Asy

3. The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eleve

eight hundred and

If any of the Particu

1. Christian Name and Surname, M
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occu
(if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Exam
sion 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
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Pla
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane,
20. Special circumstances (if any) preventing
insertion of any of the above particul

I certify, that to the best of my kn

DATED this Twenty Third

(To be sig

Mary Johnston
June 18/20

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Duncan Clappertons Insp: of Poor Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Morris or Scott your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Morris or Scott to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Duncan Clappertons

(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 June One thousand eight hundred and Seventy.

STATEMENT.

If any 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 Morris or Scott.
2. Sex and Age,	Female 28 years,
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Mill-Worker.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Welldale Annan.
7. Place where Found and Examined,	9th Street "
8. Length of time Insane,	5 days.
9. Whether first Attack,	First Attack
10. Age (if known) on first Attack,	28 years.
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	5 days.
13. Supposed Cause,	Not known but supposed to have been drinking
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Date of becoming Chargeable,	June 22. 1870.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Morris 9th Street Annan. Father of Patient.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Third day of June One thousand eight hundred and Seventy.

(*To be signed by Party applying*) Duncan Clappertons
Insp: of Poor

Annan Parish Session
June 18/70

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Wm Ewart being a (1) Licentiate of the Royal College of Surgeons and Licentiate of the Royal Medical Society and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Port Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Morris or Scott a pauper. and that the said Elizabeth Morris or Scott is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her appearance and actions of Maniacal, incoherent talk and her attempts to bite &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was informed by neighbours that she has been drinking, and that she attempted to break windows of furniture & tear bedclothes

Name and Medical Designation, Wm Ewart Surgeon

Place of Abode, Edinburgh Street, Annan

DATED this twenty third day of June One thousand eight hundred and seventy-

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, James Little being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Port Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Morris or Scott a Pauper and that the said Elizabeth Morris or Scott is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her assorted maniacal movements raving. General appearance &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by her Neighbours that she tears her clothes & beds, that sometimes strikes & bites any person coming near her.

Name and Medical Designation, James Little M.D

Place of Abode, Maryfield - Annan

DATED this twenty third day of June One thousand eight hundred and seventy-

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Ewart being (1) Licentiate of the Royal College of Surgeons in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Port Street, Annan in the County of Dumfries, seen and personally examined Elizabeth Morris or Scott, and that the said Elizabeth Morris or Scott person is of unsound mind, and 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 Ewart. Surgeon

Dated this twenty third day of June One thousand eight hundred and seventy

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Duncan Clapperton Inspector of Poor Annan Certificates under the hands of William Ewart. Surgeon and James Little 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 Morris or Scott residing in Annan (aforesaid) and that the said Elizabeth Morris or Scott is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Morris or Scott 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 Morris or Scott which accompanied the said Petition.

Dated this twenty third day of June One thousand eight hundred and seventy two. one and forty

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

328

25 and 26 V

APPLICATION TO THE GENER

TRANSFER OF A PATIENT

I, the undersigned Hones Nic
being desirous to transfer James
at present a Patient in the Glasgo
law cannot know rela
Dumfries Lunatic Asyl
the Board to such transfer, and I subjoi
James Nichol
spect to his mental and bodi

DATED at Glasgow
One thousand eight hundred and

ST

1. Christian Name and Surname of Patien
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and Previous Occup
(if any),
5. Religious Persuasion, so far as known,
6. Date of Admission into Asylum,
7. Length of time Insane,
8. Whether first Attack,
9. Age (if known) on first Attack,
10. Duration of existing Attack,
11. Supposed Cause,
12. Whether subject to Epilepsy,
13. Whether Suicidal,
14. Whether Dangerous to others,
15. Parish to which the Lunatic (if a Pauper
Chargeable,
16. Christian Name and Surname, and
of Abode of nearest known Relativ
the Patient, and degree of relation
(if known), and whether any Membe
Family known to be, or to have
Insane,

I certify that, to the best of my know

(To be signed by the Applicant)

DATED this twenty-first day of
hundred and seventy-one

N.B.—The foregoing particulars are
whose care the Patient is to be transferre

330

Elizabeth Harris or Scott
23/6/70

1
330
Elizabeth Harris
or Scott
23/6/70
(1547)

828

[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 Thomas Nichol being desirous to transfer James Nichol at present a Patient in the Glasgow Royal Asylum Gartnavel, and (1) my nearest known relative I am, after my father from the said Asylum to the Dumfries Lunatic Asylum hereby request the authority of the Board to such transfer, and I subjoin a Statement of Particulars regarding the said James Nichol 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.

Thomas Nichol Jr.
Eldest Brother & Patient

(1) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Glasgow this twenty first day of June One thousand eight hundred and seventy.

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Nichol —
2. Sex and Age,	Male — 33 years of age —
3. Married, Single, or Widowed,	Single —
4. Condition of Life, and Previous Occupation (if any),	Farmer —
5. Religious Persuasion, so far as known,	Established Kirk —
6. Date of Admission into Asylum,	30 May, 1868. —
7. Length of time Insane,	Under four years —
8. Whether first Attack,	First attack —
9. Age (if known) on first Attack,	About 29 a 30 years —
10. Duration of existing Attack,	About four years —
11. Supposed Cause,	Not Known —
12. Whether subject to Epilepsy,	No —
13. Whether Suicidal,	No —
14. Whether Dangerous to others,	No —
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
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,	Thomas Nichol the Patients father resides in the parish of Kirkcowan Wigtonshire

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Thomas Nichol Jr.

Dated this twenty-first day of June, One thousand eight hundred and seventy-

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

E. Gordon Morris or Scott
23/6/70

MEDICAL CERTIFICATE.

I, the undersigned Alexander Mackintosh M.D.

(1) State Medical Qualification.
(2) Name Asylum.

being (1) Licentiate of the Faculty of Physician &c
hereby certify that I have this day at (2) the Glasgow Royal Asylum Gartnavel
personally examined James Nichol at present a
Patient in said Asylum, and with respect to his Mental State that his mind
is weak and delusive —

; and with respect to his
Bodily Health and Condition that they are good —

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

No. 6.

Alexander Mackintosh M.D.

Dated this twenty- day of June One thousand eight
hundred and seventy-

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) Mr Thomas
Nichol to authorize the transfer of James Nichol
from Glasgow Royal Asylum to Dumfries
Royal Asylum, and the Board having considered such application and
the accompanying Medical Certificate, do hereby authorize the transfer of the said
James Nichol as requested.

James Love *Commissioner.*

1st Valid for 14 days only

Dated at Edinburgh, this 23 day of June One
thousand eight hundred and seventy

Sale of Sheriffs Orders } 30 May 1868

749
Duncan Nichol
23/6/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Duncan Clappertons Insp: of Poor of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Christopher Armstrong 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 Christopher Armstrong to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Duncan Clappertons

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty fifth (4) day of June One thousand eight hundred and Seventy

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Christopher Armstrong.
2. Sex and Age,	Male. 41 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,	Angel Hotel, Borough on Furness.
7. Place where Found and Examined,	Battery Brae. Annan
8. Length of time Insane,	1 Week.
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	12 years
11. When and where previously under Examination and Treatment,	Battery Brae
12. Duration of existing Attack,	1 week.
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Date of becoming Chargeable,	25 June. 1870.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margt. Irving, Clifton. Near Penrith Mother of Patient.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty fifth day of June One thousand eight hundred and Seventy

(*To be signed by Party applying*) Duncan Clappertons

P. 1.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Willm Barnett 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) Battery Brae, in the Parish of Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Christopher Armstrong a pauper and that the said Christopher 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) His excited appearance, violent manner, and incoherent and rambling talk

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The neighbours state that he is very violent & would require person if not prevented

Name and Medical Designation, Willm Barnett

Place of Abode, Tedburn Street, Annan

DATED this twenty fifth day of June One thousand eight hundred and Seventy-

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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 Little being a (1) Doctor Medicine & Licentiate of Royal College of Sur and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Battery Brae Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Christopher Armstrong a pauper and that the said Christopher 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) his excited & violent raving & violence—

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) told by his neighbours that he has been very violent— striking at the people near him & attempting to break the door & furniture—

Name and Medical Designation, James Little M.D.—Surgeon

Place of Abode, Mary field Annan

DATED this twenty fifth day of June One thousand eight hundred and Seventy—

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Ewart being (1) Licentiate of the Royal College of Surgeons in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Battery Brae, Annan in the County of Dumfries, seen and personally examined Christopher Armstrong, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Ewart

DATED this twenty fifth day of June One thousand eight hundred and seventy-

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Duncan Blakiston Inspector of Poor Annan Certificates under the hands of William Ewart Surgeon and James Little M.D. 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) Christopher Armstrong Labourer, Battery Brae Annan and that the said Christopher Armstrong is a (5) person of unsound mind a pauper and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christopher Armstrong 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 Christopher Armstrong which accompanied the said Petition.

DATED this Twenty sixth day of June One thousand eight hundred and Seventy years. David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/551

Christopher Armstrong

25/6/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes*—

The Petition of John A Carse, Inspector of Poor Jeneegles humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Wilson your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Wilson to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

John A. Carse

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 28th (4) day of June One thousand eight hundred and Seventy

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Wilson
2. Sex and Age,	Female.
3. Married, Single, or Widowed,	Married, 30.
4. Condition of Life, and previous Occupation (if any),	Ploughman's Wife
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Kirkton, Kirkmahoe, Jeneegles
7. Place where Found and Examined,	Mayfield Cothouse, Jeneegles
8. Length of time Insane,	About two months-
9. Whether first Attack,	Unknown
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	About two months
12. Duration of existing Attack,	Not known.
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Jeneegles
18. Date of becoming Chargeable,	27th June 1870.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Andrew Wilson her husband, residing at Mayfield Cothouse, Jeneegles-
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Husband refuses to answer any queries-

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty eighth day of June One thousand eight hundred and Seventy

(To be signed by Party applying) John A Carse
Inspector of Poor Jeneegles

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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) Mary Fie
Cottages in the parish of Terregles in the County
Kirkcudbright separately from any other Medical Practition
visited and personally examined (4) Sarah Wilson pauper
and th
the said Sarah Wilson is a (5) Lunatic
of unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She states that she had a difficulty in control herself from destroying her child She is incoherent. has delusions in relation to the Cop of her soul

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her neighbour Mrs Bridson says she talk incoherently and that she is afraid of herself - does upon Thursday

Name and Medical Designation, Wm Scott M.D

Place of Abode, Dumfries

DATED this 24th day of June One thousand eig
hundred and seventy

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(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) Gray-
Cottage in the parish of Tongue in the County
Kirkcudbright separately from any other Medical Practitione
visited and personally examined (4) Sarah Wilson pa
and th
the said Sarah Wilson is a (5) pauper
of unsound mind and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She said she
imagined that her child lost
Continually cried for Milk as
destroying the child has difficulty in passing Water

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Bridson stated that
she threatened to destroy her ch
H.K.

Name and Medical Designation, P Murray M

Place of Abode, Dumfries

DATED this 27th day of June One thousand eigh
hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John A Carse
Inspector of Poor Ireegles,
Certificates under the hands of William Scott
and Patrick Murray , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah Wilson
~~Mary Carson~~, Mansfield Cottages, Ireegles, a pauper and that the said Sarah Wilson
~~Mary Carson~~ is a (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 Carson~~ 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 Carson~~ Sarah Wilson which accompanied the said Petition.

Dated this Twenty sixth day of June One thousand eight hundred and Seventy-Eight two dated.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 accom
Superintendent of the Asy
the Sheriff is obtained.

PETITION TO T
RECEPTION

To the Honourable the

The Petiti

humbly sheweth that h

Medical Certificates, that

your Petitioner's (*)

is at present in a state of

Asylum for the Insane.

mission of the said

into the the said Asylum.

DATED this

eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupa
(if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examin
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been In
sane,
20. Special circumstances (if any) preventing
insertion of any of the above particulars

I certify, that, to the best of my know

DATED this

day

(To be signe

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Renfrew and his Substitutes.

The Petition of Joseph Welsh Inspector of Poor Inquiry

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Mc Master your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Mc Master to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

Joseph Welsh Inspector of Poor Inquiry

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the petition must be within fourteen clear days following the date of the Medical Certificates.

Dated this Fifth (4) day of July One thousand eight hundred and Seventy 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 Mc Master
2. Sex and Age,	Female. 71 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	47 Glasgow St maxwelltown
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	within a month
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	71 years
11. When and where previously under Examination and Treatment,	" " " "
12. Duration of existing Attack,	" " " "
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Inquiry
18. Date of becoming Chargeable,	8th July 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Mitchell a Sister None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fifth day of July One thousand eight hundred and Seventy years

(*To be signed by Party applying*) Joseph Welsh Inspector of Poor Inquiry P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, [illegible] Marshall
being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and Member of the Royal College of Physicians
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Glasgow
Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mrs Mc Master, Glasgow, Sc
Maxwelltown, a Pauper and
the said Mrs Mc Master 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.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently, is very excited restless and violent, Sings and talks to herself and Looks wild and suspicious

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her sister and neighbours state that she is very violent sometimes tries to burn the house

Name and Medical Designation, [illegible] Marshall M.D.

Place of Abode, Dumfries

DATED this 6th day of July One thousand eight hundred and seventy years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Murray
being a (1) Graduate of the University of Glasgow and Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Glasgow
Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Mc Master
St Magnuestown a Pauper and
the said Mary Mc Master is a (5) Lunatic
of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Symptoms restless and irritable does not remain a minute in one position shouts and talks about herself

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has lately told me that she has attempted to burn the house and James the husband

Name and Medical Designation, P Murray M.D.

Place of Abode, Maxwelltown Dumfries

DATED this 5th day of July One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope —— (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph Welch
Inspector of Poor Inspector Roxburgh Berwickshire
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)
Mary Mc Master ~~Lunatic~~ residing in Annandale and that the said a pauper
Mary Mc Master —— is a (5) person of unsound mind or
~~Lunatic~~ an insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Mc Master —— as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Mc Master which accompanied the said Petition.

DATED this Fifth day of July One thousand eight hundred and Seventy five Two words deleted

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
554

Mary Mc Master.
5/4/70.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of David Easman Shepherd Gillesbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Easman your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Easman to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

David Easman

Dated this Fifth (4) day of July One thousand eight hundred and Seventy Years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Easman
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Shepherd
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Shankend Gillesbie
7. Place where Found and Examined,	Shankend
8. Length of time Insane,	3 weeks
9. Whether first Attack,	~~First attack~~
10. Age (if known) on first Attack,	67
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	3 weeks
13. Supposed Cause,	No Known cause
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Am afraid that he may Commit Suicide
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	His wife & family reside at Shankend, and no Member of his family has ever been known to be Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fifth day of July One thousand eight hundred and Seventy

(*To be signed by Party applying*) David Easman

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Buccleuch being a (1) Doctor of Medicine (Glasgow) and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Shankend Parish of Hutton in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Earsman and that the said John Earsman is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is dictatorial & Manic; his feelings and emotions are excita He ~~imagines~~ is afraid that he may do violence to himself or his family against whom he m he has committed some great evil

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He is at times very irritable and attributes false motives to his nearest friends

Name and Medical Designation, William Buccleuch

Place of Abode, Lockerbie

Dated this twelfth day of July One thousand eight hundred and seventy.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James T. Wilson being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon in Lockerbie 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) John Earsman and that the said John Earsman is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He at times very irritable, and obsesses unreasonable dread of his committing suicide.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Thomson Wilson

Place of Abode, Lockerbie

Dated this fifth day of July One thousand eight hundred and seventy

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) David Earsman
Shepherd Gillespie
Certificates under the hands of William Macindoe
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) John Earsman, Shankend, Hutton, Petitioners Father
and that the said
John Earsman is a (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 Earsman 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 Earsman which accompanied the said Petition.

DATED this Fifth day of July One thousand eight hundred and seventy.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1171

John Earsman
5/7/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,— ~~or any~~ for Wigtownshire or any of them

The Petition of Alexander Tait residing in Newtonstewart humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew Tait Painter Newtonstewart your Petitioner's (3) brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Andrew Tait to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alexander Tait

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Fourth (4) day of July One thousand eight hundred and seventy

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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,	Andrew Tait
2. Sex and Age,	Male 39 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Painter
5. Religious Persuasion, so far as known,	United Presbyterian Church
6. Previous Place of Abode,	Newtonstewart
7. Place where Found and Examined,	Newtonstewart
8. Length of time Insane,	above six 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,	above six months
13. Supposed Cause,	cannot say
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	not so far as known
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	No insanity in the family previously
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourth day of July One thousand eight hundred and seventy

(To be signed by Party applying) Alexander Tait

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, Fugus MacKinnon being a (1) Licentiate of the Faculty of Physicians of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Princes St Newtonstewart Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Andrew Tait Merchant and that the said Andrew Tait is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Was in the American war under Sir John & killed 25000000 men. Got his leg out & a pistol but picked it up & replaced it.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Threatens & tries away the life of mother & brother

Name and Medical Designation, Fugus MacKinnon

Place of Abode, Newtonstewart.

Dated this 30th day of July One thousand eight hundred and Seventy.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James G. Dickson being a (1) Doctor of Medicine University of Ed. and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) Princes St Newton Stewart, Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Andrew Tait, farmer. Princes St. Newton Stewart and that the said Andrew Tait is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Extremely restless: morose and excited by two imperfect memory & incoherent. Various delu

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Alexander Tait (his brother)

Sometimes abusive and even threatening

Name and Medical Designation, James G. Dickson M.D.

Place of Abode, Newton Stewart

Dated this fourth day of July One thousand eight hundred and Seventy years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esqre (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Alexander Tait, Senior Seamster
Certificates under the hands of Fergus Mackenna
and James G. Dickson — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Andrew Tait
and that the said Andrew Tait is a (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 Tait as a Patient into the (6) District Asylum of the 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 Andrew Tait which accompanied the said Petition.

DATED this Sixth day of July One thousand eight hundred and Seventy

A. Rhind

To the Superintendent of the (7) Asylum of the Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/555

Andrew Tait
5/7/40.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form 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 (*) Counties of Wigtown Kirkcudbright and his Substitutes,—

The Petition of William Henry, Insp. of Poor, Minnigaff humbly sheweth that it appears, from the subjoined Statement and accompanying Medical Certificates, that Robert Dickson your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Dickson to the Southern Counties Asylum, Dumfries and to sanction his admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Henry

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Fourth (*) day of July One thousand eight hundred and Seventy 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,	Robert Dickson
2. Sex and Age,	Male 46 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Formerly Innkeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Creebridge Minnigaff
7. Place where Found and Examined,	Creebridge
8. Length of time Insane,	8 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,	8 years
13. Supposed Cause,	Drink
14. Whether subject to Epilepsy,	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,	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 Family known to be or to have been Insane,	Elizabeth Dickson, Wife, Creebridge Minnigaff Has a brother in London, Address not known. Had a brother who Committed Suicide
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourth day of July One thousand eight hundred and Seventy Years.

(*To be signed by Party applying*) William Henry
Inspector of Poor
Minnigaff

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Clark being a (1) Licentiate of the Faculty of Physicians & S. Glasgow.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Cambridge Asylum Auckenbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Robert Dickson, Cambridge Asylum and that the said Robert Dickson is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
At talks to himself: uses obscene language to others is restless & subject to fits of excitement & tears clothes —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Clark

Place of Abode, Newton Stewart

Dated this First day of July One thousand eight hundred and Seventy

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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, James G. Dickson
being a (1) Doctor of Medicine (Univ. of Edinb.)
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) Cambridge Asylum Auckenbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Robert Dickson Cambridge Asylum Auckenbright and that the said Robert Dickson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Restless; talkative: incoherent: impaired memory: numerous delusions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Occasionally gets much excited and uses the most blasphemous language. Tears his clothes
Mr Dickson (his wife)

Name and Medical Designation, James G. Dickson M.D

Place of Abode, Newton Stewart

Dated this First day of July One thousand eight hundred and Seventy years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyslop Drumbar. Esq (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) William Henry
Certificates under the hands of James Clark
and James T. 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)
Robert Dickson — a Pauper and that the said
Robert Dickson — is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Dickson as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Dickson which accompanied the said Petition.

DATED this Fifth day of July One thousand eight hundred and Seventy

W H Drumbar J.S.

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Robert Dickson.
8/7/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO 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 Peter Gordon Inspr of Poor, Kirkcowan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Duff your Petitioner's (3) Pauper Lunatic is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Duff to the Asylum at Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

P Gordon Inspr of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 18th (4) day of July One thousand eight hundred and Seventy

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Duff
2. Sex and Age,	Female 30 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Poor. an out-door worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcowan
7. Place where Found and Examined,	Kirkcowan
8. Length of time Insane,	has been insane at intervals for 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,	Dumfries Asylum
12. Duration of existing Attack,	8 or 10 days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes threatening Violence
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan
18. Date of becoming Chargeable,	18th July 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane,	Rosannah Duff Sister in Law in Kirkcowan none of family insane to my knowledge.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated

DATED this 18th day of July One thousand eight hundred and Seventy

(*To be signed by Party applying*) P Gordon Inspr of Poor

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert B. Selby being a (1) Doctor of Medicine - Edinburgh University - Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Duff - Pauper - and that the said Margaret Duff is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

She is restless & excited, talks incoherently about various subjects, has some delusions about deceased Duff -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She is restless both during day & night. wanders about the country during the day - & cannot sleep at night. Brings in weeds & the roots & calls them beautiful flowers. She has threatened violence to her sister since her husband & also Mother. All which has been stated to me by her sister in law William Maguire

Name and Medical Designation, R. B. Selby M.D. & L.R.C.P.S.

Place of Abode, Kirkcowan Wigtownshire

Dated this 19th day of July One thousand eight hundred and seventy.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Dougan Surgeon being a (1) member of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Surgeon & Physician hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Duff Pauper and that the said Margaret Duff is a (5) Lunatic or an insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is excited - flushed - pulse quick - talks incoherently - has delusions about her deceased brother - about Richard Duff

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Wm Mc Guire Mr Mc Lure Mr Whitehead - tell - her brother her nieces that she is full of delusions - dangerous - ungovernable for the last eight days - has been insane before

Name and Medical Designation, John Dougan Surgeon

Place of Abode, 2 Warden Place Glasgow

Dated this 18th day of July One thousand eight hundred and [70] seventy

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dougan being (1) a Member of the Faculty of Physicians & Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Kirkcowan in the County of Wigton, seen and personally examined Margaret Duff — a pauper, and that the said Margaret Duff person is of unsound mind, and 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 Dougan

Dated this 19th day of July One thousand eight hundred and seventy

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) Peter Gordon Inspector of Poor Kirkcowan — Certificates under the hands of Robert B. Selby — — — 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) Margaret Duff Kirkcowan, (a pauper) and that the said Margaret Duff is a (5) person of unsound mind, or a Lunatic, or an insane person, — — — and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Duff — — — as a Patient into the (6) 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 Duff — which accompanied the said Petition.

Dated this Nineteenth day of July — One thousand eight hundred and seventy years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/
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Margaret Duff
19/1/40

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPTI

Unto the Honourable
of Pen

The Pe

humbly sheweth that
Medical Certificates, t
your Petitioner's (?)
is at present in a state
Asylum for the Insane
mission of the said
Southern Co
into the the said Asylu

Dated this Twe
eight hundred and

If any of the Particul

1. Christian Name and Surname of Patien
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occup
(if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Exam
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Plac
Abode of nearest known Relatives o
Patient, and degree of Relationship
known, and whether any Member of
Family known to be or to have been
same.
20. Special circumstances (if any) preventing
insertion of any of the above particul

I certify, that, to the best of my kn

Dated this Twenty Fourth

(To be sig

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of Joseph Welsh Inspector of Poor Inquiver humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Burns, College Street Maxwelltown your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Burns " " to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Joseph Welsh Inspector of Poor Inquiver

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Seventh (27th) day of July One thousand eight hundred and Seventy

STATEMENT.

If any 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 Burns
2. Sex and Age,	Female 16 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	" " " "
5. Religious Persuasion, so far as known,	Parents Roman Catholics
6. Previous Place of Abode,	College Street Maxwelltown
7. Place where Found and Examined,	Do
8. Length of time Insane,	From Birth an Idiot
9. Whether first Attack,	Do
10. Age (if known) on first Attack,	Do
11. When and where previously under Examination and Treatment,	Do
12. Duration of existing Attack,	Do
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Inquiver
18. Date of becoming Chargeable,	July 13th 1869
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Michael Burns Labourer Father College Street Maxwelltown Inquiver, None of her 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 Twenty Seventh day of July One thousand eight hundred and Seventy

(*To be signed by Party applying*) Joseph Welsh Inspector of Poor Inquiver P.P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Sec H.
being a (1) Graduate of the University of Ed
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) College
Muswell Hill Terrace
Stroudbright in the County
separately from any other Medical Practitio
visited and personally examined (4) Mary Burns a Pa
and
the said Mary Burns, is an Idiot
and a proper person to be deta
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Her appearance and Ones
indicate her case

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The inspector states that s
has been an Idiot since her birt

Name and Medical Designation, Wm Sec H MD

Place of Abode, Kirriemuir

DATED this 26th day of July One thousand eig
hundred and Seventy

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick R Murray
being a (1) Graduate of the University of Ed
of Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) College
Muswellhill Terrace in the County
Stroudbright separately from any other Medical Practitioner
visited and personally examined (4) Mary Burns a Pa
and
the said Mary Burns is an Idiot
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Cannot Speak. Bite and Scra

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Same as above.

Name and Medical Designation, P Murray M D

Place of Abode, Kirriemuir

DATED this 26th day of July One thousand eight
hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (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 Troqueer
Certificates under the hands of William Scott
and Patrick Murray , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Burns, College Street, Maxwelltown and that the said Mary Burns is a (5) idiot

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Burns 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 Burns which accompanied the said Petition.

DATED this Twenty Seventh day of July One thousand eight hundred and Seventy.

James Gordon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/559

Margaret Burns

27/7/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,—*

The Petition of Joseph Welsh Inspector of Poor Rogueer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Maryann Shortridge, College Street Maxwelltown your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Maryann Shortridge to the Southern Counties Asylum — and to sanction her admission into the the said Asylum.

(*) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Joseph Welsh Inspector of Poor Rogueer

DATED this Twenty Seventh (*) day of July One thousand eight hundred and Seventy

(*) The date of the Petition must be with 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,	Maryann Shortridge
2. Sex and Age,	Female about fifty years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Stay maker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	College Street Maxwelltown
7. Place where Found and Examined,	Do
8. Length of time Insane,	One month
9. Whether first Attack,	First Attack
10. Age (if known) on first Attack,	about Fifty Years
11. When and where previously under Examination and Treatment,	First attack
12. Duration of existing Attack,	one month
13. Supposed Cause,	Immoral Habits
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 Rogueer
18. Date of becoming Chargeable,	26th July 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Robert Adgeer Painter Church Street Maxwelltown Brother, None of the rest 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 Seventh day of July One thousand eight hundred and Seventy

(*To be signed by Party applying*) Joseph Welsh Inspector of Poor Rogueer

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, 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) Craigneuk Asylum, Motherwell in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Mary Ann Shortridge a Pauper, and the said Mary Ann Shortridge is a (5) 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 declines to answer when spoken to. and her suspicion indicates her Lunacy

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mary Bell a neighbour states that she has been in the state described for about a months.

Name and Medical Designation, Wm Scott MD

Place of Abode, Dalmahoy

DATED this 26th day of July One thousand eight hundred and twenty —

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, John R. Guna 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) Craigneuk Asylum Motherwell in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Mary Ann Shortridge a pauper, and the said Mary Ann Shortridge is a (5) 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) Will not speak, he counterfeits Insanity

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Same as above

Name and Medical Designation, J. Guna M.

Place of Abode, Dalmahoy

DATED this 26 day of Feb One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (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 Torqueer
Certificates under the hands of William Scott
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) Maryann Shortridge, Collyg St. Maxwelltown a pauper and that the said Maryann Shortridge is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary ann ~~Adam~~ Shortridge 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 ann Shortridge which accompanied the said Petition.

DATED this Twenty Seventh day of July One thousand eight hundred and Seventy. one word delete

James Gordon

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/560

Mary Ann Shortridge

27/7/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Clayton or Ferguson Pine Apple Close Dumfries your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Clayton or Ferguson to the Southern Counties Asylum and to sanction the admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this First (4) day of August One thousand eight hundred and Seventy

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Clayton or Ferguson
2. Sex and Age,	female 32 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	do field Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Pine appleclose Dumfries
7. Place where Found and Examined,	do — do & Police Office
8. Length of time Insane,	not known —
9. Whether first Attack,	She has always been a nervous person
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	She was never under treatment before
12. Duration of existing Attack,	—
13. Supposed Cause,	Supposed to be hereditary
14. Whether subject to Epilepsy,	no —
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	1 August 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet Fleming her mother and Matthew Fleming a maternal Uncle both now dead were similarly affected The Uncle died in the Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Chargeable to the Parish of Cavers

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this First day of August One thousand eight hundred and Seventy

(*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.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Murray of Ec
being a (1) Graduate of the University of Ed
and being in actual practice as a (2) Physician Phisn of
hereby certify on soul and conscience, that I have this day, at (3) Police Office
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Janet Clayton a
Pauper and that
the said Janet Clayton Armstrong Ferguson a (5) Person
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) States that
her husband attempts to poison
herself and child with jealousy
from the wrong cause.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Was desiring to see her husband
he informs me, that she threw
and tempted him

Name and Medical Designation, P Murray M D

Place of Abode, Buccleuch St Dumf

DATED this 1st day of August One thousand eight hundred and 70

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, 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) Doctor of Medicine and Lic. Roy: Co
of Surgeons Edinr.
and being in actual practice as a (2) Physicians
hereby certify, on soul and conscience, that I have this day, at (3) Police Office
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Janet Clayton or Ferguson
Pauper and that
the said Janet Clayton or Armstrong Ferguson a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is in a very
weak depressed state, mentally & physic
has delusions about her husband, tryin
to poison her.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The police and Poor Inspector told me, they
found her threatening with an axe to kill
her husband

Name and Medical Designation, William S Kerr

Place of Abode, Dumfries

DATED this 1st day of August One thousand eight hundred and Seventy Years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Landsdale Maitland (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor of the Parish of Dumfries —
Certificates under the hands of Patrick Murray
and William Smith Kerr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Clayton or Ferguson, Pine apple Close Dumfries aforesaid and that the said Janet Clayton 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 Janet Clayton or Ferguson 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 Clayton or Ferguson which accompanied the said Petition.

DATED this First day of August One thousand eight hundred and Seventy

L Maitland

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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

1/561

Janet Clayton or Fergusson

1/8/40

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Shiriff *of the* (2) Comnty of Dumfries *and his Substitutes,—*

The Petition of William Brydon Wood-forester Kirtmahe humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Brydon your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Brydon to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

Wm Brydon

(3) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 9th (4) day of August One thousand eight hundred and Seventy

STATEMENT.

If any 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 Brydon
2 Sex and Age,	Female aged 57 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,	Johnstone Dumfriesshire
7 Place where Found and Examined,	Richmond Cottage Parish of Ches
8 Length of time Insane,	about fourteen days
9 Whether first Attack,	not first attack-attacked about 6 times
10 Age (if known) on first Attack,	about 25 years
11 When and where previously under Examination and Treatment,	present abode
12 Duration of existing Attack,	14 days
13 Supposed Cause,	mothers death
14 Whether subject to Epilepsy,	no
15 Whether Suicidal,	no
16 Whether Dangerous to others,	no
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18 Date of becoming Chargeable,	—
19 Christian Name and Surname, and Place of Abode of nearest known 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 Brydon Richmond Cottage Husband~~ Thomas Kennick Samuel Kirk mutual friend of the family insane
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 9th day of August One thousand eight hundred and 70

(*To be signed by Party applying*) William Brydon

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, Alex Clark
being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons in Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Richorn Cottage - Parish of Urr - in the County of Kirkcudbright - separately from any other Medical Practitioner visited and personally examined (4) Mrs Sarah Bryden Richorn Cottage Urr and the said Mrs Sarah Bryden is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
   1 - Her disease is rambling and unmanageable -
   2 - She exerts at times, palpable absurdities
   3. She makes an attempt at Dancing and Singing Circumstance quite inappropriate

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
   1. Careless and unmanageable Exhibition of mirth, frequent interference of an absurd nature in the duties carried on by Others.
   2. Purposeless destruction of articles of wearing apparel

Name and Medical Designation, Alex Clark M.D.

Place of Abode, Dalbeattie

DATED this ninth day of August - One thousand eight hundred and Seventy years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Patterson Lewis M.B.
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Richorn Cottage parish of Urr in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mrs Sarah Bryden. Richorn Cottage Urr and the said Mrs Sarah Bryden is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Conversation wicher told me that Mr. Clark, Surgeon, who saw her a few hours before me, from her could not tell her age - nor the number of children she had - she did not know what the month now is, nor the name of the day of the week - that a person was in the room was mine, — Played with her Cap in various ways, mischievous & mark of

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Husband told me that he left her in the bedroom for a short time in the morning; on returning to it found her with a pair of his trousers on - Her daughter told me that she hears strange things, and is excited when she

Name and Medical Designation, J. Patterson Lewis. M.B.

Place of Abode, Dalbeattie

DATED this ninth day of August One thousand eight hundred and Seventy years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland — (1) Sheriff Substitute of the (2) County of Dumpies having had produced to me, with a Petition at the instance of (3) William Bryden wood forrester Minches Certificates under the hands of Alexander Clark and and John Paterson Lewis , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Sarah Bryden, Petitioners wife — and that the said Mrs Sarah Bryden is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Sarah Bryden — as a Patient into the (6) Public Asylum of Southern Counties Dumpies and 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 Sarah Bryden which accompanied the said Petition.

DATED this 19th day of August One thousand eight hundred and Seventy

L Maitland

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumpies

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/
562.
Sarah Bryden.
10/8/70

N.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 Robert Ross, Bank Agent Cromarty humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Munro Ross is at present in a state of Mental Derangement and 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 Munro Ross to the Dumfries Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) Robert Ross

(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 Seventy years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Munro Ross
2. Sex and Age,	Male, 29 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Bank Manager in India
5. Religious Persuasion, so far as known,	Scotch Presbyterian
6. Previous Place of Abode,	Native of Cromarty spent some years in India
7. Place where Found and Examined,	Cromarty
8. Length of time Insane,	About 4 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	25 years
11. When and where previously under Examination and Treatment,	Not previously under treatment
12. Duration of Existing Attack,	About 4 years
13. Supposed Cause,	unascertained.- began first in India.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Manner often rude & threatening, but he has never manifested Violence
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Robert Ross, Bank Agent Cromarty No relations 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,* Robert Ross

DATED this 12th day of August one thousand eight hundred and seventy

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Mackay
being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons Edinburgh
and being in actual practice as a (2) Physician and Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) Cromarty
in the County of Cromarty separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Munro Ross
and that the said Alexander Munro Ross is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) that the reasoning faculty is disturbed the ideas are confused, incoherent and wandering at times abound, the manner is restless and excited

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
distrust of relatives, incoherent conversation
threatening to shoot his nearest relatives
Facts ascertained from Father & Niece.

(SIGNED) *Name and Medical Designation,* John Mackay L.R.C.P. & L.R.C.S.

Place of Abode, Cromarty

DATED this 12th day of August One thousand eight hundred and Seventy Seven.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh Univ
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Munro Ross, formerly Manager, India
and that the said Alexander Munro Ross is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Erroneous ideas regarding a pistol which he says he always kept. never used except from a window or on his Father's premises because he thought it illegal to do otherwise, also towards his Father whom he sees to dislike.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Bruce who brought him home (Cromarty) informed me that his actions in his Father's house rendered it dangerous to live beside him,

(SIGNED) *Name and Medical Designation,* John Smith M.B. C.M.

Place of Abode Dumfries

DATED this 13th day of August one thousand eight hundred and Seventy.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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 Alexander Munro Ross is a (1) person of unsound mind hereby further certify that the Case of the said Alexander Munro Ross is one of Emergency, and I recommend the immediate removal of the said Alexander Munro Ross to an Asylum accordingly.

Name, John Mackay } 4 R.B.P. Edin. 4 R.B.P. Edin.

Place of Abode, Cromarty

DATED this 12th day of August One thousand eight hundred and Seventy 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, David Boyle Scott (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Ross, Bank Agent, Cromarty, Certificates under the hands of (4) John Mackay, and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Munro Ross, Cromarty, and that the said Alexander Munro Ross, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Munro Ross 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 Munro Ross, which accompanied the said Petition.

(SIGNATURE) David Boyle Scott

DATED this Fifteenth day of August one thousand eight hundred and Seventy 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.

1174.

Alexander Munro Ross.

August 12/10

[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 Joseph Crichton, Inspector of Poor for Lanarkshire being desirous to transfer Andrew McNaughton at present a Patient in Hamilton Asylum, Hamilton, and (1) a pauper lunatic of the Parish of Lanark [illegible] from the said Asylum to the Pauper Lunatic Asylum, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Andrew McNaughton 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.

Jos Crichton
Inspector of Poor

Dated at Lanark this 21st day of July One thousand eight hundred and seventy years

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Andrew McNaughton
2. Sex and Age,	Male - 23 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	A short time clerk in an office
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	21 April 1870
7. Length of time Insane,	do
8. Whether first Attack,	His third attack
9. Age (if known) on first Attack,	Eighteen years of age
10. Duration of existing Attack,	3 Months
11. Supposed Cause,	Apparently hereditary
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,	Lanark
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,	His mother is alive, friends at 49 Falkner Street, Liverpool - His father died in an Asylum in Dec. 1849 -

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Jos Crichton

Dated this 21st day of July One thousand eight hundred and Seventy Years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Alexander Macdonald Sanderson
(1) State Medical Qualification.
being (1) a Fellow of the Royal College of Surgeons
(2) Name Asylum.
hereby certify that I have this day at (2) Hallcroftbrae Private Asylum
personally examined Andrew M'Naughton, Pauper at present
Patient in said Asylum, and with respect to his Mental State that he Labours
under Periodic Mania

Bodily Health and Condition that they are good ; and with respect to h

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Con
dition of the Patient to contraindicate removal to the Asylum of the Southern
Asylum Dumfries

A Macdonald Sanderson

Dated this Thirtieth day of July, One thousand eigh
hundred and seventy years

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) the Inspectors
of Poor of Canonbie
to authorize the transfer of Andrew M'Naughton
from Hallcroftbrae Asylum to Dumfries
Royal Asylum, and the Board having considered such application and
the accompanying Medical Certificate, do hereby authorize the transfer of the said
(2)
Andrew M'Naughton as requested.

Vail'd for 14 days from date.

James Cox Commissioner.

Dated at Edinburgh, this 18th day of August One
thousand eight hundred and seventy.

Date of Sheriff's Order 22nd April 1870.

1/566
Andrew M'Naughton
18/8/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Kerr Inspector of Poor Lorwath humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jannet Armstrong or Allan your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jannet Armstrong or Allan to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Kerr Insp Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 21st (4) day of August One thousand eight hundred and Seventy

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jannet Armstrong or Allan
2. Sex and Age,	Female Lettow 40 & 50
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Pauper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Racks
7. Place where Found and Examined,	Racks
8. Length of time Insane,	three days
9. Whether first Attack,	third attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties asylum
12. Duration of existing Attack,	three days
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	yes
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 Lorthorwald
18. Date of becoming Chargeable,	21st August 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Allan her son Racks not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 21st day of August One thousand eight hundred and Seventy

(*To be signed by Party applying*) John Kerr
Inspector of Poor
Parish of Lorthorwald

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Suttie Kerr being a (1) Graduat of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Armstrong or Allan a pauper and that the said Janet Armstrong or Allan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is in a state of great Melancholy.— Refuses to speak or to answer the implied questions.—

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mr Kerr. Inspector of Poor tells me that she refuses to take food. and that she has been in Asylum

Name and Medical Designation, William S Kerr M

Place of Abode, Dumfries

DATED this 21st day of August One thousand eight hundred and Seventy Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

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) Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Armstrong or Allan a pauper and that the said Janet Armstrong or Allan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is in a st of Melancholia, refuses to spe

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr Kerr tells me that she refu to take any food and that she has been in Asylum also Mr Murray Dumfries

Name and Medical Designation, P Murray M

Place of Abode, Dumfries

DATED this 21 day of Augt One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr
being (1) a graduate of Glasgow University &c
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries ; seen and personally examined
Janet Armstrong or Allan , and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William S Kerr M.D.

DATED this 21st day of August One thousand eight hundred and Seventy

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Kerr
Inspector of Poor Dalbeattie
Certificates under the hands of William Smith Kerr 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)
Janet Armstrong, or Allan, a pauper and that the said
Janet Armstrong or Allan is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Armstrong or Allan as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize you to grant Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Armstrong or Allan which accompanied the said Petition.

DATED this Twenty third day of August One thousand eight hundred and Seventy.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/564
Janet Armstrong or Allan
21/8/40

1/564
Janet Armstrong or Allan
21/8/40

1/564
Janet Armstrong or Allan
21/8/40

1

N.B.—This Form shall [illegible] Superintendent of the [illegible] the Sheriff is situated.

PETITION TO T[illegible]
RECEPTIO[illegible]

Sheriff or Steward, Isle of Sumarty. Unto the Honourable [illegible]
of Dumf[illegible]
The Peti[illegible]
humbly sheweth that
Medical Certificates, the[illegible]
your Petitioner's (?) [illegible]
is at present (in a state of[illegible]
Asylum for the Insane,
mission of the said [illegible]
Southern Coun[illegible]
into the the said Asylum

Dated this Twen[illegible]
eight hundred and [illegible]

If any of the Particulars

1. Christian Name and Surname of Patient
2. Length,
3. Sex and Age,
4. Married, Single, or Widowed,
5. Condition of Life, and previous Occupation (if any),
6. Religious Persuasion, so far as known,
7. Previous Place of Abode,
8. Place where Found and Examined,
9. Length of time Insane,
10. Whether first Attack,
11. Age (if known) on first Attack,
12. When and where previously under Examination and Treatment,
13. Duration of existing Attack,
14. Supposed Cause,
15. Whether subject to Epilepsy,
16. Whether Suicidal,
17. Whether Dangerous to others,
18. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
19. Date of becoming Chargeable,
20. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been In[illegible] same,
21. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my know[illegible]

Dated this Twenty Third day

(To be sign[illegible]

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Shire of Dumfries *and his Substitutes,—*

The Petition of Joseph Welsh Inspector of Poor Inqueer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grizell Brand your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Grizell Brand to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Joseph Welsh Inspector of Poor Inqueer

Dated this Twenty third (3) day of August One thousand eight hundred and Seventy Years

(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,	Grizell Brand
2. Sex and Age,	Female 73 years of Age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Tradesmans Wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	College Street Maxwelltown Inqueer
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	Slightly him & mind all her day
9. Whether first Attack,	First real attack
10. Age (if known) on first Attack,	73 years of Age
11. When and where previously under Examination and Treatment,	College Street Maxwelltown
12. Duration of existing Attack,	Months past
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Thinks to be so
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Inqueer
18. Date of becoming Chargeable,	Has been Chargeable to the Parish 8 years
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James, Walter and William Brand Sons of the said Grizell Brand residing in Maxwelltown Inqueer
20. Special circumstances (if any) preventing the 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 August One thousand eight hundred and Seventy

(To be signed by Party applying) Joseph Welsh Inspector of Inqueer

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Munro being a (1) Graduate of the University of E... and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Colley... in the Co... Kirkcudbright separately from any other Medical Practi... visited and personally examined (4) Gizel Brand a p... and the said Gizel Brand is a (5) person of unsound mind and a proper person to be det... under Care and Treatment, and that I have formed this opinion upon the follo... grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Will not ... answer any questions, her con... is completely gone

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Ann Bennett tells me that ... destroys her clothes, ... and Brand at nights

Name and Medical Designation, P. Munro

Place of Abode, Dumfries

Dated this 21st day of August One thousand e... hundred and 70

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Colley... Marwalltown in the County Kirkcudbright separately from any other Medical Practitio... visited and personally examined (4) Gizel Brand a pa... and the said Gizel Brand is a (5) person of unsound mind and a proper person to be detain... under Care and Treatment, and that I have formed this opinion upon the follow... grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She lies rocking in bed, with arms and legs drawn up and permanently contr... Her expression is vacant and fixed. She talks incoherently cannot answer the simplest questions properly.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her son and neighbours have great difficulty in prevent... her from injuring herself or others. They say she yells and frets at ... often a whole night, like a mad beast.

Name and Medical Designation, William S. Kerr

Place of Abode, Dumfries

Dated this 21st day of August One thousand eigh... hundred and Seventy years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr being (1) Graduate of Glasgow University, — hereby certify, on soul and conscience, that I have this day, at (2) Glencullenton in the County of Kirkcudbright, seen and personally examined Grizel Brand, and that the said person is of unsound mind, and 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 S Kerr M.D

DATED this 24th day of August One thousand eight hundred and Seventy Years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Joseph Welsh Inspector of Poor of the Parish of Troqueer — Certificates under the hands of Patrick Murray — and William Smith Kerr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Grizell Brand, College Street Kirkcudbright a pauper and that the said Grizell Brand — 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 Grizell Brand — as a Patient into the (8) Public Asylum of Southern Counties Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Grizell Brand — which accompanied the said Petition.

DATED this Twenty fifth day of August One thousand eight hundred and Seventy Years.

David Boyle Hope

To the Superintendent of the (9) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/568

Grizell Brand

24/8/70

1/568

Grizell Brand

24/8/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 & Kirkcudbright *and his Substitutes,*—

The Petition of William Henry, Insp. of Poor, Minnigaff humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Lochrie 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 Lochrie 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.

William Henry

(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 August One thousand eight hundred and Seventy years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Lochrie
2. Sex and Age,	Female (about 77. years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Pauper, formerly Washerwoman
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Cree bridge, Minnigaff
7. Place where Found and Examined,	Creebridge Minnigaff
8. Length of time Insane,	Three days
9. Whether first attack,	Not first attack.
10. Age (if known) on first Attack,	77 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum from 15th April to 1st August last.
12. Duration of existing Attack,	Three days
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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 Family known to be or to have been Insane,	No known relative
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty Fourth day of August One thousand eight hundred and seventy years.

(*To be signed by Party applying*) William Henry

P. p.

1

1/568

Grizell Brand

24/8/70

1/568

Grizell Brand

24/8/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 & Kirkcudbright *and his Substitute,*—

The Petition of William Henry, Insp. of Poor, Minnigaff humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Lochrie 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 Lochrie 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.

William Henry

(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 August One thousand eight hundred and Seventy years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Lochrie
2. Sex and Age,	Female (about) 77. years
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Pauper, formerly Washerwoman
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Creebridge, Minnigaff
7. Place where Found and Examined,	Creebridge Minnigaff
8. Length of time Insane,	Three days.
9. Whether first attack,	Not first attack.
10. Age (if known) on first Attack,	77 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum from 13th April to 21st August last.
12. Duration of existing Attack,	Three days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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 Family known to be or to have been Insane,	No known relative
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Fourth day of August One thousand eight hundred and seventy years.

(*To be signed by Party applying*) William Henry

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Clark
being a (1) Licentiate of the Faculty of Physicians
Surgeons.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Cambridge
Munnings Buildings Kirkcaldy Right
in the County
separately from any other Medical Practitioner
visited and personally examined (4) Helen Lochrie a pauper
and that
the said Helen Lochrie is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, 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. She believes that she was shot
wounded in the leg; that a brother who
thinks has returned from America has been
by a Priest that Pope sent him in his honour
whom she confesses — &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She is sleepless & restless and moves on
Mrs Harris
Mrs Findlay
in the house during night —

Name and Medical Designation, James Clark. Su

Place of Abode, Newton Stewart

DATED this Twenty second day of August One thousand eight
hundred and Seventy —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Fugus M'Kenna
being a (1) Licentiate 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) Cambridge
Munnings Buildings
Kirkcaldy
in the County
separately from any other Medical Practitioner
visited and personally examined (4) Helen Lochrie
and that
the said Helen Lochrie is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
has visited by Queen Victoria yesterday & seemed to
of the Ops & Prince Alfred in marriage. Imagines
is being taken up by a pirate & that that pirate is to
her to Canada. Received £8000 from her Brother Prince

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Findlay
Mrs Harris
is very restless & talks incessantly

Name and Medical Designation, Fugus M'Kenna M

Place of Abode, Newtonstewart

DATED this Twenty third day of August One thousand eight
hundred and Seventy

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Hyamth Dunbar (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) William Henry Inspector of Poor of Glenpatrick of Minnigaff
Certificates under the hands of James Clark
and Fergus McKenna , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Loehrie a Pauper and that the said
Helen Loehrie 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 Helen Loehrie as a Patient into the (6) Public Asylum of the Southern Counties District and 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 Loehrie which accompanied the said Petition.

DATED this Twenty fourth day of August One thousand eight hundred and Seventy

J. H. Dunbar L.S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1
569
Helen Lochrie
25/8/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Fenwick Bruce Morpeth humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Thompson Bruce 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 Thompson Bruce to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Fenwick Bruce

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22nd (4) day of August One thousand eight hundred and Seventy

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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 Thompson Bruce
2. Sex and Age,	Female aged 34
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,	Morpeth Northumberland
7. Place where Found and Examined,	
8. Length of time Insane,	Intermittent attacks
9. Whether first Attack,	Fourth
10. Age (if known) on first Attack,	about 19
11. When and where previously under Examination and Treatment,	Treated at home
12. Duration of existing Attack,	Seven weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Not hitherto
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,	Hannah Bruce Morpeth Mother of Patient; Insanity on both sides of house
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of August One thousand eight hundred and Seventy

(*To be signed by Party applying*) John Fenwick Bruce

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Thompson Travis Hospital Northumberland and that the said Margaret Thompson Travis is a (5) person of unsound mind and a proper person to be detained 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 greatly excited. Talks loudly & incoherently. Evidently has delusions. does not recognise the time & Place. Cross

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her attendant say she is very noisy. Excited & violent. Restless & sleepless.

Name and Medical Designation, William Kerr

Place of Abode, Dumfries

DATED this 26th day of August One thousand eight hundred and Seventy Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, 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) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Thompson Travis Hospital Northumberland and that the said Margaret Thompson Travis is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself; (6) She is excited & violent, constantly talking incoherently, often cries, and sometimes shouts

2. Other Facts (if any) indicating Insanity communicated to me by others; (7)

I am informed this is the fourth attack

Name and Medical Designation, P Murray M.D.

Place of Abode, Dumfries

DATED this 26 day of Aug One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 being (1) a Graduate of the University of 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 Margaret Thomson Brewis, and that the said person is of unsound mind, and 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 twenty fifth day of August One thousand eight hundred and seventy

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Fenwick Brewis Morpeth Northumberland Certificates under the hands of William Smith Kerr M.D. and Patrick Murray M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Thompson Brewis Petitioners Sister and that the said Margaret Thompson Brewis is a (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 Thompson Brewis as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Thompson Brewis which accompanied the said Petition.

DATED this twenty ninth day of August One thousand eight hundred and seventy years

Lmaitland

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.

1175

Margaret Thomson Brews

25/8/40

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Brigton & Hickandbright

and his Substitutes—

The Petition of James Walker, Inspector of Poor, Roseneath humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Gordon or Paterson your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Gordon or Paterson to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Walker, Inspr. of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty Eighth (4) day of August One thousand eight hundred and Seventy 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,	Agnes Gordon, or Paterson
2. Sex and Age,	
3. Married, Single, or Widowed,	Widow of Paterson
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Cross Michael Village
7. Place where Found and Examined,	Cross Michael Village
8. Length of time Insane,	not known
9. Whether first Attack,	Third attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	Six 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 Kells
18. Date of becoming Chargeable,	not known
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Wilson or Paterson, Sister-in-Law with whom she is Boarded
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty Eighth day of August One thousand eight hundred and Seventy

(*To be signed by Party applying*) James Walker, Inspr. of Poor

P. 2

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Walter Lorraine being a (1) M.D. & L.R.C.S.Edin and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Cromarch in the County of Ruk and Bright separately from any other Medical Practitioner, visited and personally examined (4) Gordon and that the said 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)

She talks continually with little coherence, on subjects with which she has had no connection for many years she is a confirmed

(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, Walter Lorraine

Place of Abode, Castle Douglas

DATED this 26th day of August One thousand eight hundred and seventy

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Hunter M.B. being a (1) general practitioner and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Cromarch in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes Gordon Paterson and that the said Agnes Gordon 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) (1) Unconnected conversation (2) antipathy to those who are kind to her (3) threats to drown herself

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

General corroboration of what I myself observed.

Name and Medical Designation, Thomas Hunter M.B.

Place of Abode,

DATED this 26th day of August One thousand eight hundred and seventy.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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, Esquire, Advocate, Steward of the (1) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of Samuel Walker Inspector of Poor, Crossmichael Certificates under the hands of Walter Lorraine and Thomas Hunter, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Gordon or Paterson, a Pauper and that the said Agnes Gordon or Paterson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Gordon or Paterson as a Patient into the (6) Public Asylum of Dumfries and I authorize Asylum of Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Gordon or Paterson which accompanied the said Petition.

DATED this twenty sixth day of August One thousand eight hundred and seventy 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, or if a Pauper, state so.
(5) Lunatic, or 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

1/5-70
Agnes Gordon or Patterson
26/8/70

1/3-70
Agnes Gordon or Paterson
26/8/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward, (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,—*

The Petition of Richard Brown, Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Rae your Petitioner's (*) ~~Inspector of Poor~~ Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Rae ——— to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Richard Brown
Inspector of Poor Parish

Dated this 2nd (*) day of September One thousand eight hundred and Seventy Seven

Richard Brown

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Rae
2. Sex and Age,	Female 38
3. Married, Single, or Widowed,	Not known
4. Condition of Life, and previous Occupation (if any),	Pauper Servant
5. Religious Persuasion, so far as known,	Brantelts
6. Previous Place of Abode,	Brantelts
7. Place where Found and Examined,	Brantelts
8. Length of time Insane,	3 Months
9. Whether first attack,	4th Attack
10. Age (if known) on first Attack,	Not Known
11. When and where previously under Examination and Treatment,	Southern Counties Asylum 3 Months
12. Duration of existing Attack,	Not Known
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,	Cummertrees
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Rob[t] Rae Brantelts Son of the above
20. Special circumstances (if any) preventing the 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 September One thousand eight hundred and Seventy seven

(*To be signed by Party applying*) Richard Brown

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, James Carruthers being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Brantelth in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Rae pauper Brantelth in parish of Kirkpatrick Fleming and that the said Margaret Rae is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She says she is quite unhappy can get almost no sleep and wishes to be in the asylum again. She is troubled in mind with any particular cause

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her eldest son says she lies in bed commonly till midday and then gets up and wanders in the house and on the road fretting and restless and evidently in great mental trouble

Name and Medical Designation, James Carruthers L.R.C.S.E

Place of Abode, Kirkpatrick Fleming

DATED this thirty first day of August One thousand eight hundred and Seventy

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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 Rae Anderson being a (1) Doctor of medicine and fellow of the Faculty of Physicians & Surgeons and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Brantelth in the County of Parish of Kirkpatrick F. Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Rae - Pauper and that the said Margaret Rae is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Insomnia - Restlessness - wanders about and is slightly incoherent

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her Daughter Jane says she lies in bed most of the day & when she gets up wanders about and is very restless

Name and Medical Designation, Ja.s. Anderson M.D.

Place of Abode, Eskbank Cottage

DATED this 1st day of Sept. One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Currunthers being (1) a Licentiate of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Brantett in the County of Dumfries, seen and personally examined Margaret Rae, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Currunthers

DATED this 31 day of August One thousand eight hundred and Seventy

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Richard Brown Inspector of Poor Kirkpatrick Fleming — Certificates under the hands of James Carruthers and James Rae Anderson —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Rae, Brantett of Kirkpatrick Fleming a pauper and that the said Margaret Rae — is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Rae as a Patient into the (6) Public Asylum of Southern Counties 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 Rae — which accompanied the said Petition.

DATED this Second day of September One thousand eight hundred and Seventy

28

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/572

Margaret Rae

12/9/70

N.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 Robert Moncrieff Rome Inspector of Poor Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Smith, or Hogg is at present in a state of Mental Derangement and 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 Smith or Hogg to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) R M Rome

(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 August one thousand eight hundred and Seventy

STATEMENT.

If any 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 Smith or Hogg
2. Sex and Age,	Female, Fifty five years
3. Married, Single, or Widowed,	Married on 16th April last
4. Condition of Life, and previous Occupation (if any),	Farm Labourer, & domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Sorneywhals Canonbie
7. Place where Found and Examined,	Langholm
8. Length of time Insane,	Coming on for Three Months
9. Whether First Attack,	No
10. Age (if known) on First Attack,	about Thirty five Years
11. When and where previously under Examination and Treatment,	Crichton Institution Dumfries
12. Duration of Existing Attack,	Three Months gradually increasing
13. Supposed Cause,	Leaving her home at Canonbie, and alleged ill treatment by her husband.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Strikes at others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Canonbie
18. Date of becoming Chargeable,	Thirty First August 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Francis Hogg (Husband) Labourer Parliament Dy's Langholm. Nervous 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, R M Rome Inspector of Poor Langholm

DATED this Thirty first day of August one thousand eight hundred and Seventy

* 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Stratton Lockyer being a (1) Doctor of Medicine (Licentiate of the Royal College of Surgeons) and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Parliament Square Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Smith or Hogg and that the said Isabella Smith or Hogg is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Much depressed and dejected; frequent tears and hysteria; occasionally very excited, screaming, & tearing at her clothes in a wild & excited state of mind. Imagines husband & neighbours are conspiring to poison her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has attempted to throw herself out of window with the evident intention of destroying herself. The above facts have been communicated to me by Francis Hogg her husband in presence of Dr Baillie.

(SIGNED) *Name and Medical Designation,* W. S. Lockyer M.D. Lang

Place of Abode, Langholm

DATED this 31st day of August One thousand eight hundred and 70

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Baillie Macbeath being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Parliament Square Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Smith or Hogg and that the said Isabella Smith or Hogg is a (5) an insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) The person is labouring under delusions, imagining herself to have been poisoned by her husband & others, & is in a wild excited state & almost in a state of nudity

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From Mrs Hogg her husband states that she was to jump out of the window & attempt to injure herself & others

(SIGNED) *Name and Medical Designation,* Robert Baillie Macbeath M.D.

Place of Abode Langholm

DATED this 31st day of August one thousand eight hundred and Seventy.

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 (*) 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 Gordon — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Moncrieff Rome, Inspector of Poor, Langholm
Certificates under the hands of William Johnston Carlyle M.D. Surgeon
and Robert Baillie Maclaren M.B. & C.M.
, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Smith or Hogg, Parliament Square Langholm
and that the said Isabella Smith or Hogg is a (5) person of unsound mind and an insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Smith or Hogg 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 Smith or Hogg which accompanied the said Petition.

(SIGNATURE) James Gordon

DATED this First day of September one thousand eight hundred and Seventy seven

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.

1

1/543

Isabella Smith or Hogg

3/9/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Shire of Dumfries *and his Substitutes,*

The Petition of William Wilson Asst. Insp. of Poor of Colvend humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann Drysdale or Ross Pauper your Petitioner's (2) ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Ann Drysdale or Ross to the Loudoun Combs Asylum and to sanction the admission into the the said Asylum.

(2) State degree of Relationship or other Party in which Petitioner stands to Lunatic.

William Wilson Asst Insp

The date of the Warrant must be within fifteen clear days following the dates of the Medical Certificates.

Dated this 8th (3) day of September One thousand eight hundred and Seventy 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 Ann Drysdale or Ross
2. Sex and Age,	Female aged 32 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	New house Loudunch (Colvend)
7. Place where Found and Examined,	do do do
8. Length of time Insane,	Two Months
9. Whether first Attack,	Has a few years ago
10. Age (if known) on first Attack,	27
11. When and where previously under Examination and Treatment,	Morphine
12. Duration of existing Attack,	3 days
13. Supposed Cause,	Provocation —
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,	Colmonell (Colvend &c)
18. Date of becoming Chargeable,	8th Septr 1870 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 the Family known to be or to have been Insane,	Robert Ross Husband Newhouse Loudunch Colvend
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	———

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 8th day of Septr / One thousand eight hundred and Seventy

(*To be signed by Party applying*) William Wilson Asst Insp of Poor Colvend

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Robson

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) Newhouse Lanthwick Colmend in the County of Midlothian separately from any other Medical Practitioner visited and personally examined (4) Mary Ann Drysdale or Ross a pauper and the said Mary Ann Drysdale or Ross is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Chambers Mr. And Eathem. Subject to fits of great depression and inability to attend to domestic affairs, Has been great disorder and inattention to children. Exacerbations or excited to paroxysms of rage in which she is violent

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Threatens to use violence to husband children neighbours. Must be restrained by force. Uses obscene language. Will remain sulky for hours together threatened to murder husband & threatens the children unmercifully. (Owned from husband) & neighbours

(Name and Medical Designation,) John Robson M.D.

Place of Abode, Mains Riddell Lauder

DATED this 8th day of September One thousand eight hundred and seventy years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, 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) Lauderdale Combrae Asylum in the County of Berwick separately from any other Medical Practitioner visited and personally examined (4) Mary Ann Drysdale or Ross Pauper and the said Mary Ann Drysdale or Ross is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She suffering from great depression during which that her children are constantly neglected at times violent & destructive to property

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From statements made by her husband & from the Parish Officer who took the Order of Removal in the case

(Name and Medical Designation,) P. Brown M.D.

Place of Abode, Lauderdale

DATED this 10th day of Sept. One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Wilson Asst
Inspector of Poor Dumfries
Certificates under the hands of John Robson 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)
Mary Ann Drysdale or Ross; a pauper X and that the said
Mary Ann Drysdale or Ross is a (5) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Ann Drysdale or Ross as a Patient into the (6) Public Asylum of Southern Counties and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ann Drysdale or Ross which accompanied the said Petition.

DATED this Twelfth day of September One thousand eight hundred and Eighty Seven. Two words delete.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/
5711
Mary Ann Drysdale or Ross
10/9/40
11

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries *and his Substitutes,—*

The Petition of Charles King, Inverclogh House Ayr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Walker King 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 Walker King to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Charles King

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Tenth (4) day of September One thousand eight hundred and Seventy

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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 Walker King
2. Sex and Age,	Male aged 42 years
3. Married, Single, or Widowed,	Unmarried
4. Condition of Life, and previous Occupation (if any),	Merchant
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	Dumfries
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,	Loss of Means
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charles King Inverclogh House, Ayr.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of September One thousand eight hundred and 70.

(*To be signed by Party applying*) Charles King

P. 2

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh Univers and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 4 Brook Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Thomas W. King and that the said Thomas W. King is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Changeable manner at one time melancholic talking unconnected on religious & other times crying out & rolling about the floor on repeating Christ

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Smith & two daughters with whom he has lodged for three months state during his residence with them he has always been peculiar but more especially within the last 16 hours during which time he has been ungovernable

Name and Medical Designation, J Smith MB &c

Place of Abode, Dumfries

Dated this 10 day of September One thousand eight hundred and 70 years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Thompson being a (1) Doctor of Medicine of the University of Glasgow & Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 4 Brooke Street Dumfries in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Thomas W. King — and that the said Thomas W. King is a (5) Merchant — Person of Unsound Mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Melancholy — and talking in a peculiar manner about religion, and complaining of unusual Mental & bodily feelings — and complaining of pain in head

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I am told by Mrs Smith, that once or twice lately he has become excited, and this morning was rolling on the floor & shouting —

Name and Medical Designation, Alex Thompson MD &c

Place of Abode, Dumfries

Dated this 10th day of September One thousand eight hundred and Seventy years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 4 Brooke St. Dumfries
in the County of Dumfries, seen and personally examined
Thomas W. King, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.B.

DATED this 10th day of September One thousand eight hundred and 70

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Charles King,
Swirelrigh House Ayr
Certificates under the hands of John Smith
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) Thomas Walker King 4 Brook St Dumfries (Petitioner's son) and that the said Thomas Walker King — is a (5) person of unsound mind
and a proper Person to be detained, and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Walker King — 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 Thomas Walker King which accompanied the said Petition.

DATED this Twelfth day of September One thousand eight hundred and seventy years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1176

Thomas Walker King

10/9/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,—

The Petition of John Dinwoodie Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Smith or Brown residing at Academy Gate, Dumfries your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Smith or Brown to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Fifteenth (*) day of September One thousand eight hundred and Seventy.

STATEMENT.

If any 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 Smith or Brown
2. Sex and Age,	female. 55 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	do Sanitress of the Academy. Dumfries
5. Religious Persuasion, so far as known,	Protestant—
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	
8. Length of time Insane,	about a fortnight unsettled in mind
9. Whether first Attack,	Second attack—
10. Age (if known) on first Attack,	about 55 years
11. When and where previously under Examination and Treatment,	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,	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,	14th Septr 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fifteenth day of September One thousand eight hundred and Seventy

(*To be signed by Party applying*) John Dinwoodie Inspector

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Logan Marshall M.D.

being a (1) Graduate of the Faculty of Physicians and Glasgow and College of Physicians

and being in actual practice as a (2) Physician

hereby certify, on soul and conscience, that I have this day, at (3) Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Smith or Brown (a pauper) and that the said Janet Smith or Brown is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently seems obtuse and quite unconscious of meaning of any question put to her &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her sister states that she has been attempting to commit suicide

Name and Medical Designation, Wm Marshall M.D.

Place of Abode, Dumfries

DATED this 15th day of October One thousand eight hundred and Seventy years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Smith

being a (1) Graduate of Edinburgh & Henderson

and being in actual practice as a (2) Physician & Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Achdeny & Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Smith or Brown and that the said Pauper Janet Smith or Brown is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Was a melancholy appearance. Talks incoherently. Refuses to answer all questions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Father informs me that during the last fortnight her mind has been quite unsettled. Also that she attempted to strangle herself this afternoon with a handkerchief. Three months ago was an inmate of the R. C. Asylum, Dumfries.

Name and Medical Designation, John Smith M.B.

Place of Abode, Dumfries

DATED this 14 day of September One thousand eight hundred and 70 years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (2) Academy Lodge, Dumfries in the County of Dumfries, seen and personally examined Janet Smith or Brown, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this 14th day of September One thousand eight hundred and 70 years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Mark Napier (1) Sheriff of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Donovan, Inspector of Poor, Dumfries Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Smith or Brown residing at Academy Lodge Dumfries a pauper and that the said Janet Smith or Brown is a (5) person of unsound mind — and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Smith or Brown as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Smith or Brown which accompanied the said Petition.

DATED this 14th day of September One thousand eight hundred and Seventy years

Mark Napier

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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

1/575

Janet Smith or Brown

Janet Smith or Brown
14/9/40

11

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honorable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of Glencairne, P.C. Dumfries & James Scott Inspector of Poor, Ruthwell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Rae your Petitioner's (3) present Charge is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Rae ——— to the Southern Counties asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Rt Hon.ble James Scott

(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 September One thousand eight hundred and Seventy years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Rae
2. Sex and Age,	Female - about 24
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Not Known
5. Religious Persuasion, so far as known,	Not Known
6. Previous Place of Abode,	Supposed Ecclefechan
7. Place where Found and Examined,	Found in Ruthwell - Examined in Dumfries
8. Length of time Insane,	Not known
9. Whether first attack,	Do
10. Age (if known) on first Attack,	Do
11. When and where previously under Examination and Treatment,	Do
12. Duration of existing Attack,	Do
13. Supposed Cause,	Do
14. Whether subject to Epilepsy,	No (yes)
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Ruthwell in first place & Hoddom supposed
18. Date of becoming Chargeable,	16th September 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Apprehended wandering in parish of Ruthwell in an imbecile state

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixteenth day of September One thousand eight hundred and

(*To be signed by Party applying*) Rt Hon.ble James Scott

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Scott being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Sheriff Court House, Dumfries — in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Rae, a pauper and that the said Margaret Rae is an (5) Idiot and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Incoherency - a Vacant Expression of Countenance

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Inspector of Rutherglen informs me that she was found wandering in Rutherglen

Name and Medical Designation, Wm Scott M.D.

Place of Abode, Dumfries

DATED this 16th day of Sept One thousand eight hundred and seventy

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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) the Sheriff Court House, Dumfries — in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Rae, a pauper and that the said Margaret Rae 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) Incoherency, delusions & Vacant Expression of Countenance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Insp. of Rutherglen says that she was found wandering in Rutherglen

Name and Medical Designation, P. Murray M.D.

Place of Abode, Dumfries

DATED this 16th day of Sept One thousand eight hundred and 70

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Corrie Procurator Fiscal of Dumfriesshire and James Rott Inspector of Poor Ruthwell
Certificates under the hands of William Scott
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 Rae, whereas found in Ruthwell (a pauper) and that the said Margaret Rae is an idiot

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Rae as a Patient into the (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 Margaret Rae which accompanied the said Petition.

DATED this Sixteenth day of September One thousand eight hundred and Seventy

David Boyle Hope

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, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/576

Margaret Rae

16/9/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Duncan Clapperton, Insp: of Pol. Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Quin Murray Street Annan your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Quin to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

D. Clapperton

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Second (4) day of September One thousand eight hundred and Seventy 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 Quin
2. Sex and Age,	Male aged 25 years,
3. Married, Single, or Widowed,	Single,
4. Condition of Life, and previous Occupation (if any),	Labourer,
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	New-York,
7. Place where Found and Examined,	Murray Street Annan,
8. Length of time Insane,	2 weeks
9. Whether first Attack,	So far as Known,
10. Age (if known) on first Attack,	25 years
11. When and where previously under Examination and Treatment,	Not previously examined
12. Duration of existing Attack,	2 Weeks.
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan,
18. Date of becoming Chargeable,	24 September. 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Rosanna Quin, Murray Street. Annan. Patients Mother, no relative 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 Second day of September One thousand eight hundred and Seventy years.

(*To be signed by Party applying*) Duncan Clapperton.

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, Wm Ewart 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) Mossey Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Quinn a pauper and that the said John Quinn is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His General appearance, at times appearing to answer questions, and Excited Manner

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Sister tells me that he is at times very violent and Violent, and has attempted to injure his Mother & others by biting & Striking.

Name and Medical Designation, Wm Ewart, Surgeon.

Place of Abode, Edwardson Street, Annan

DATED this twenty second day of September One thousand eight hundred and Seventy.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, James Little being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Mossey Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Quinn a pauper and that the said John Quinn is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His General appearance His depressed & melancholy look with occasional turns of excitement.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by his sister that has sleepless nights is Constantly muttering & talking to himself & kept at times shout noises & his friends in the house

Name and Medical Designation, James Little M.D. Surgeon

Place of Abode, Grayfield Annan

DATED this twenty fifth day of September One thousand eight hundred and Seventy.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Ewart being (1) Licentiate of the Royal College of Surgeons in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Murray Street Annan in the County of Dumfries, seen and personally examined John Quin, and that the said John Quin person is of unsound mind, and 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 Ewart Surgeon

DATED this twenty second day of September One thousand eight hundred and seventy

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Sheriff Substitute of the (1) County of Dumfries having had produced to me, with a Petition at the instance of (3) Duncan Clapperton Inspector of Poor Annan Certificates under the hands of William Ewart Surgeon and James Little MD & 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 Quin Murray Street Annan (a pauper) and that the said John Quin is a (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 Quin 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 Quin which accompanied the said Petition.

DATED this Twenty third day of September One thousand eight hundred and seventy years

L Maitland

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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

1/3-477

John Quin

22/9/70

1/3-477

John Quin

22/9/70

N.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 Inverness — *and his Substitutes.*—

The Petition of David Munro Esq of Allan Ross-shire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Munro residing at Ardavasar 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 William Munro to the Asylum for the Insane at Dumfries and to sanction his admission into the said Asylum.

(SIGNED) D Munro

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twelfth (3) day of September One thousand eight hundred and Seventy 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 Munro
2. Sex and Age,	Male - 34 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Was born in the Army
5. Religious Persuasion, so far as known,	Presbytrian
6. Previous Place of Abode,	Allan Rossshire
7. Place where Found and Examined,	Ardavasar, Skye, Invernessshire
8. Length of time Insane,	Cannot say
9. Whether first attack,	Had an attack in 1857 -
10. Age (if known) on first Attack,	21 years of age
11. When and where previously under Examination and Treatment,	As above in 1857 attended by Dr. Bass Skin
12. Duration of existing Attack,	Since 1857 as above
13. Supposed Cause,	Cannot say
14. Whether subject to Epilepsy,	Cannot say
15. Whether Suicidal,	Cannot say
16. Whether Dangerous to others,	Cannot say
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable to 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,	David Munro of Allan his Father the Petitioner
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None Whatever

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, D Munro

DATED this twelfth day of September One thousand eight hundred and Seventy years

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Godfrey A. Macrae M.B. & C.M. of the Community of Aberdeen being a (2) and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Ardersier Inn in the Parish of Petty in the County of Inverness separately from any other Medical Practitioner, visited and personally examined (4) William Monro residing at Ardersier Inn and that the said William Monro is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) That he regards his Saints with indifference and dislike and talks violently & incoherently and is also a dipsomaniac

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was told by two Ladies that he insulted them & by a Groom of Mans that he assaulted him

(SIGNED) Name and Medical Designation, Godfrey A. Macrae M.B. & C.M.

Place of Abode, Ellan House Hunt Skye

DATED this Third day of September One thousand eight hundred and Seventy 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, L. M. Matheson Surgeon being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Portree in the County of Inverness separately from any other Medical Practitioner, visited and personally examined (4) William Monro Cathy, resident at Ardvisier and that the said William Monro 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) Talking incoherently and restless in his movements & flighty in his habits and not answering questions when spoken to—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) Name and Medical Designation, L. McMatheson, Surg

Place of Abode, Portree

DATED this 12th day of September One thousand eight hundred and Seventy 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, Thomas Fraser Esquire (1) Sheriff Substitute
of the (2) Shyr district of Inverness shire
having had produced to me, with a Petition at the instance of (3) David Munro
Esquire of Allan Ross shire
Certificates under the hands of Godfrey A Mackae
and Lachlan Martin Matheson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Munro residing at Ardaneaskan and that the said
William Munro is a (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 Munro as a Patient into the (6) Asylum for the insane at Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Munro which accompanied the said Petition.

(SIGNED)

DATED this Fourteenth day of September One thousand eight hundred and Sixty four

To the Superintendent of the (7) Asylum for the insane at Dumfries

T. Fraser

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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

1177

William Monro

Vacd

21/9/70

Petition

of

David Monro Esq

for transmission of his Son

William Monro, a person of

unsound mind – to the

Asylum for the Insane at Dumfries

1870

4th Oct 1870

1177.

Vacd

William Monro

September 21/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Wright Inspr of Poor Hutton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Carmichael your Petitioner's (3) Partner is at present in a state of Mental Derangement, and 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 Carmichael to the Dumfries Co. Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Wright

DATED this 23d day of September One thousand eight hundred and Seventy-

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Carmichael
2. Sex and Age,	Male—45 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,	Protestant
6. Previous Place of Abode,	Cowhummert—Par. of Hutton
7. Place where Found and Examined,	Lochrbie
8. Length of time Insane,	13 Months
9. Whether first Attack,	Continuation of first Attack
10. Age (if known) on first Attack,	44 years
11. When and where previously under Examination and Treatment,	Augt 1869 at Dumfries thence to D. C. Asylum
12. Duration of existing Attack,	13 Months with lucid intervals
13. Supposed Cause,	Jealousy of wife & dread of Poison from her
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Somewhat to his wife only
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Hutton
18. Date of becoming Chargeable,	Augt 18-1869-
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Bell or Carmichael his wife Cowhummert— His Mother was Nervous
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of September One thousand eight hundred and Seventy

(To be signed by Party applying) James Wright

P. P

Sept Rend. 21/20

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Hymson Wilson being a (1) Licentiate of the Royal College of Surgeons Edin and being in actual practice as a (2) Surgeon at Lockerbie 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) George Carmichael, Cowbur Hutton and that the said 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) Labouring under a delusion that his health has been injured by poison administered by his wife, jealousy of his wife's fidelity, indeed direct charges of infidelity and a wish to poison him, refuses to live with

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Jas. J. Wilson Surgeon

Place of Abode, Lockerbie

DATED this Lockerbie day of 19th Sept One thousand eight hundred and seventy

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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, William Buccleuch being a (1) Doctor of Medicine Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Carmichael Cowbiggenfoot Hutton and that the said 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 is in a state of Melancholy and is jealous of his wife's infidelity imagines that his wife has poisoned him and refuses to live with her —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has threatened to commit suicide —

Name and Medical Designation, William Buccleuch M.

Place of Abode, Lockerbie

DATED this twenty second day of September One thousand eight hundred and seventy

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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, Lauderdale Maitland (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Wright Inspector of Poor Kirkton, Certificates under the hands of James Thomson Wilson and William Macindoe, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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, Crobernfoot, Kirkton (a pauper) 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 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 Carmichael which accompanied the said Petition.

DATED this Twenty third day of September One thousand eight hundred and Seventy years.

L Maitland

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

3-48

George Carmichael

23/9/70

3-48

George Carmichael

23/9/70

N.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 William Carlyle Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Johnston Hope is at present in a state of Mental Derangement, and 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 Johnston Hope to the Southern Counties Asylum and to sanction His admission into the said Asylum.

(Signature) William Carlyle Inspector of Poor

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty-sixth (*) day of September One thousand eight hundred and Seventy 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 Johnston Hope
2. Sex and Age,	M. 15
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	a Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Quarrelwell
7. Place where Found and Examined,	Rigg
8. Length of time Insane,	about ten days
9. Whether first attack,	second
10. Age (if known) on first Attack,	14 years
11. When and where previously under Examination and Treatment,	No
12. Duration of existing Attack,	about ten or eleven day
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Eretna
18. Date of becoming Chargeable,	26th September 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Ellen Johnston his Mother is an inmate of Southern Counties Asylum 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.

(Signature)* Name, William Carlyle Insp. of Poor

Dated this 26th day of September One thousand eight hundred and Seventy

* To be signed by the Party applying.

P. p.

3748 George Carmichael 23/9/70

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Carruthers being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rigg in the Parish of Gretna in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Johnston Hope, Rigg, pauper servant and that the said William Johnston Hope is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His speech & actions are inconsistent with propriety and indicate plainly that his mind is full of delusions He is restless & keeps shifting the positions of nearly all the small movable articles in the house He is disobedient & irascible

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His grandfather & grandmother with whom he resides state that he had recently to leave the place at which he was hired because of his insanity and that he is often ill to control and swears and threatens vengeance upon them

(SIGNED) *Name and Medical Designation,* James Carruthers, Surgeon

Place of Abode, Kirkpatrick Fleming

DATED this twenty-sixth day of September One thousand eight hundred and seventy.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John F. R. Carruthers Watherspoon being a (1) Licentiates of the Royal Colleges of Phys. & Surgs and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rigg of Gretna in the County of Dumfries & Sheet separately from any other Medical Practitioner, visited and personally examined (4) William Johnstone Hope Servt and that the said William Johnstone Hope is a (5) Person of unsound and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His Speech is incoh his actions are unsteady & sometimes very violent- ideas are delusive - Very restless in his habits - Abus his relations & disobedient in almost all his actions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Grandfather, with whom he resides, states that he was sent away from his last place on account of the suffering him insane & being very difficult to manage frequently he has threatening & struggles for imaginary ca also that he is very destructive amongst the household articles

(SIGNED) *Name and Medical Designation,* John F. R. Watherspoon Physician

Place of Abode, West Scales - Gretna

DATED this 26th day of September One thousand eight hundred and Seventy

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, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Carlyle Inspector of Poor Gretna — Certificates under the hands of James Carruthers — and John M. Witherspoon — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Johnstone Hope Rigg of Gretna (a pauper) and that the said William Johnstone Hope is a (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 Hope as a Patient into the (6) Public Asylum of Southern Counties — and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Johnstone Hope which accompanied the said Petition.

(SIGNATURE) David Boyle Hope

DATED this twenty sixth day of September One thousand eight hundred and seventy 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

1/
3-49

Wm Johnstone Hope
26/9/70

1/
3-49

Wm Johnstone Hope
26/9/70

p. 15

1178
Mary Isabella Moore
Oct 3rd 1870

[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 Anne Catherine Moore being desirous to transfer my sister Mary Isabella Moore at present a Patient in The Royal Edinburgh Asylum, and (1) from the said Asylum to the The Cruxton Royal Institution Dumfries hereby request the authority of the Board to such transfer: and I subjoin a Statement of Particulars regarding the said Mary Isabella Moore and a Medical Certificate with respect to her mental and bodily condition.

(1) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

x Anne Catherine Moore

x Nearest living relative to the Patient.

(*) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Douglas. this 24th day of September One thousand eight hundred and seventy

STATEMENT.

1. Christian Name and Surname of Patient at length,	Mary Isabella Moore
2. Sex and Age,	Female Age 39.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and Previous Occupation (if any),	no occupation
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	30th May 1869.
7. Length of time Insane,	Three years.
8. Whether first Attack,	second attack
9. Age (if known) on first Attack,	28.
10. Duration of existing Attack,	Shock to the nervous system.
11. Supposed Cause,	certainly not.
12. Whether subject to Epilepsy,	Not known to be suicidal
13. Whether Suicidal,	Might possibly be of epileptic
14. Whether Dangerous to others,	
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Anne Catherine Moore, Sister of Patient 7. Prospect Terrace. Woodbourne Road. Douglas Isle of Man.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Anne Catherine Moore

DATED this 24th day of September One thousand eight hundred and seventy.

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 Skae M.D.
being (1) a Fellow of the R.C.P.E.
hereby certify that I have this day at (2) the Royal Edinburgh Asylum
personally examined Mary Isabella Moore at present a
Patient in said Asylum, and with respect to his Mental State that she labours
Chronic Mania

(1) State Medical Qualifications.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Crichton R.
Institution Dumfries

David Skae M.D.

Dated this 24 day of September One thousand eight hundred and seventy

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) — Anne Catherine Moore
to authorize the transfer of Mary Isabella Moore
from Edinburgh Royal Asylum to Dumfries Royal Asylum
and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Mary Isabella Moore as requested.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expenses of the maintenance of the Lunatic is defrayed.

Arthur Mitchell Commissioner.

a/Valid for 14 days from date of Sheriff's Order

Dated at Edinburgh, this 27th day of September One thousand eight hundr[illegible]

Date of Sheriff's Order 2 June 1869

Robert Gunn Forster 12/10/70

[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James Ferguson,
being desirous to transfer Robert Dempster
a present a Patient in Abbey Lunatic Asylum Paisley and (1)
a pauper lunatic of the parish of which
I am Inspector of Poor
from the said Asylum to the
Dumfries Royal Asylum I hereby request the authority of
the Board to such transfer; and I subjoin a Statement of Particulars regarding the said
Robert Dempster and a Medical Certificate with
respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relatives I are. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James Ferguson
Inspector of Poor

Dated at Carsphairn this 7th day of Dec.
One thousand eight hundred and 70

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Robert Dempster
2. Sex and Age,	Male - 46 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Shepherd Farmer
5. Religious Persuasion, so far as known,	Presbyt
6. Date of Admission into Asylum,	12th September 1870.
7. Length of time Insane,	About a month
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	43 Years
10. Duration of existing Attack,	About a month
11. Supposed Cause,	Not Known
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Carsphairn Parish
16. Christian Name and Surname, and Place	

Robert Dempster
12/10/70

Date of Sheriff Order } 15th Sept: 1870

MEDICAL CERTIFICATE.

I, the undersigned Thomas Graham
being (1) a Doctor of Medicine of Glasgow University
hereby certify that I have this day at (2) Abbey Parochial Asylum
personally examined Robert Dempster at present a
Patient in said Asylum, and with respect to his Mental State that he is excited
incoherent and delusive.

(1) State Medical Qualifications.
(2) Name Asylum.

; and with respect to his
Bodily Health and Condition that With are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

Thomas Graham M.D.

Dated this second day of October One thousand eight hundred and seventy years.

SANCTION OF THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) Inspector of Poor
of the Parish of Caerphairn
to authorize the transfer of Robert Dempster
from Abbey Parochial Asylum to Dumfries
Asylum, and the Board having considered such application and
the accompanying Medical Certificate, do hereby authorize the transfer of the said
Robert Dempster as requested.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

James Coe Commissioner.

Dated at Edinburgh this 1st day of October One

of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) James Ferguson Inspector

Dated this 7th day of October One thousand eight hundred and 70

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (1) County of Dumfries and his Substitutes,—

The Petition of Duncan Clapperton, Inspector of Poor Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Bill, lately in Annan your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Bill to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

Duncan Clapperton

DATED this Twelfth (4) day of October One thousand eight hundred and Seventy years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Thomas Bill
Sex and Age,	Male. 70 years.
Married, Single, or Widowed,	Widower
Condition of Life, and previous Occupation (if any),	Previously a Farmer.
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Annan
Place where Found and Examined,	Dumfries Poor House
Length of time Insane,	1 week.
Whether first Attack,	First Attack
Age (if known) on first Attack,	70 years.
When and where previously under Examination and Treatment,	Never previously under Treatment.
Duration of existing Attack,	1 week
Supposed Cause,	Not Known.
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
Date of becoming Chargeable,	October 3. 1870
Christian Name and Surname, and Place of Abode of nearest known 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 Bill. Crawstown. By Ecclefechan. Brother of Patient. None of his relations known to have been insane.
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of October One thousand eight hundred and Seventy years

(To be signed by Party applying) Duncan Clapperton

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Struthers K[illed] being a (1) Graduate of the University of Edin[burgh] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Nicolson Street Dumfries in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Thomas Hill Pauper Lunatic and the said Thomas Hill is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Speaks incoherently and seems unable to answer any simple question correctly.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr Marshall reports that in the Workhouse he was constantly in bed since at [illegible] time he was constantly in bed.

Name and Medical Designation, Alex Struthers K[illed]

Place of Abode, Dumfries

DATED this 12th day of October One thousand eight hundred and seventy 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, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Street Dumfries in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Thomas Hill a Pauper Lunatic and the said Thomas Hill is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) An old man [illegible] mentally & bodily. Has completely lost his memory. Talks incoherently & forcibly. Cannot answer questions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Poor Inspector states that he is restless & [illegible] Corroborated by Dr Marshall's certificate.

Name and Medical Designation, William S Kerr M[illed]

Place of Abode, Dumfries

DATED this 12th day of October One thousand eight hundred and seventy years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Duncan Clapperton, Inspector of Poor Annan
Certificates under the hands of Alexander Barbrick —
and William Smith Kerr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Mill a pauper from Annan — and that the said Thomas Mill — is a (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 Mill as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Mill — which accompanied the said Petition.

DATED this Twelfth day of October One thousand eight hundred and Seventy.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/387

Thomas Hill

12/10/40

1179
William Brodie
Oct. 13/70

[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 Robert Brodie being desirous to transfer William Brodie at present a Patient in Longdale Asylum Bothwell, and (1) detained at my instance and whose nearest relative I am from the said Asylum to the Crichton Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said William Brodie 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.

Robert Brodie
Brother to Patient

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED AT Paisley this Seventh day of October One thousand eight hundred and seventy years.

STATEMENT.

1. Christian Name and Surname of Patient at length,	William Brodie
2. Sex and Age,	Male - 58 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Millwright
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	5th April 1870
7. Length of time Insane,	Since 5th April 1870
8. Whether first Attack,	First
9. Age (if known) on first Attack,	58 years
10. Duration of existing Attack,	Since 5th April 1870
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	Supposed to be Suicidal
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Robert Brodie Carriagehill House Paisley his Brother

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Robert Brodie

DATED this Seventh day of October One thousand eight hundred and Seventy years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Daniel McRaymond being (1) a Doctor of Medicine & in Practice as a Phy
hereby certify that I have this day at (2) Longdales in the County Lan
personally examined Mr William Brodie at present a
Patient in said Asylum, and with respect to his Mental State that He labours
under deep Melancholy — Dr Fairless the
Resident Physician says he has a suicidal
tendency — and delusions — He complains of
"Aerial influence" which he cannot describe & that on
Longdales manner
destroy him unless he is removed from ; and with respect to his
Bodily Health and Condition that he takes his food well and
At present has no serious bodily ailm

(1) State Medical Qualification.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

Daniel McRaymond

DATED this 7th Seventh day of October One thousand eight hundred and Seventy Years

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SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff)

Application having been made to the Board by (3) Robert Brodie

(3) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

to authorize the transfer of William Brodie
from Longdales Private Asylum to Dumfries
Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said
William Brodie as requested.

James Cox *Commissioner.*

(1) Valid for 14 days from date.

DATED at Edinburgh, this (1) 10th day of October One thousand eight hundred and Seventy

Date of Sheriff's Sen Order — 5th April 1870

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,—

The Petition of John Dinwoodie Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Dickson or Wilson residing at Dumfries Close Sweetheart Street your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Dickson or Wilson to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Seventeenth (*) day of October One thousand eight hundred and Seventy

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Dickson or Wilson
2. Sex and Age,	female – 55 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,	Protestant –
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,	yes –
10. Age (if known) on first Attack,	See query No. 2
11. When and where previously under Examination and Treatment,	was never under treatment before
12. Duration of existing Attack,	about a fortnight –
13. Supposed Cause,	no cause known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Rather
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	17th Octr 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventeenth day of October One thousand eight hundred and Seventy

(*To be signed by Party applying*) John Dinwoodie, Inspr

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Edinburgh
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Queensberry Dumfries
in the County of Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Dickson or Wilson a pauper
and that the said Elizabeth Dickson or Wilson is a (5) 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 does not speaks in a very suspicious manner does not seem to recognise as to every person coming into the house and is dangerous to herself

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The people state that she wanders from home and is continually on the

Name and Medical Designation, William Marshall M.D.

Place of Abode, Dumfries

DATED this 17th day of October, One thousand eight hundred and Seventy 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, William Scott Kerr
being a (1) Graduate of Glasgow University &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Queensberry Dumfries
in the County of Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Dickson or Wilson a pauper
and that the said Elizabeth Dickson or Wilson is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is greatly excited almost maniacal - Talking loudly & incoherently She is full of delusions, especially about her family connection

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her neighbours are frightened for her - are disturbed at night by her outrageous conduct

Name and Medical Designation, William Scott Kerr M.D.

Place of Abode, Dumfries

DATED this 17th day of October One thousand eight hundred and Seventy years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dunwoodie Inspector of Poor, Dumfries
Certificates under the hands of William Marshall MD
and William Smith Kirkpatrick 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)
Elizabeth Dickson or Wilson, residing at Mayfield and that the said
Elizabeth Dickson or Wilson is a (5) Lunatic & a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Dickson or Wilson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Dickson or Wilson which accompanied the said Petition.

DATED this Twentieth day of October One thousand eight hundred and Seventy

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/382

Elizabeth Dickson or Wilson

17/10/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honorable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of John Dinwoodie Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Wilson or Murdock residing at 3 St Michaels Street your Petitioner's (3) Pauper— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Wilson or Murdock to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

Dated this Nineteenth (4) day of October One thousand eight hundred and Seventy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Wilson or Murdock
2. Sex and Age,	female – 20 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	do Sewer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	3 St Michaels St Dumfries
7. Place where Found and Examined,	do do do
8. Length of time Insane,	about three Months –
9. Whether first Attack,	yes –
10. Age (if known) on first Attack,	20 years –
11. When and where previously under Examination and Treatment,	was never under treatment before
12. Duration of existing Attack,	about three Months –
13. Supposed Cause,	Said to be from suckling her child too long
14. Whether subject to Epilepsy,	no –
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	19 Octr 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	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 Nineteenth day of October One thousand eight hundred and Seventy

(*To be signed by Party applying*) John Dinwoodie, Inspector

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Licentiate of the College of Ph 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) Mary Wilson or Murdoch a pauper and that the said Mary Wilson or Murdoch is a (5) Person of Un and a proper person to be detained 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 as if Suffering from Melancholia Refuses Food observed Any form of Nourishment Will Not Lay Asleep Irresponsible for the Affairs of

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband states that She was to Let her Children together with a Co and Wanders from her Home

Name and Medical Designation, William Marshall M D

Place of Abode, Dumfries

DATED this 19th day of October One thousand eight hundred and Seventy Years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Dunlop 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) St Michael Lane Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Wilson or Murdoch a pauper and that the said Mary Wilson or Murdoch is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Married Relat Informs that She does not Perform Her household duties, D depresded in Spirits, and cannot account for it

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Husband tells me that he was locked out of the house at m and it was Reported to the Constabu

Name and Medical Designation, P Dunlop M

Place of Abode, Dumfries

DATED this 19 day of October One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hyslop (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 &c
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)
Mary Wilson or Murdoch 3 St Michael Court Dumfries aforesaid and that the said
Mary Wilson or Murdoch is a (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 Wilson 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 Mary Wilson or Murdoch which accompanied the said Petition.

DATED this Nineteenth day of October One thousand eight hundred and Seventy four

David Boyle Hyslop

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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

1/
383

Mary Wilson a Murdoch

19/10/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of George Lyon Main Whitson Wigtonshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Eleanora Main 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 Eleanora Main to the Crichton Royal Institution and to sanction the admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Geo G. Main

(4) The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (4) day of October One thousand eight hundred and seventy

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Eleanora Main
2. Sex and Age,	female - 50
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	no occupation
5. Religious Persuasion, so far as known,	church of Scotland
6. Previous Place of Abode,	Cairn Ryan Stranraer
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	two months
9. Whether first Attack,	first
10. Age (if known) on first Attack,	50
11. When and where previously under Examination and Treatment,	nowhere
12. Duration of existing Attack,	two months
13. Supposed Cause,	change of life
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Moir Alloa sister of the patient - & Mrs Main Whitson sister. - none 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.

DATED this 21st day of October One thousand eight hundred and seventy

(*To be signed by Party applying*) Geo G Main

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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.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) the Dumfries Asylum
Dumfries, Queen Street,
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Eleanora Nora Mann
and that
the said Eleanora Nora Mann is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She says she is persecuted by Sir William Wallace & that he & others instigate everyone in Railways, Hotels, Streets &c. to insult, persecute & annoy her. That her soul is lost, that she cannot rest & that no one can help her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She as the above & that she neither she could destroy herself. The house is beleaguered by a young Minister & that it is a fearful sin she scarcely sleeps & is especially at night much excited & prays all kinds of nonsense & delusions.

Name and Medical Designation, James Murray McCulloch

Place of Abode, 16 Castle Street, Dumfries

DATED this 21st day of October One thousand eight hundred and seventy years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John A. Ker M.D.
being a (1) Graduate 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) the Dumfries Asylum
Queen Street, Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Eleanora Mann
and that
the said Eleanora Mann is a (5) person of
unsound Mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says that she is persecuted by everybody when she goes about, & she cannot get rest.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She is insulted & persecuted by Sir William Wallace, that she thinks she is loved by a young man & that it is a sin &c.

Name and Medical Designation, John Alexander Ker

Place of Abode, 17 Castle Street, Dumfries

DATED this 21st day of October One thousand eight hundred and seventy years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Murray McCulloch M: D: &c.
being (1) Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) 12 Queensberry Street, Dumfries,
in the County of Dumfries, seen and personally examined
Ellen Norah Main, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James M: McCulloch M: D: &c.

DATED this 21st day of October One thousand eight hundred and seventy years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Brown (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) George Agnew
Main, Whitkorn Wigtonshire
Certificates under the hands of James Murray McCulloch
and John Alexander Ker, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Eleanora Main Cairn Ryan Stranraer (Petitioner's sister in law) and that the said
Eleanora Main is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Eleanora Main as a Patient into the (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 Eleanora Main which accompanied the said Petition.

DATED this Twenty second day of October One thousand eight hundred and seventy years.

James Brown

To the Superintendent of the (7) Royal 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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Eleanora Main
oct. 21st 1870

Clarence Main
Oct. 21/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries & Kirkcudbright and his Substitutes—

The Petition of Robert McKay Manson Inspector of Poor of the Galloway humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William McGill your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William McGill to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Robert McKay Manson

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 28th (4) day of October One thousand eight hundred and Seventy

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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 McGill
2. Sex and Age,	Male 23
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Allen Gibbon Bridge Dalry
7. Place where Found and Examined,	Allen Gibbon Bridge Dalry
8. Length of time Insane,	Allen Gibbon Bridge Dalry
9. Whether first Attack,	About 18 Months ago
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	No
12. Duration of existing Attack,	Since 18 Month
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No.
15. Whether Dangerous to others,	Dangerous to others
16. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dalry New Galloway
17. Date of becoming Chargeable,	28 October 1870
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William McGill Joiner Allen Gibbon Bridge father of said William McGill Grandfather by mothers side died 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.

Dated this 28th day of October One thousand eight hundred and

(*To be signed by Party applying*) Robert McKay Manson

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Denholm being a (1) Bachelor of Medicine and Master Surgery of the Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William McGill, a Pauper - from Parish of Dalry and that the said William 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) Patient labours under great delusions, especially regarding his occupation but also other matters - talks about Regiments of Soldiers coming to his house &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Inspector and a Policeman who accompanies him - state that he has threatened & even attempted the life of his Father. He is most unmanageable - Has broken windows, & committed various other acts of violence.

Name and Medical Designation, James Denholm M.B.

Place of Abode, Southern Counties Asylum

DATED this twenty eighth day of October One thousand eight hundred and Seventy.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern County Asylum Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) William McGill. a pauper and that the said William 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) Almost, Person of Gloomy mien. Has delusions about working. and on other points.

has a sister insane

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Inspector of poor. & others say. he has become unmanageable at home. threatening his parents & sister

Name and Medical Designation, William S. Kerr M.B.

Place of Abode, Dumfries

DATED this 28th day of October One thousand eight hundred and Seventy

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Denholm being (1) a Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Southern (Edinburgh) in the County of Dumfries, seen and personally examined William McGill, and that the said William person is of unsound mind, and 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 Denholm M.B., C.M.

DATED this 28th day of October One thousand eight hundred and Seventy

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Wood — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert McKay Munson, Inspector of Poor Dalry Certificates under the hands of James Denholm — and William Smith Kerr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William McGill, a Joiner, Allenbillan Bridge Dalry, pauper and that the said William McGill — is a (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 McGill — 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 William McGill — which accompanied the said Petition.

DATED this Thirty first day of October One thousand eight hundred and Seventy

David Boyle Wood

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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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William McGill
28/10/40

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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*—

Mochrum The Petition of Henry Montgomery Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charlotte Mc Clure or Mc Callum 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 Charlotte Mc Clure or Mc Callum to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

H Montgomery. Inspector of Poor Mochrum

Dated this Second (4) day of November One thousand eight hundred and 70 years

(4) The date of the Petition must be within a fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Charlotte Mc Clure or Mc Callum
2. Sex and Age,	54 years female
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of Robert Mc Callum, Farm Servant at Altiery, Parish of Mochrum
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Castlesemmins, Parish of Old Luce
7. Place where Found and Examined,	Altiery Cottage
8. Length of time Insane,	Three 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,	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,	Chargeable at present to Mochrum but Settlement appears to be Minnigoff Parish
18. Date of becoming Chargeable,	31st Oct. 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Mc Callum Husband Labourer Altiery, Mochrum — Three Brothers of the above were insane, & one of them Committed Suicide.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Second day of November One thousand eight hundred and 70 years

(To be signed by Party applying) H Montgomery Inspector of Poor Mochrum P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Charles Douglas.
being a (1) Graduate of Glasgow University & a 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) Altieri Lodge Parish of Inverurie Aberdeen in the County of _____ separately from any other Medical Practitioner, visited and personally examined (4) Charlotte McClure or McCallum, Altieri Lodge Pauper — and that the said Charlotte McClure is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Restless and weeps often & without cause, says she has no home; no food to eat & neither mouth nor stomach — No husband — No breath — that she is gone & will never come to life again —

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Robert McCallum her husband told me she says they are all blind & cannot see, that they have neither food nor clothing & that there is poison and the water —

Name and Medical Designation, John C. Douglas. M.D. L.R.C.S.Ed.

Place of Abode, Fort William

DATED this second day of November One thousand eight hundred and seventy years —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Denholm
being a (1) Bachelor of Medicine and Master of Surgery - Edin. Univ. —
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) Charlotte McClure or McCallum - Altieri a Pauper and that the said Charlotte McClure or McCallum (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is great mental depression, incoherency, and delusions - Laughs and weeps alternately - Says she can do nothing &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Denholm M.B.

Place of Abode, Southern Counties Asylum

DATED this third day of November One thousand eight hundred and seventy.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Charles Douglas being (1) a Graduate of Glasgow University &c — hereby certify, on soul and conscience, that I have this day, at (2) Altiry Lodge. in the County of Dumfries, seen and personally examined Charlotte McClure or McCallum, and that the said person is of unsound mind, and 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 C. Douglas M.D. &c —

DATED this Second day of November One thousand eight hundred and Seventy years —

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Henry Montgomery Inspector of Poor Nocrum Certificates under the hands of John Charles Douglas M.D. &c and James Denholm M.D. Cur, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McClure or McCallum Altiry Lodge Dumfries and that the said Charlotte McClure or McCallum is a (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 McClure or McCallum as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charlotte McClure or McCallum which accompanied the said Petition.

DATED this Fourth day of November One thousand eight hundred and Seventy years

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Charlotte McClure
or McCallum

3rd Nov 1840

Charlotte McClure or McCallum
2nd Nov. 1870

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Bell Inspector of the Poor for the Parish of Monswald humbly showeth that it appears from the subjoined Statement and accompanying Medical Certificates, that Dorothy Houston residing at Rockhall 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 Dorothy Houston to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Bell

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty-fifth (4) day of October One thousand eight hundred and seventy.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Dorothy Houston or Carruthers
2. Sex and Age,	Female - 33 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of Coachman - previously a Cook.
5. Religious Persuasion, so far as known,	Protestant -
6. Previous Place of Abode,	Newabbey -
7. Place where Found and Examined,	Rockhall Cottage -
8. Length of time Insane,	one month -
9. Whether first Attack,	Yes -
10. Age (if known) on first Attack,	33 -
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	one month -
13. Supposed Cause,	Bodily weakness -
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Speaks of leaving Service and Children Yes
16. Whether Dangerous to others,	No -
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Monswald at present -
18. Date of becoming Chargeable,	October 25th 1870.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane,	Daniel Houston - Rockhall Cottage Husband - No member of the family known to have been insane at any 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 26th day of October One thousand eight hundred and seventy years.

(*To be signed by Party applying*) James Bell, Insp. of Poor Monswald P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Rockhall in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Dorothy Houston or Carruthers Pauper Moorewalk and that the said Dorothy Houston or Carruthers is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is in a state of depressed state mentally & physically - She suicidal - occasionally violent & Irritable, Cannot sleep & has delusions of thoughts & suicide. —

(7) *State the information, and from whom derived.*

Found her in a narcotised state after taking Opium to kill herself

2. Other facts (if any) indicating Insanity communicated to me by others: (7) —

Her husband and neighbours have observed her to be in a state of Insanity. She threatens to kill her children & tried to commit suicide the morning

Name and Medical Designation, William S Kerr M.B.

Place of Abode, Dumfries.

DATED this 4th day of November One thousand eight hundred and seventy 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, 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) Rockhall in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Dorothy Houston or Carruthers Pauper Moorewalk and that the said Dorothy Houston or Carruthers is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Had attempted to Kill herself by taking Opium

(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

Name and Medical Designation, P Murray M.D.

Place of Abode, Dumfries

DATED this 4th day of November One thousand eight hundred and 72

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr
being (1) Graduate of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Rockhall
in the County of Dumfries, seen and personally examined
Dorothy Houston or Carruthers, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Smith Kerr M.D.

DATED this 4th day of Nov. One thousand eight hundred and Seventy

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Bell
Inspector of Poor Mouswald
Certificate under the hands of William Smith Kerr 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)
Dorothy Houston or Carruthers residing at Rockhall Mouswald Dumfries and that the said
Dorothy Houston or Carruthers is a (5) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Dorothy Houston or Carruthers 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 Dorothy Houston or Carruthers, which accompanied the said Petition.

DATED this 5th day of November One thousand eight hundred and Seventy Years

David Boyle Stoke

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

D. Houston or Carruthers
4th Nov. 1840

D. Houston in Lunacy
4th March 1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Hutchinson, Ironfoot Maxwelltown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Hutchinson 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 Hutchinson to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

John Hutchinson

(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 Fifth (4) day of November One thousand eight hundred and Seventy

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Hutchinson
2. Sex and Age,	Female 27 year
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,	Maxwelltown hopeuer
7. Place where Found and Examined,	Ironfoot St Maxwelltown hopeuer
8. Length of time Insane,	one Month
9. Whether first Attack,	First Attack
10. Age (if known) on first Attack,	27 year
11. When and where previously under Examination and Treatment,	Ironfoot St Maxwelltown, This date
12. Duration of existing Attack,	one Month
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Hutchinson her Father 4 Ironfoot Street Maxwelltown 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 Fifth day of November One thousand eight hundred and Seventy

(To be signed by Party applying) John Hutchinson

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 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) No 4 Terraglas St Maxwelltown Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hutchinson, Terraglas St Maxwelltown and that the said Elizabeth Hutchinson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She says she is lost hopelessly lost, that she is miserable, reason gone to &c. looks & acts in accordance & has the ideas & actions occasioned by melancholia.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Says she is lost & religiously. Has & does contemplate suicide. Is at times violent &c.

Name and Medical Designation, James Mc: McCulloch M:

Place of Abode, 16 Castle Street, Dumfries

DATED this fifth day of November One thousand eight hundred and seventy years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Patrick Burnet 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) 20 Terraglas St Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hutchinson Terraglas St Maxwelltown and that the said Elizabeth Hutchinson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 a gloomy and desponding view of my prospects says she is lost, fails to dress & cannot control herself in bed

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her Father informs me that she attempted to throw herself out of the window, and that she took to

Asylum voluntarily

Name and Medical Designation, P Burnet M D

Place of Abode, Dumfries

DATED this 5 day of Nov One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Hutchison Temples Street Maxwelltown
Certificates under the hands of James McCulloch MD &c
and Patrick Murray 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) Elizabeth Hutchison Temples Street Maxwelltown Witnesseth and that the said Elizabeth Hutchison is a (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 Hutchison 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 Elizabeth Hutchison which accompanied the said Petition.

DATED this 15th day of November One thousand eight hundred and Seventy years

J Grierson

To the Superintendent of the (7) Asylum of 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.

Elizabeth Hutchinson

Novemb. 5th 0

* State degree of Relationship or other capacity in which Petitioner sues in Lunacy.

† The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

1. Christian Name and S
length, .
2. Sex and Age,
3. Married, Single, or W
4. Condition of Life, an
[Farmer],
5. Religious Persuasion,
6. Previous Place of Abo
7. Place where Found an
8. Length of time Insane
9. Whether first Attack,
10. Age (if known) on fir
11. When and where (pre
tion and Treatment
12. Duration of existing
13. Supposed Cause,
14. Whether subject to E
15. Whether Suicidal,
16. Whether Dangerous
17. Parish or Union, to
Pauper) is Charge
18. Date of becoming Ch
19. Christian Name and
Abode of nearest
Patient, and deg
known), and whe
Family known to
sane,
20. Special circumstances
insertion of any o

I certify, that, to t

Dated this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Germain, residing at Ewe & Lamb Close, Dumfries your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Germain to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

Dated this Eighth (4) day of November One thousand eight hundred and Seventy—

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Germain
2. Sex and Age,	female 30 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Single, outdoor labourer
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 a fortnight—
9. Whether first Attack,	Second attack—
10. Age (if known) on first Attack,	not known —
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	about a fortnight
13. Supposed Cause,	Supposed to be Constitutional
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 Family known to be or to have been Insane,	John Germain, her father, deceased
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eighth day of November One thousand eight hundred and Seventy

(*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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, [illegible] being a (1) [illegible] and being in actual practice as a (2) [illegible] hereby certify, on soul and conscience, that I have this day, at (3) [illegible] in the County of [illegible] separately from any other Medical Practitioner, visited and personally examined (4) [illegible] and that the said [illegible] is a (5) [illegible] and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible]

Name and Medical Designation, [illegible]

Place of Abode, [illegible]

DATED this [illegible] day of [illegible] One thousand eight hundred and [illegible]

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, [illegible] being a (1) [illegible] and being in actual practice as a (2) [illegible] hereby certify, on soul and conscience, that I have this day, at (3) [illegible] in the County of [illegible] separately from any other Medical Practitioner, visited and personally examined (4) [illegible] and that the said [illegible] is a (5) [illegible] and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) [illegible]

Name and Medical Designation, [illegible]

Place of Abode, [illegible]

DATED this [illegible] day of [illegible] One thousand eight hundred and [illegible]

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor Dumfries
Certificates under the hands of William Marshall M.D.
and Patrick Murray M.D., being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Germans residing at Ewe & Lamb Close Dumfries aforesaid and that the said
Mary Germans is a (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 Germans as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said her Mary Germans which accompanied the said Petition.

DATED this Eleventh day of November One thousand eight hundred and Seventy years

David Boyle Hope

To the Superintendent of the (7) Asylum of Public Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

5-84

Mary Germain
11th Novbr 1840

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff — *of the* (2) County of Dumfries —— *and his Substitutes,—*

The Petition of John Herbertson, Grocer, Maxwelltown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Herbertson ——— your Petitioner's (3) Brother ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Herbertson ——— to the Southern Counties Dumfries and to sanction his admission into the the said Asylum.

John Herbertson

DATED this Fourteenth (4) day of November One thousand eight hundred and Seventy.

STATEMENT.

If any 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 Herbertson
2. Sex and Age,	Male - About Forty eight years.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation if any),	Grocer to trade - for last few years Governor of Dumfries Poor House.
5. Religious Persuasion, so far as known,	Protestant - Established Church of Scotland -
6. Previous Place of Abode,	Dumfries Poor House -
7. Where Found and Examined,	17 Market Street Maxwelltown
8. Length of time Insane,	About two months -
9. Whether first Attack,	Yes - first attack -
10. Age (if known) on first Attack,	About forty eight years.
11. When and where previously under Examination and Treatment,	Never - Nowhere -
12. Duration of existing Attack,	About two months
13. Supposed Cause,	not known.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	suspected to be so.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a pauper.
18. Risk of becoming Chargeable,	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,	John Herbertson the Petitioner - no.
20. Special circumstances (if any) preventing the Insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourteenth day of November One thousand eight hundred and Seventy.

(*To be signed by Party applying*) John Herbertson

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 17 Mar
St Maxwelltown in the Co
Kirkcudbright separately from any other Medical Practi
visited and personally examined (4) Thomas Herbertson,
Governor of Dumfries Poor House — an
the said Thomas Herbertson is a (5) Lun
and a proper person to be d
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

He has delusions as to wealth and
is restless. Says he was poisoned for
years by a Doctor — Threatens to assault his keeper

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His wife states that he attempted to
jump out of a window and that she
cannot control him

Name and Medical Designation, Wm Scott. M.D.

Place of Abode, Dumfries

Dated this 14th day of November One thousand
hundred and twenty —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University re
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 14 Nov
St Maxwelltown in the Cou
Kirkcudbright separately from any other Medical Practi
visited and personally examined (4) Thomas Herbertson, late
Governor of Dumfries Poor House — and
the said Thomas Herbertson — is a (5) Person
and a proper person to be d
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has an abn
dreamy expression — Has delusions about h
Been poisoned — about money transactions, and
other peculiar fancies, —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His wife & other relations observe him getting m
that he
mentally, & often becomes unmanageable, enraged & threaten

Name and Medical Designation, William S. Kerr M

Place of Abode, Dumfries

Dated this 14th day of November One thousand e
hundred and Seventy years. —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Herbertson
Grocer, Musselburgh
Certificates under the hands of William Scott
and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Herbertson Lately Governor of Dumfries Poor House and that the said Thomas Herbertson — 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 Thomas Herbertson — 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 Herbertson which accompanied the said Petition.

DATED this Fourteenth day of November One thousand eight hundred and Seventy seven.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/588

Thomas Henderson

15/11/'70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,—*

The Petition of Thos. Wright Esq. Solicitor Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Richard Birrell your Petitioner's (*) client is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Richard Birrell to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Thos Wright

DATED this 21st (*) day of November One thousand eight hundred and seventy

(*) 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,	Richard Birrell
2. Sex and Age,	male. 35
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,	Carlisle
7. Place where Found and Examined,	Crichton Institution, Dumfries
8. Length of time Insane,	~~1 year~~ 1st attack latter 9 months
9. Whether first Attack,	no
10. Age (if known) on first Attack,	25
11. When and where previously under Examination and Treatment,	Morningside Asylum Edinburgh
12. Duration of existing Attack,	a few days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Birrell Earl Street Carlisle mother of the patient 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 21st day of November One thousand eight hundred and seventy

(*To be signed by Party applying*) Thos Wright

P. p

Richard Birrell

Novemb. 21/70

N.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 Thomson, Insp.r of Pors, Holywood,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Melbourn, Gateside, 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 John Melbourn to the Dumfries L.C. Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Thomson, Insp.r of Pors.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 26.th day of November One thousand eight hundred and Seventy.

STATEMENT.

If any 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 Melbourn
2. Sex and Age,	Male about 40 years
3. Married, Single, or Widowed,	Maried
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Gateside Holywood
7. Place where Found and Examined,	Gateside Holywood
8. Length of time Insane,	About Two Months
9. Whether first attack,	First attack
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 Two Months
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Holywood Parish
18. Date of becoming Chargeable,	26.th November 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Janet Kerr or Melbourn, his Wife Gateside, Holywood
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* John Thomson, Insp.r of Pors

DATED this Twentyfourth day of November One thousand eight hundred and Seventy.

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Smith

being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) Physician & Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Gatesside, Holywood in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Melbourn, Farmer, Pauper and that the said John Melbourn is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has a dull appearance. refuses to answer questions. threatens

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife informs me that during the last three weeks manner has been quite changed at one time depressed another much excited. suspects that person has been putting something in his food.

(SIGNED) Name and Medical Designation, John Smith M.B.

Place of Abode, Dumfries

DATED this 26 day of November One thousand eight hundred and 70

(1) Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) Insert the street and number of the house (if any), or other like particulars.

(4) Insert Designation and Residence, and if a Pauper state so.

(5) Lunatic, or 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 Denholm

being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) Physician

hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum, Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) John Melbourn, Farmer Gateside Parish of Holywell, a Pauper and that the said John Melbourn is a (5) person of unsound mind and a proper person to be detained 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 morose and sullen - tries to avoid being questioned - is highly suspicious in his conduct & language -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Inspector of Poor who accompanies him here, tells me he suspects the infidelity of his wife and everybody around him suspects that his food is poisoned - has threatened & even attempted violence to his wife & others

(SIGNED) Name and Medical Designation, James Denholm M.B.

Place of Abode, Southern Counties Asylum

DATED this 26th day of November One thousand eight hundred and Seventy.

(1) Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) Insert the street and number of the house (if any), or other like particulars.

(4) Insert Designation and Residence, and if a pauper state so.

(5) Lunatic, or 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 Melbourn is a (1) Pauper Lunatic and hereby further certify that the Case of the said John Melbourn is One of Emergency, and I recommend the immediate removal of the said John Melbourn to an Asylum accordingly.

Name, John Smith MB

Place of Abode, Dumfries

DATED this 25th day of November One thousand eight hundred and 70

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Thomson Inspector of Poor Holywood — Certificates under the hands of John Smith — and James Denholm —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Melbourn, Farm Servant, Gatesde, Holywood, a pauper and that the said John Melbourn — is a (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 Melbourn — 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 — Melbourn — which accompanied the said Petition.

(SIGNED) David Boyle Hope

DATED this Twenty eighth day of November One thousand eight hundred and Seventy

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if 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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John Melbourn

26th Novr 1840

Isobel Mellorshaw
26 Nov 1910

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries *and his Substitutes,*—

The Petition of Anne James 36 Cecil Street Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella James 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 Isabella James to the Crichton Royal Institution Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Anne James

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 30 (4) day of November One thousand eight hundred and seventy

STATEMENT.

If any 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 James
2. Sex and Age,	Female 68
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,	Church of England.
6. Previous Place of Abode,	36 Cecil Street Carlisle
7. Place where Found and Examined,	at 36 Cecil Street
8. Length of time Insane,	Has been unwell for a considerable time
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	68
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	The acute symptoms about a week
13. Supposed Cause,	Unknown It is believed to have been brought on by a chill
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Anne James, Sister of Isabella James - 36 Cecil Street. Carlisle One deceased brother 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 30 day of November One thousand eight hundred and seventy

(*To be signed by Party applying*) Anne James

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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Bromfield Page being a (1) Fellow of the Royal College of Surgeons of Engla and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 36 Cecil Ste Carlisle in the County o Cumberland separately from any other Medical Practitioner visited and personally examined (4) Isabella James and tha the said Isabella James is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

desires me to procure Barbiturates for an unlim amount; told me she was about to purchase a large property. Very excited -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

that she has been purchasing largely & ob sorts of articles and incurring debts quite beyo means to pay. that she claims to be a Queen &

Name and Medical Designation, William Bromfield Page

Place of Abode, Lowther Street Carlisle

DATED this 29th day of November One thousand eight hundred and seventy.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Cornelius S. Hall being a (1) Member of the Royal College of Sur England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 36 Cecil St Carlisle. Cumberland in the County of separately from any other Medical Practitioner, visited and personally examined (4) Isabella James and that the said Isabella James is a (5) 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)

Says she is about to purchase Hampton H for Millions of Millions of money

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

That she is violent and abusive with Cause or reason and threatens violent a prosecute anyone so doing

Name and Medical Designation, C. S. Hall Surge

Place of Abode, 3 The Crescent Carl

DATED this 29 day of November One thousand eight hundred and seventy

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, [illegible] being (1) a practitioner of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) in the County of Dumfries, seen and personally examined Isabella James, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

[illegible] MD

DATED this 30th day of March One thousand eight hundred and seventy 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, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Anne James 36 Castle Street Carlisle Certificates under the hands of William Brassfield Page Surgeon and Cornelius S Hall 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 James, 36 Castle Street Carlisle Spinster and that the said Isabella James 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 Isabella James 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 Isabella James which accompanied the said Petition.

DATED this thirtieth day of November One thousand eight hundred and seventy

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

v Isabella James.
Nov. 30/70

11814

v Isabella James
Nov 30/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Turner residing at Spur Inn Close your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Turner to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Second (4) day of December One thousand eight hundred and Seventy —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Turner
2. Sex and Age,	Male, 14 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	no occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	— do
8. Length of time Insane,	since Tuesday last
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	14 years —
11. When and where previously under Examination and Treatment,	never under treatment before
12. Duration of existing Attack,	since Tuesday last
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,	Dumfries
18. Date of becoming Chargeable,	2d Dec. 1870.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	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 Second day of December One thousand eight hundred and Seventy

(To be signed by Party applying) John Dinwoodie, Insp.

P. P.

V. Isabella James Nov. 30/70

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Smyth being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Upper Inn Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Turner. Pauper and that the said Robert Turner is a (5) 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 constantly walking up & down the room & talking incoherently refuses to answer the simplest question

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother informs me that since Tuesday last he has been in a disturbed state of mind. At one time in a violent state & at another & for hours in the state I have mentioned above

Name and Medical Designation, John Smyth M.B. & C.M.

Place of Abode, Buccleuch St Dumfries

DATED this 2nd day of December One thousand eight hundred and 70.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Archibald Campbell being a (1) Graduate of the Faculty of Medicine and Surgeon Edinburgh and Member of the and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Upper Inn Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Turner a Pauper and that the said Robert Turner is a (5) 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) Cannot be persuaded to answer the simplest question. Refuses medicine.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The attendants make much the same statements as above

Name and Medical Designation, A. Marshall Campbell M.D.

Place of Abode, Dumfries

DATED this 2nd day of Dec. One thousand eight hundred and 70 years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate of Edinburgh by Examination hereby certify, on soul and conscience, that I have this day, at (2) Upon Sun Close Dumfries in the County of Dumfries, seen and personally examined Robert Turner, and that the said Robert Turner person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MB

DATED this 2nd day of December One thousand eight hundred and 70,

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of John Smith and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Turner, Upon Sun Close Dumfries (a pauper) and that the said Robert Turner is a (5) person of unsound mind, and a Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Turner as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Turner which accompanied the said Petition.

DATED this Fifth day of December One thousand eight hundred and seventy.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/591

Robert Turner

2/12/70

N.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) Shire of Dumfries and Galloway *and his Substitutes,—*

The Petition of Alex M Williamson Inspector of Poor humbly showeth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet 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 Janet Wallace to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Alex M Williamson

(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 December One thousand eight hundred and Seventy

STATEMENT.

If any 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 Wallace
2. Sex and Age,	Female about forty four
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glencaple
7. Place where Found and Examined,	do
8. Length of time Insane,	6 days
9. Whether first attack,	2 attack
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,	6 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,	Carlaverock
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Robt Wallace her father Glencaple
Special circumstances (if any) 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 M Williamson

DATED this Second day of December One thousand eight hundred and Seventy

* 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 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) Glencaple in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Janet Wallace a Pauper
the said Janet Wallace 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) States that
people want to poison her — (her soul is lo
and many other delusions, she is fur
and Maybe violence

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Father & Brother state facts
similar to the above

(SIGNED) *Name and Medical Designation,* Wm Scott MD

Place of Abode, Dumfries

DATED this 1st day of Dec One thousand eight
hundred and Seventy.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Glencaple
by Dumfries in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Janet Wallace a pauper
the said Janet Wallace 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 is greatly
excited & violent — Talks at the pitch of her voice
Has delusions as to people trying to poison her — Has
the Free Kirk Minister wants to roast her &c. in his kitch

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Fatter & Brother living with her. state that she
has been in the above condition for sometime & that she
sometimes sleeps or almost does not sleep

(SIGNED) *Name and Medical Designation,* William S Kerr MD

Place of Abode, Dumfries

DATED this 1st day of December One thousand eight
hundred and Seventy years.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Janet Wallace is a (1) Lunatic hereby further certify that the Case of the said Janet Wallace is One of Emergency, and I recommend the immediate removal of the said Janet Wallace to an Asylum accordingly.

Name, [illegible]

Place of Abode, Dumfries

DATED this 14th day of Dec One thousand eight hundred and Seventy

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) Alexander McWilliam, Inspector of Poor, Carlaverock, Certificates under the hands of William Scott — and William Smith Kerr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Wallace Glencaple Quay (a pauper) and that the said Janet Wallace — 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 Janet Wallace — as a Patient into the (6) Public Asylum of Southern Counties — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Wallace — which accompanied the said Petition.

(SIGNED) David Boyle Hope

DATED this Third day of December One thousand eight hundred and Seventy.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if 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
592
Janet Wallace
2/12/70

592
Janet Wallace
2 Dec 1870

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Andrew David Barrie M.B.

Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Leitchmano Vurtha Razaloo your Petitioner's (3) Butler is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Leitchmano Vurtha Razaloo to the Royal Crichton Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Andrew David Barrie.

DATED this Twelfth (4) day of December One thousand eight hundred and Seventy.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Leitchmano Vurtha Razaloo
2. Sex and Age,	Male - Sixty
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Butler
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Madras Dumfries
7. Place where Found and Examined,	Ten Days
8. Length of time Insane,	First Attack
9. Whether first Attack,	Sixty
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Never - nowhere -
12. Duration of existing Attack,	Ten days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No -
16. Whether Dangerous to others,	Dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a pauper
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Supposed to be a cousin called A. Naransawmy - Black Town Madras None known to be insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of December One thousand eight hundred and Seventy

(*To be signed by Party applying*) Andrew David Barrie M.B. P.F.

2/12
Janet Wallace
2nd Decr 1870

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Burnett
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) 5 George Street
Dumfries in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Lutchmans Vuttha Rajaloo
Butter, George Street, Dumfries and that
the said Lutchmans Vuttha Rajaloo is a (5) Person
of unsound mind and a proper person to be detained
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 came into
my house & began to say that the Pr
belonged to mine, that he had a mill
money, that the Majesty should st

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr
Dr Barrie told me that he ha
taken an attack of like to hum
threatened to break his head on

Name and Medical Designation, P Murray M.

Place of Abode, Dumfries

DATED this Twelfth day of December One thousand eight
hundred and seventy

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 5 George St
Dumfries in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Lutchmans Vuttha Rangaloo
Butter, Garge Street, Dumfries and that
the said Lutchmans Vuttha Rangaloo is a (5) person
of unsound mind and a proper person to be detained
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 an excite
look - also absent & restless. Constantly talking in a
rambling manner. Has many delusions about his wife

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His master Dr Barrie & others say he has become greatly
change in his mind lately - that he is often quarrelsome violent
& com also appears to have
appeared a change to hate

Name and Medical Designation, William S. Kerr M

Place of Abode, Dumfries

DATED this Twelfth day of December One thousand eight
hundred and Seventy

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 5 Burns St Dumfries
in the County of Dumfries, seen and personally examined
Leitchmans Curtha Razalov, and that the said
person is of unsound mind, and 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 A. Kerr MD

DATED this 12th day of Dece One thousand eight
hundred and Seventy years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Andrew David
Barrie, M. B. Dumfries
Certificates under the hands of Patrick Murray
and William Smith Kerr, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Leitchmans Curtha Razalov, Battle Green St. Dumfries and that the said
Leitchmans Curtha Razalov is a (5) person of unsound
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Leitchmans Curtha Razalov as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize hereto Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Leitchmans Curtha Razalov which accompanied the said Petition.

DATED this Twelfth day of December One thousand eight
hundred and Seventy

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Leitchmano Vurtha Razaloo

Decemb. 12/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Renfrew and his Substitutes,—

The Petition of Revd. Hugh M'Clean Farmer Auchenel

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David M'Clean Farmer Killantringan

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David M'Clean to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

Revd. H. M'Clean

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this eighth (4) day of December One thousand eight hundred and Seventy

STATEMENT.

If any 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 M'Clean
2. Sex and Age,	Male 51 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	once a Writer then a Farmer
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Killintringan Portpatrick
7. Place where Found and Examined,	Auchenhill Stranraer
8. Length of time Insane,	Slightly affected for several years past but gradual
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	never before
12. Duration of existing Attack,	several years
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	a tendency - but never any attempt spoke of it
16. Whether Dangerous to others,	several times threatened once or twice
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Revd. Hugh M'Clean Auchenel Stranraer a Brother a Sister subject to Melancholia but deceased several years
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this eighth day of December One thousand eight hundred and Seventy

(*To be signed by Party applying*) Revd. H. M'Clean

P. T.

Leichmans Martha Ragalee
Decemb. 12/70

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Orgill residing at Strausaer
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) Auchneel
Parish of Leswalt in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) David McClean farmer
Dillantringan Parish of Portpatrick and that
the said David McClean is a (5) person of
unsound mind and a proper person to be detained
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 says that he is much troubled about his Literary Compositions in connexion with the 144 Psalms and some Inscriptions he got and also as to the Stone of his Church work. On these subjects and others he speaks in an unconnected irrational manner. He is quite deluded as to his sinfulness & thinks he may be led to take his own life

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs McClean his Brother says that David says that the state of his mind troubles him that he sometimes thinks that he will not be able to keep from taking his own life and often thinks of drowning himself that he is unfit for any kind of work. The supplies is Deuteronomy Chapter 28 verse. All the warnings of that Chapter & are to be seen over with about 8 statements regarded certain Scripture passages & subscriptions got many years ago for the Bible Society Revd

The above is corroborated by Revd Alex McClean

Name and Medical Designation, Alex Orgill Surgeon

Place of Abode, Stranraer

DATED this 8th day of Decr One thousand eight hundred and Seventy

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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, William Mc. Neil Edinburgh
being a (1) Graduate of the University of Edinburgh and a Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Auchneel
parish of Leswalt in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) David McClean farmer
Dillantringan, parish of Portpatrick and that
the said David McClean is a (5) person
of unsound mind and a proper person to be detained
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 greatly depressed in what is become of his Library of his desk having crumbled to dust the margins & blank leaves of his Books as he imagines by Divine command. He uses unconnected scribblings worthy to be designated "Divinations" but as he says in Isaiah 44th Chap. and 25th verse to say by the Prophets to make Divinors mad & conclude that he is turned mad because of his strict study on his Books and that he is not so. He is religious about the evil influence of the Telegraph wires which pass near his house.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Alexander McClean farmer Auchneel says that when young he had one of the Nails which permanently weakened his brain. That for many years he has delusions particular passages of Scripture that of late he has threatened to kill himself & has left home. That he has also hinted at committing suicide. That he has torn down his pictures & engravings some of them very valuable. To the Rev Alex McClean & corroborates as husband attends

Name and Medical Designation, William Mc. Neil, M.D.

Place of Abode, Stranraer

DATED this 8th day of December One thousand eight hundred and seventy.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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, Peter MacLean Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Alexander Hugh M'Clean Farmer Auchmal
Certificates under the hands of John Orgill
and William M'Neil , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
David M'Clean Farmer Killambrogan and that the said
David M'Clean is a (5)
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David M'Clean 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 David M'Clean which accompanied the said Petition.

DATED this Ninth day of December One thousand eight hundred and Seventy

P. MacLean Sh Sub

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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David McClean
12/12/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff Substitute of the (2) Shire of Berkshire of Dumfries, *and his Substitutes.*

The Petition of Thomas Grahame W.S.

of Hall House Reading Berks

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Jemima Grahame your Petitioner's (3) daughter

(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 Agnes Jemima Grahame to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

T Grahame

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this seventh (4) day of December One thousand eight hundred and seventy.

STATEMENT.

If any 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 Jemima Grahame.
2. Sex and Age,	female. aged 41.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Daughter of a Writer to the Signet (retired) and Registrar of Heritable Writs and previous for the County of Renfrew & Republic of Glasgow
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	occupations
7. Place where Found and Examined,	Gordon lodge Reading - previously of Sparkford. Somerset
8. Length of time Insane,	~~Wheldon Hall House, Surrey~~ 48 London Street. Reading.
9. Whether first Attack,	3 weeks.
10. Age (if known) on first Attack,	yes.
11. When and where previously under Examination and Treatment,	41
12. Duration of existing Attack,	nowhere.
13. Supposed Cause,	3 weeks.
14. Whether subject to Epilepsy,	Debility
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Showed symptoms of it for the first week, not since.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	no
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,	Thomas Grahame, of Whitekuysletts House, Eastern avenue, Reading Berks. Father - no other member of the family has been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	The Applicant was born deaf & dumb.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this seventh day of December One thousand eight hundred and seventy

(*To be signed by Party applying*) T Grahame

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Wells MD being a (1) Fellow of the Royal College of Physicians Lond and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 48 London Reading Berkshire in the County separately from any other Medical Practitioner visited and personally examined (4) Agnes Jemima Grahame Spinster of Whiteknights House, Eastern avenue, Reading and that the said Agnes Jemima Grahame is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Total change of nat behaviour - the deaf and dumb, Generally lively, non a few days since thought she had committed murder was constantly trying to get out, to give herself up to the Police and at present is Sullen, refusing food, and refusing all comm

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Deacon of 48 London Street, the nurse with whom she informs me that she has attempted to strangle herself, and refuses her food, and behaves in many other strange way

Name and Medical Designation, Edward Wells MD FRC

Place of Abode, 15 Friar St Reading Berks

DATED this fifth day of December One thousand eight hundred and Seventy.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

I, the undersigned, Oliver Calley Maurice 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) 48 London Street Reading in the County of Berkshire separately from any other Medical Practitioner, visited and personally examined (4) Agnes Jemima Grahame Spinster of Whiteknights House Eastern Avenue Reading and that the said Agnes Jemima Grahame is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) A Restless unnatural Manner, talking to no White of anyone or anything, refusing to answer Questions put to her by writing on Slate

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Deacon her Nurse tells me that she has frequently attempted to destroy herself, & that the refuses food only to be by force

Name and Medical Designation, Oliver Calley Maurice M.R.C.S.

Place of Abode, 46 London Street Rea

DATED this Sixth day of December One thousand eight hundred and Seventy

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) Coloudy of Dumfries —
having had produced to me, with a Petition at the instance of (3) Thomas Graham,
W.S. & Whiteknights House, Reading Berks
Certificates under the hands of Edward Wells, —
and Oliver Cathy Maurice, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Jemima Graham 42 London & Reading Berks and that the said Agnes Jemima Graham is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Jemima Graham — as a Patient into the (6) Public Asylum of Crichton Institution and I authorize you to forthwith Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Jemima Graham which accompanied the said Petition.

DATED this Eighth day of December One thousand eight hundred and seventy

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Agnes Jemima Grahame

16/12/70

N.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 Richard Brown Inspector of Poor Kirkpatrick Fleming humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes 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 Agnes Anderson to the Dumfries & Galloway Asylum and to sanction her admission into the said Asylum.

(Signature) Richard Brown

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 23rd (3) day of December One thousand eight hundred and Seventy years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Agnes Anderson
Sex and Age,	Female 46 years of age
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	House Servant
Religious Persuasion, so far as known,	Presbyterian
Previous Place of Abode,	Carlisle,
Place where Found and Examined,	Hallen Village
Length of time Insane,	Four days
Whether first attack,	First attack
Age (if known) on first Attack,	46
When and where previously under Examination and Treatment,	
Duration of existing Attack,	Four days
Supposed Cause,	Not known
Whether subject to Epilepsy,	No appearance
Whether Suicidal,	Threatened Homicide
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Fleming
Date of becoming Chargeable,	23rd December 1870
Christian Name and Surname, and Place of Abode of nearest known Relative 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 Francis Anderson Hallen Village Kirkpatrick Fleming
Special circumstances (if any) 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,* Richard Brown

Dated this 23rd day of December One thousand eight hundred and Seventy years

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Carruthers
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Hollee Village in the Parish of Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Anderson, Servant to Bowden, Hollee Village and that the said Agnes 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)
By turns she laughs immoderately, sobs & weeps pitifully and screams loudly all without any known reason. She can converse none her speech is so incoherent

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her father & mother say she gets no sleep is sometimes resolute & ill to control and does not know what she does

(SIGNED) Name and Medical Designation, James Carruthers Surgeon

Place of Abode, Kirkpatrick Fleming

DATED this 23rd day of December One thousand eight hundred and Seventy

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 T Nelson Licentiate of the R. C. of Surgeons Edinburgh
being a (2) Surgeon
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) Agnes Anderson Hollee Village, Kirkpatrick Fleming (a pauper) and that the said Agnes Anderson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Seems in a hysterical state, screams & laughs violently & has manifested violence to her father and others

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) Name and Medical Designation, Jas T Nelson Surgeon

Place of Abode, Lockerbie

DATED this 23rd day of December One thousand eight hundred and Seventy

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or 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 Anderson is a (1) person of unsound mind hereby further certify that the Case of the said Agnes Anderson is One of Emergency, and I recommend the immediate removal of the said Agnes Anderson to an Asylum accordingly.

Name, James Carruthers

Place of Abode, Kirkpatrick Fleming

DATED this Twenty third day of December One thousand eight hundred and Seventy

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Richard Brown Inspector of Poor Kirkpatrick Fleming Certificates under the hands of James Carruthers Surgeon and James J. Wilson Surgeon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Anderson, Mollie, Kirkpatrick, Fleming (a pauper) and that the said Agnes Anderson is a (5) person of unsound mind & a lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Anderson 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 Anderson which accompanied the said Petition.

(SIGNATURE) David Boyle Hope

DATED this Twenty third day of December One thousand eight hundred and Seventy 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.

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Agnes Anderson
23rd Decbr 1870

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[FORM B^{II}]

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 Joseph Welsh Inspector of Poor Traquair being desirous to transfer Sarah Carlin or Eadie at present a Patient in Abbey Lunatic Asylum Paisley, and (*) a Lunatic for the Parish of which I am Inspector 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 Sarah Carlin or Eadie and a Medical Certificate with respect to her mental and bodily condition.

(*) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

X Joseph Welsh Inspector of Poor Traquair

DATED at Paisley this twentieth day of December One thousand eight hundred and seventy years

(†) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Sarah Carlin or Eadie
2. Sex and Age,	Female, 50 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Bleacher
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	5th December 1870
7. Length of time Insane,	Twelve months
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	49 years
10. Duration of existing Attack,	Twelve Months
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,	Traquair Dumfries, but in Abbey Asylum at present
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,	George Eadie her Husband, 54 Williamsburgh Paisley No

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Joseph Welsh Inspector of Poor Traquair

DATED this twentieth day of December One thousand eight hundred and seventy years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

Signed Application
23rd December 1870

MEDICAL CERTIFICATE.

I, the undersigned Thomas Graham

(1) State Medical Qualifications.
(2) Name Asylum.

being (1) M.D. Glasgow

hereby certify that I have this day at (2) Abbey Parochial Asylum

personally examined Sarah Carlin or Eadie at present a Patient in said Asylum, and with respect to her Mental State that she is

suspicious, believing that people are conspiring against her. blowing poison into her food and drink.

; and with respect to her Bodily Health and Condition that With care moderate.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of ~~Dumfries~~ County. Southern Counties Dumfries

Thomas Graham M.D.

DATED this twentieth day of December One thousand eight hundred and seventy years.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Inspector of Poor of the Parish of Tregaron to authorize the transfer of Sarah Carlin or Eadie from Abbey Parochial Asylum to Southern Counties Asylum, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Sarah Carlin or Eadie as requested.

James Coxe *Commissioner.*

DATED at Edinburgh, this 23rd day of December One thousand eight hundred and seventy

Date of Sheriff's Order 23rd December 18

3-93
Sarah Carlin or Eadie
v
26th December 1870
Send to
Dumfries

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

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 Robert Monereff Rome Inspector of Poor Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Walter Brown, Weaver Langholm is at present in a state of Mental Derangement and 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 Brown to the Southern Counties' Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) R. R. M'C
Inspector of Poor

(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 December one thousand eight hundred and Seventy.

STATEMENT.

If any 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 Brown
2. Sex and Age,	Male 27 Years.
3. Married, Single, or Widowed,	Single, Hand Loom Weaver.
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Langholm.
7. Place where Found and Examined,	Langholm.
8. Length of time Insane,	Gradual decay of mental powers, 4 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,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	Yes. Frequently for Several Years.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Threatens
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Langholm.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative 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 Brown, Hawker Henry Street Langholm. Father. None other of the family ever insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* Name R. R. M'C
Inspector of Poor

DATED this Twenty first day of December one thousand eight hundred and Seventy

* To be Signed by the Party applying.

F. 1.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Johnstone Carlyle being a (1) Doctor of Medicine (Edin. 1841) & 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) Henry Street New Longhorton in the County of Lanarkshire separately from any other Medical Practitioner, visited and personally examined (4) Walter Brown Henry Street Longhorton a pauper and that the said Walter Brown is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) After repeated & long interviews I find him most absorbed and unreasonably [illegible] something of a religious nature and again threatening violence. He talks and threatens his relatives and [illegible] for his Father and sister. His intellect seems much [illegible] and often quite confusion. Talk often [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From his Father and Brother in law state that [illegible] occasionally wanders about in the street the night in a state of [illegible]

(SIGNED) *Name and Medical Designation,* W. J. Carlyle M.D. Surgeon

Place of Abode, Longhorton

DATED this 19th day of December One thousand eight hundred and 70

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, Lachlan Rae Anderson being a M.D. & Licentiate of the Physicians & Surgeons Glasgow and being in actual practice as a (2) physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Henderson Street New Longhorton in the County of Lanarkshire separately from any other Medical Practitioner, visited and personally examined (4) Walter Brown, Henry Street Longhorton Pauper and that the said Walter Brown is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Considerable loss of mental power and general expression that of vacuity. He talks now under the delusion that he is out of existence and seems very excitable, talk is rambling, excited & incoherent.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Male nursing, nurse states that he is sleepless and restless and that he was about a state of semi nudity during the night. Flies at everyone whose life he has threatened by Robert McNeil who resides on the flat above

(SIGNED) *Name and Medical Designation,* La. Rae Anderson M.D.

Place of Abode Lanarkshire

DATED this 21st day of Dec. one thousand eight hundred and 70

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, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Monoriff
Relieving Officer of Parish of Holm
Certificates under the hands of William Johnston Carlyle, Surgeon
and James Rae Anderson 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)
Walter Brown Wauey, Kirkpatrick Durham (a pauper) and that the said
Walter 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 Walter Brown 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 Brown
which accompanied the said Petition.

(SIGNATURE) David Boyle Hope

DATED this twenty second day of December one thousand eight hundred and seventy 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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1/
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Walter Brown
27/12/70

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,

The Petition of David Aitchison

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Adam Aitchison Son Father

(3) State degree of relationship or other reality in which Petitioner stands to Lunatic.

your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Adam Aitchison to the Southern Counties Asylum and to sanction admission into the the said Asylum.

(4) The date of the Petition must be within fourteen clear days following the dates of Medical Certificates.

Dated this 9 day of January One thousand eight hundred and 71

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,	Adam Aitchison
Sex and Age,	Male Aged 80.
Married, Single, or Widowed,	Widower
Condition of Life, and previous Occupation (if any),	Farmer Retired Portpatrick
Religious Persuasion, so far as known,	Presbyterian
Previous Place of Abode,	Moffat Dumfriesshire Counties
Place where Found and Examined,	Two Years.
Length of time Insane,	
Whether first Attack,	78 first Attack
Age (if known) on first Attack,	Two Years.
When and where previously under Examination and Treatment,	
Duration of existing Attack,	
Supposed Cause,	
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries 10 Jan 1871.
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	David Aitchison a Brother a Daughter of the Southern Counties
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 9th day of January One thousand eight hundred and 71

(To be signed by Party applying) David Aitchison

MEDICAL CERTIFICATE, No. I.

I, the undersigned, [illegible] being a (1) [illegible] and being in actual practice as a (2) [illegible] hereby certify, on soul and conscience, that I have this day, at (3) [illegible] in the County of [illegible] separately from any other Medical Practitioner visited and personally examined (4) [illegible] and the said [illegible] is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible]

Name and Medical Designation, [illegible]

Place of Abode, [illegible]

DATED this [illegible] day of [illegible] One thousand eight hundred and [illegible]

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southfield Asylum Dumfries separately from any other Medical Practitioner visited and personally examined (4) Adam Aitchison, Journeyman Baker and the said Adam Aitchison is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

His Morbid appearance - Position irritable in one of his Hands - especially in answering any Questions -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, William S. Kerr M.D.

Place of Abode. Dumfries

DATED this 10th day of January One thousand eight hundred and Seventy One Years

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, D. M'Whan, Royal College of Surgeon
being (1) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Moffat Co. Dumfries
in the County of Dumfries, seen and personally examined Adam Aitchison, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. M'Whan

Dated this 9 day of January One thousand eight hundred and 71

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Brown — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) David Aitchison residing in Moffat
Certificates under the hands of Daniel Kerr
and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Adam Aitchison, Joiner, Moffat, Petitioner's Father and that the said Adam Aitchison is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Adam Aitchison 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 Aitchison which accompanied the said Petition.

Dated this 10th day of January One thousand eight hundred and seventy one.

James Brown

P.S.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Adam Aitchison

9th January 1871

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Duncan Clapperton Insp: of Pors: Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Richards, your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Richards to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

D. Clapperton.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this fourteenth (4) day of January One thousand eight hundred and Seventy one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Richards.
2. Sex and Age,	Male. 36 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Shoemaker.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Whitehaven
7. Place where Found and Examined,	Colonels Wynd. Annan.
8. Length of time Insane,	One week.
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	36 years.
11. When and where previously under Examination and Treatment,	Not previously under Treatment
12. Duration of existing Attack,	One Week.
13. Supposed Cause,	Having been fined for fishing and cannot pay fine, fears imprisonment.
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 Annan.
18. Date of becoming Chargeable,	9th January 1871.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Maria Richards or Johnstone Springfield, Crajtney. Mother of patient. No member of family known to be or to have been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this fourteenth day of January One thousand eight hundred and Seventy one years.

(To be signed by Party applying) D. Clapperton
Insp: of Pors: P.P.
Annan

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Ebenezer Licentiate of the Royal being a (1) College of Surgeons in Edinburgh

and being in actual practice as a (2) Lunacy Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Colonies House Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Richards Pauper and that the said William Richards is a (5) person of unsound mind and a proper person to be detained 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, restless wandering about and excitability

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His landlady says he is very restless, and keeps going about the house, wandering as if perhaps some medical assistance

Name and Medical Designation, William Ebenezer, Surgeon

Place of Abode, Colonies House, Annan

DATED this fifteenth day of January One thousand eight hundred and Seventy One

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Little being a (1) Doctor of Medicine & 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) Colonies House Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Richards Pauper and that the said William Richards is a (5) person of unsound mind and a proper person to be detained 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 restlessness Melancholy & his general appearance—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by his Landlady that he continually wandering about the House crying his name & muttering & that he gets no sleep

Name and Medical Designation, James Little Medical Superintendent

Place of Abode, Murrayfield—Annan

DATED this fifteenth day of January One thousand eight hundred and Seventy One—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Ewart being (1) a Licentiate of the Royal Colleges of Surgeons in Edinr hereby certify, on soul and conscience, that I have this day, at (2) Colonels Mynd, Cummertrees in the County of Dumfries, seen and personally examined William Richards, and that the said William Richards person is of unsound mind, and 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 Ewart, Surgeon

DATED this fifteenth day of January One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Duncan Clapperton Inspector of Poor Annan Certificates under the hands of William Ewart Surgeon Annan and James Little M.D. & Surgeon Annan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Richards belonds Wpns Annan (a pauper) and that the said William Richards is a (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 Richards as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Richards which accompanied the said Petition.

DATED this Seventeenth day of January One thousand eight hundred and Seventy seven years

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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William Richards

16th January 1891

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of ~~the~~ (2) Argyll Inchenthright ~~of~~ or ~~and~~ his Substitutes,—

The Petition of Thomas Kennedy

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Myles

State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Myles to the Southern Counties Asylum Omphris and to sanction his admission into the the said Asylum.

Thomas Kennedy Inspector

The date of the order must be within fifteen clear days following the dates of the Medical Certificates.

Dated this eighteenth (4) day of January One thousand eight hundred and seventy one

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	David Myles
Sex and Age,	male 21 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Imbecile-no occupation
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Millhill Street Stranraer
Place where Found and Examined,	Police Office Stranraer
Length of time Insane,	Imbecile from birth
Whether first Attack,	—
Age (if known) on first Attack,	—
When and where previously under Examination and Treatment,	Never previously in An Asylum
Duration of existing Attack,	—
Supposed Cause,	—
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stoneykirk
Date of becoming Chargeable,	~~2nd May 1866~~ 18th January 1871
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Caldwell or Myles or Groves his Mother — Millhill St - Stranraer
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this eighteenth day of January One thousand eight hundred and seventy one.

(*To be signed by Party applying*) Thomas Kennedy Inspector

P.S.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Orgill Surgeon Stranr.
being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Lock
Stranraer
Wigtown in the County
separately from any other Medical Practitioner
visited and personally examined (4) David Myles a pauper
residing at Millhill St Stranraer and
the said David Myles is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I have known
him from his childhood as a person of weak mind & easily
to Acts of Violence; and know that he acts as a Lunatic has
at all times excited by liquor

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Groves his mother, that he occasionally
becomes excited and outrageous, with drink but that with liquor
he often takes he becomes quite uncontrollable and threatens
violence, and does excite and acts like a madman in many
Joseph Caldwell corroborates the above, and says he often threatens
him. He is grandfather
of Myles. Superintendent Sickell
says he often sees him
acting like a Lunatic,
dangerous to others

Name and Medical Designation, John Orgill Surgeon
Place of Abode, Stranraer
DATED this 18th day of January One thousand eight
hundred and seventy one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Easton
being a (1) Doctor of medicine and Licentiate of the
Royal College of Surgeons
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) The Lochry
Stranraer
Wigtown in the County
separately from any other Medical Practitioner
visited and personally examined (4) David Myles a pauper
residing at Millhill Street Stranraer and
the said David Myles is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 a person
of weak intellect, He has a restless appearance, his eye
constantly rolling from one side to the other, He is
excitable, answers questions abruptly, & shortly &c —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother Mrs Groves states that he is at times very violent
especially when in drink threatening to strike & kick her — If opposed
corrects becomes dangerous — Joseph Caldwell his Grandfather says
is at times dangerous even without drink, especially if corrected
Sergt Mc Neil has often
to interpose to prevent him
from injuring others — says he
is at times quite
mad & dangerous —

Name and Medical Designation, David Easton M
Place of Abode, Castle Street Stranraer
DATED this 18 day of January One thousand eight
hundred and seventy one —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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, Peter MacLean (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Thomas Kennedy
Certificates under the hands of John Ogilvie Surgeon
and David Easton M.D. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
David Myles Pauper and that the said
David Myles is a (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 Myles as a Patient into the (6) Dumfries 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 David Myles which accompanied the said Petition.

DATED this eighteenth day of January One thousand eight hundred and seventy one

Wm MacLean Sh Sub

To the Superintendent of the (7)
Dumfries 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.

1

600

David Myles

18/1/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form 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, or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) Sheriffdom of Wigton & Kirkcudbright *and his Substitutes,*—

The Petition of Hugh Thomson, Carpet Dealer Stranraer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Thomson your Petitioner's (*) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Thomson to the Crichton Royal Institution for Lunatics or Southern Counties Asylum at Dumfries and to sanction her admission into the the said Asylum.

(*) State degree of kindship or other way in which Petitioner stands to Lunatic.

Hugh Thomson

(*) The date of the Order must be within seven clear days following the dates of the Medical Certificates.

Dated this Nineteenth (*) day of January One thousand eight hundred and Seventy one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Agnes Thomson
Sex and Age,	F. – female
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Housekeeper
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Stranraer
Place where Found and Examined,	No 14 Shenchan Street, Stranraer
Length of time Insane,	About Seven years
Whether first Attack,	No
Age (if known) on first Attack,	About 22
When and where previously under Examination and Treatment,	Never before under treatment always with parents
Duration of existing Attack,	About Seven years
Supposed Cause,	Religious Excitement
Whether subject to Epilepsy,	No
Whether Suicidal,	Neither no Symptoms yet
Whether Dangerous to others,	Yes, Especially when excited or Opposed –
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Hugh Thomson father residing at 14 Shenchan St. Mrs Thomson mother No
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Nineteenth day of January One thousand eight hundred and Seventy one years

(*To be signed by Party applying*) Hugh Thomson

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Easton
being a (1) Doctor of Medicine and Licentiate of the
Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 1/1 Shew
Street Stranraer in the C
Wigtown separately from any other Medical Prac
visited and personally examined (4) Agnes Thomson
the said Agnes Thomson is a (5) person
of unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her eyes ha
restless appearance, at times roll
constantly, from one side to another. She is constantly
as if in conversation with some one. She talks incohe
she cannot speaks an intelligent word. At one time la
immoderately, then weeps at another moans & grinds he

2. Other facts (if any) indicating Insanity communicated to me by others: (
Hugh Thomson her father says she is very restless a
sings cries & laughs alternately the whole night. That
frequently talking & swearing at some imaginary person
She is outrageous requiring the Straight Jacket, Will do
She refuses food thinking it is poison. She laugh
& sings when left at rest. And She is sometimes very d
her habits—

Mrs Thomson her mother
corroborates the above.

Name and Medical Designation, David Easton M

Place of Abode, Castle Street Stranra

DATED this Nineteenth day of January One thousan
hundred and Seventy one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Easton
being a (1) Licentiate of the Royal college of
Physicians Ed - & of the Faculty of Physi
Surgeons Glasgow
and being in actual practice as a (2) General Practition
hereby certify, on soul and conscience, that I have this day, at (3) Shew
Street Stranraer in the Co
Wigtown separately from any other Medical Pract
visited and personally examined (4) Agnes Thomson
the said Agnes Thomson is a (5) pers
of unsound mind and a proper person to be d
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 talk
incoherently moans and laughs
cried. She lies on a Straight jack
and seems very excited and attempts
tear you with her hands. &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (
Her Father Hugh Thomson says
is very restless all night sings and laugh
whole night in an excited & incohere
that she sometimes thinks her food con
poison and refuses to take it. That she
is dirty & obscene in her language
and sometimes very outrageous.

Name and Medical Designation, James Easton L

Place of Abode, Hanover Street Stran

The above is certified to by her mother also.

DATED this 19th day of January One thousand
hundred and Seventy one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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, Peter Maclean Esquire (1) Sheriff Substitute
of the (2) County of W. Brown
having had produced to me, with a Petition at the instance of (3) Hugh
Thomson, Oyster Dredger, Shawrae
Certificates under the hands of Dr. David Easton
and Dr James 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)
Agnes Thomson, daughter of said Hugh Thomson and that the said
Agnes Thomson is a (5) person of unsound
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Thomson as a Patient into the (6) Southern Counties 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 Agnes Thomson which accompanied the said Petition.

DATED this twentieth day of January One thousand eight hundred and seventy one

P. Maclean Sh Sub

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries or Crichton
Royal Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/601.

Agnes Thomson.

21/1/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 the Poor for the Parish of Dumfries—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Murdoch or Corrie residing at Granges Close. Dumfries your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Murdoch or Corrie to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(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 January One thousand eight hundred and Seventyone.

STATEMENT.

If any 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 Corrie
2. Sex and Age,	female 54 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	do Seamstress
5. Religious Persuasion, so far as known,	Protestant—
6. Previous Place of Abode,	Granges Close. Dumfries
7. Place where Found and Examined,	do do do
8. Length of time Insane,	about a week—
9. Whether first Attack,	no—
10. Age (if known) on first Attack,	about 46 years—
11. When and where previously under Examination and Treatment,	Dumfries & S. C. Asylum
12. Duration of existing Attack,	a week or thereabouts—
13. Supposed Cause,	Not known—
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	likely to be so—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries—
18. Date of becoming Chargeable,	23 Jany 1871 as a Lunatic
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty third day of January One thousand eight hundred and Seventyone

(*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 Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons and College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Grange Cottage Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Murdoch or Corrie (a Pauper) and that the said Helen Murdoch or Corrie is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently Cannot give any sort of Rational answers to questions Continually Wrought her hands by day Declares the Crown Nothing about Heaven &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Same as above

Name and Medical Designation, W Marshall M.D.

Place of Abode, Dumfries

DATED this 23 day of January One thousand eight hundred and Seventy one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Patrick Heenan 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) Grange Lodge to Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Murdoch or Corrie and that the said Helen Murdoch or Corrie is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Would not answer any question put to her Stood up and swore at me, denying visit.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Same as above except that she is restless, unsettled and at times violent

Name and Medical Designation, P Heenan M.D.

Place of Abode, Buccleuch St Dumfries

DATED this 23rd day of January One thousand eight hundred and 71

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Winwoodie
Inspector of Poor, Dumfries
Certificates under the hands of William Marshall M.D. &c.
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) Helen Murdoch or Corrie Guardors, Ecc, Dumfries (a pauper) and that the said Helen Murdoch or Corrie 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 Murdoch or Corrie as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Murdoch or Corrie which accompanied the said Petition.

DATED this twenty fourth day of January One thousand eight hundred and twenty seven years.

David Boyle Hope

To the Superintendent of the Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/602

Helen Murdoch or Corrie

24/1/71.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Peter Gordon Inspr of Poor Kirkcowan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs John McKenna

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper Lunatic is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs John McKenna to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

Peter Gordon Inspr of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (4) day of January One thousand eight hundred and 71 years Kirkcowan

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mrs Mary McKenna
2. Sex and Age,	female aged 23
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Pauper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcalla Cunninghame
7. Place where Found and Examined,	Knowe Village
8. Length of time Insane,	about 3 months
9. Whether first Attack,	no second attack
10. Age (if known) on first Attack,	18.
11. When and where previously under Examination and Treatment,	Dumfries Asylum
12. Duration of existing Attack,	3 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,	Kirkcowan
18. Date of becoming Chargeable,	23d June 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Gordon Kirkcalla her Aunt no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated

DATED this 24th day of January One thousand eight hundred and 71

(*To be signed by Party applying*) P Gordon Inspr of Poor Kirkcowan P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert B. Selby being a (1) Doctor of Medicine - Edinburgh University and Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the House (or the Shop) Village Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mrs John McKenna pauper - residing there and that the said Mrs John McKenna is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She sits muttering to herself, will not speak above a whisper & then only in monosyllables when spoken to. She has a vacant expression of features & is easily affected to tears without any apparent cause.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Informed by her husband, her Aunt Mrs Gordon of Cacabe, & by her neighbours the Village Mrs Williamson & Mrs Ramsay - that she sits constantly at the fire without speaking or doing any household work, at times trembling with fear, or crying or laughing without any apparent cause. that she has generally to be fed like an infant she is afraid her food will not be cared. She has been in an asylum before

Name and Medical Designation, Robert B. Selby M. D. & R.

Place of Abode, Whitecowan Wigtonshire

DATED this 23rd day of January One thousand eight hundred and Seventy one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Fugus MacKenna being a (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Whitecowan Village Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mrs John McKenna Pauper and that the said Mrs John McKenna is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Deranged attention and memory, Derangement of reasoning & judgment

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Refuses to take food - Has to be fed like a child.

Name and Medical Designation, Fugus MacKenna Surgeon Newtonstewart

Place of Abode, Newtonstewart

DATED this 23rd day of January One thousand eight hundred and Seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Robert B. Selby being (1) a Doctor of Medicine & Licentiate of the College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) the Knowe (or the Scrip) Village in the County of Wigtown, seen and personally examined Mrs John McKenna pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert B. Selby M.D. & R.C.S.E.

Dated this 23d day of January One thousand eight hundred and seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (3) Sheriff Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) Peter Gordon Inspector of Poor Kirkcowan & Selby M.D.

Certificates under the hands of Robert B. Selby M.D. & Fergus Mackenna 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 (6) Mrs Mary McKenna Knowe Village Wigtownshire (a pauper) and that the said Mrs Mary McKenna 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 Mary McKenna as a Patient into the (8) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Mary McKenna which accompanied the said Petition.

Dated this twenty sixth day of January One thousand eight hundred and seventy one years

Lauderdale Maitland

To the Superintendent of the Asylum of Public Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/603

Mary McKenna

24/1/71

"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 the Poor for the Parish of Dumfries humbly showeth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hannah Tait residing at Gaftown 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 Hannah Tait to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

DATED this Twenty fifth (4) day of January One thousand eight hundred and Seventy one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hannah Tait
2. Sex and Age,	female 50 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	single House keeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Gaftown
7. Place where Found and Examined,	do
8. Length of time Insane,	about a fortnight
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	50 years
11. When and where previously under Examination and Treatment,	not under treatment before
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,	25 January 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty fifth day of January One thousand eight hundred and Seventy one

(*To be signed by Party applying*) John Dinwoodie Insp.r

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Ingram Scott
being a (1) Graduate of the faculty of Physicians &
Surgeons Glasgow and Fellow of the Royal
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Eastcroft
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Hannah Tait (a pauper)
and that
the said Hannah Tait is a (5) 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
appears in a very Melancholy state Refuses
Constantly Especially to hear the Name read out
and duly Returned Particular instances not to

(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 While Crossing
in the train she became very Violent
and had to be restrained

Name and Medical Designation, W Marshall M.D.

Place of Abode, Dumfries

DATED this 28th day of January One thousand eight
hundred and Seventy one Years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John M. 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) Southern
Annan Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Hannah Tait Pauper
and that
the said Hannah Tait is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Will Leave
answer a Question. Repeats
on the ground, and appears in
constant dread of Abstraction

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The attendant informed me that
she is very violent, throws her
at the door ~~at the door~~ Pavement door

Name and Medical Designation, J. Murray M.

Place of Abode, Buccleuch St Dumfries

DATED this 26 day of Jany One thousand eight
hundred and 71

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Marshall being (1) Physician hereby certify, on soul and conscience, that I have this day, at (2) Gaitstown in the County of Dumfries Hannah Tait, seen and personally examined Hannah Tait, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M.D. L.R.C.

DATED this 25th day of January One thousand eight hundred and seventy one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (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) Hannah Tait residing at Eastmon Gaspanker and that the said Hannah Tait 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 Hannah Tait 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 Hannah Tait which accompanied the said Petition.

DATED this Seventy second day of January One thousand eight hundred and seventy one.

L Maitland

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/604

Hannah Tait
25/1/71

Rec. at 2:45 pm
Delivered at 3 pm.
Clerk

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 John Cameron 1st. Sat. S.W. Railway Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Francis Arthur Fenton [illegible] your Petitioner's (3) Brother in law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Francis Arthur Fenton to the Chiddon Institution and to sanction his admission into the the said Asylum.

W.J. Cameron

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within a fourteen clear days following the dates of the Medical Certificates.

Dated this 29th (4) day of January One thousand eight hundred and seventy one

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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,	Francis Arthur Fenton
2. Sex and Age,	Male — 35.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Formerly Clerk in Merchants Office - Farming in America and latterly assistant to a Surgeon
5. Religious Persuasion, so far as known,	Church of England —
6. Previous Place of Abode,	Holkestone - for 9 months
7. Place where Found and Examined,	London
8. Length of time Insane,	Insanely for 10 years - Had delusions & to Food for several years —
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	33
11. When and where previously under Examination and Treatment, —	Not been under Medical Treatment
12. Duration of existing Attack,	
13. Supposed Cause,	Debility & constantly dwelling on his own State of Health
14. Whether subject to Epilepsy,	— No —
15. Whether Suicidal,	— No —
16. Whether Dangerous to others,	Violent at his Lodgings about Food —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative 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 Fenton - 1 Chiddon Place Candgate Near Holkestone — Mother of Patient — His aunt has been an invalid for many years and has delusions as to her own Condition —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 29th day of January One thousand eight hundred and seventy one

(*To be signed by Party applying*) W.J. Cameron

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Brennan
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
Royal Institution Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Francis Arthur Fenton
and that
the said Francis Arthur Fenton is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has delusions
about his God; frames the
Gospels put persons into it, &
he has lost the sense of taste

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Gelchrist told me that
he had been ill for a good while
that his friends
could not control him

Name and Medical Designation, P Brennan

Place of Abode, Dumfries

DATED this 30 day of July One thousand eight
hundred and 71

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh Univ
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Francis Arthur Fenton, Co
London.
and that
the said Francis Arthur Fenton is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has delusions
- feeding his food; imagines that poison is put into his
food; when he says some one has this morning put
Crichton Institution. Although he cannot taste it feels ill
effects

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The attendant informs me, that no poison
has been put into his tea this morning

Name and Medical Designation, J Smith MB

Place of Abode, Dumfries

DATED this 30th day of January One thousand eight
hundred and 71

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 being (1) a Graduate of the University of 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 Francis Arthur Fenton, and that the said person is of unsound mind, and 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 twenty-ninth day of January One thousand eight hundred and seventy-one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) William John Wainwright, Secretary L.& S.W. Railway Glasgow, Certificates under the hands of Patrick Murray and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Francis Arthur Fenton, Clerk London (Petitioner's Brother in Law) and that the said Francis Arthur Fenton is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Francis Arthur Fenton 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 Francis Arthur Fenton which accompanied the said Petition.

Dated this thirtieth day of January One thousand eight hundred and seventy one years.

James Gordon

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.

1188.

Francis Arthur Fenton.

29/1/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes.*

The Petition of John Dunwoodie, Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gordoun Thorburn your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Gordoun Thorburn to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Lordship or other by which Petitioner stands to Lunatic.

John Dunwoodie

Dated this Seventh (4) day of August One thousand eight hundred and Sixty eight

(4) The date of the Certificate must be within seven clear days preceding the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	James Gordoun Thorburn
Sex and Age,	Male
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Surgeon
Religious Persuasion, so far as known,	Roman Catholic
Previous Place of Abode,	Southern Counties Asylum Dumfries
Place where Found and Examined,	10th 10th 11th
Length of time Insane,	Many years
Whether first Attack,	no
Age (if known) on first Attack,	
When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
Duration of existing Attack,	a few days
Supposed Cause,	Hereditary attack
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	Doubtful
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wm or Thorburn 3 Northumberland St. Friend & wife no member of the family known to have been insane
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventh day of August One thousand eight hundred and Sixty eight

(*To be signed by Party applying*) John Dunwoodie Inspector

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 idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, [illegible] being a (1) Graduate of Edinburgh Univ

and being in actual practice as a (2) Physician & Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Lunatic Asylum in the Co

Dumfries separately from any other Medical Practi

visited and personally examined (4) Dr James Y. Thorburn

Pauper an

the said James Y. Thorburn is a (5) Person

of unsound mind, and a proper person to be de

under Care and Treatment, and that I have formed this opinion upon the foll

grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Says that he

can produce colours by electricity & he

has delusions on other subjects. Da

cies & resides

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Patients & keepers say that he ha

delusions. Delusions & [illegible]

to [illegible] Special

to the Asylum [illegible]

Name and Medical Designation, John Smith

Place of Abode, Dumfries

DATED this 28 day of July One thousand

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 idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John A. Ker

being a (1) Graduate of St Andrews Univer

and being in actual practice as a (2) Physician & Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Lochthe

Counties Asylum in the Count

Dumfries separately from any other Medical Practiti

visited and personally examined (4) Dr James Y. Thorburn

and

the said James Y. Thorburn is a (5) Person

of Unsound mind and a proper person to be deta

under Care and Treatment, and that I have formed this opinion upon the follo

grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Says that

Can produce colours by electricity and he

delusions from to [illegible] by rubbing

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

only with an ointment which he found in Rea

the bible

Name and Medical Designation, John A. Ker M

Place of Abode, Dumfries

DATED this 28th day of July One thousand

hundred and 68.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Gladstone M'Gill being (1) a Graduate 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 James Yorstoun Thorburn, and that the said person is of unsound mind, and 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 Gladstone M'Gill

Dated this 27th day of ~~August~~ July One thousand eight hundred and sixty eight

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Laudrdale Maitland Esqr (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 John Smith and John A. Ker, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Yorstoun Thorburn Southern Counties Asylum Dumfries (a pauper) and that the said James Yorstoun 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 Yorstoun Thorburn as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Yorstoun Thorburn which accompanied the said Petition.

Dated this Seventh day of August One thousand eight hundred and sixty eight

L Maitland

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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/~~444~~ 1/407

J. Yeatman Thorburn

27/7/68

Transferred to Phila

2/2/71

1189

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honorable the (1) Sheriff of the (1) Wigton V. & Kirkcudbright and his Substitutes.—

The Petition of John Lynas Senior, Dealer, Stranraer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Lynas Junior

your Petitioner's (2) Son

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Lynas Junior to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

John Lynas Senr

DATED this first (3) day of February One thousand eight hundred and seventy one.—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	John Lynas, Junior
Sex and Age,	Male—forty four
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation if any),	General Mechant
Religious Persuasion, so far as known,	Roman Catholic
Previous Place of Abode,	Aydock Lodge Liverpool (Private Asylum)
Place where Found and Examined,	No 88 George Street Stranraer
Length of time Insane,	about Six Months
Whether first Attack,	No
Age (if known) on first Attack,	Thirty seven
When and where previously under Examination and Treatment,	Aydock Lodge Liverpool (Private Asylum)
Duration of existing Attack,	about nine Months
Supposed Cause,	Not known
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	Supposed not to be very dangerous
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Place of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Lynas Dealer No 88 George Street Stranraer—father—the Petitioner—
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first day of February One thousand eight hundred and seventy one

(*To be signed by Party applying*) John Lynas Senr

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, John Orgill Surgeon Stranr
being a (1) Licentiate of the Faculty of Physicians a
Surgeons Glas-gow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 88 Go
Street Stranraer
Wigtown in the
separately from any other Medical Pr
visited and personally examined (4) John Lynas Junr
the said John Lynas Junior is a (5) perso
unsound mind and a proper person to b
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
He speaks in a rambling unconnected manner
sometimes becomes much excited and raves in threats; conduc
like a person of unsound Mind

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His father John Lynas Senior states that he is
steadily affected. He is an incoherent husband, and is violent in man
Everything unfounded & without cause &c &c
Mrs Lynas wife of the above noticed corroborates the statemen

Name and Medical Designation, John Orgill

Place of Abode, Stranraer

DATED this First day of February One thousa
hundred and seventy-one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Easton
being a (1) Doctor of medicine and Licentiate of the Roy
College of Surgeons Edinburgh
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 88 Geo
Street Stranraer
Wigtown in the Co
separately from any other Medical Pract
visited and personally examined (4) John Lynass Junior
the said John Lynass Junior is a (5) person
of unsound mind and a proper person to be d
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Sometimes he is
morose and dull at others immoderate in his language
and Laughter, & talks in a rambling & incoherent manner
two hours & three minutes he kisses his hand then laughs
or pictures. His speech abrupt and excites at times in his
He says & Dr Buchanan writes his wife &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
John Lynas Sen his father says he is restless at night
and laughs unmoderately, frequently starts & changes his fa
& knocking him down in his office, & for assaulting & kicking his
the smelling becomes giddy in words & actions that he says the people
struck at the door with all my force, then said that man wished not hav
more. That he says hold of a gun rushed into the street with it to
some one. and that he
talks incoherently.
The above corroborated by both Lynas
his mother in law.

Name and Medical Designation, David Easton

Place of Abode, Eastlees Stranraer

DATED this First day of February One thousand
hundred and seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Maclean Esquire (1) Sheriff Substitute of the (2) County of Kirkcudbright having had produced to me with a Petition at the instance of (3) John Lynas Senior, Dealer, Stranraer. Certificates under the hands of John Argyle 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) John Lynas Junior and that the said John Lynas Junior is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Lynas Junior 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 John Lynas Junior which accompanied the said Petition.

Dated this first day of February One thousand eight hundred and seventy one

Peter Maclean Sheriff Substitute

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.

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605
John Lynass
4/2/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER 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~~ and of Kirkcudbright and his Substitutes,—

The Petition of Robert Murray residing in Rhone House humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Margaret Murray your Petitioner's (3) Lawful daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Margaret Murray to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Murray

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fourth (4) day of ~~October~~ February One thousand eight hundred and Seventy one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Margaret Murray
2. Sex and Age,	female 21 Sept 1866 born - 10 years past.
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Established church -
6. Previous Place of Abode,	Kirkcudbright -
7. Place where Found and Examined,	Living with her father.
8. Length of time Insane,	Since Birth -
9. Whether first Attack,	- - -
10. Age (if known) on first Attack,	- - -
11. When and where previously under Examination and Treatment,	Lived always with parent
12. Duration of existing Attack,	- - -
13. Supposed Cause,	- - -
14. Whether subject to Epilepsy,	No -
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright or Stoney Kirk-
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	The petitioner is her father
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourth day of February One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Robert Murray

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, Walter Lorraine being a (1) Graduate of the University of Edin: & L.R.C.S. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) St Andrew's Castle Douglas Kirkcudbright in the County of separately from any other Medical Practitioner visited and personally examined (4) Agnes Margaret Murray and that the said Agnes Margaret 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)
Has an imbecile look & appearance, dislikes to leave her father's house when she can, is tired to go home when there are no shops — has no reason for doing it to be more than others — has money to spend — She runs if allowed to stay when she does

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother says that she has to be constantly watched and confined on account of her propensity to run away, has sometimes done so & been found in the street trying to enter the Police Office always returned her to her father with compliments & thanks and the neighbours complain of her annoying passers by

Name and Medical Designation, Walter Lorraine M.B.C.M.

Place of Abode, Castle Douglas

DATED this fourth day of February One thousand eight hundred and seventy one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Rivirson being a (1) M.B. C.M. 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 Andrew's Castle Douglas Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Margaret Murray and that the said Agnes Margaret 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)
Has an imbecile look & appearance, dislikes to leave her father's home when there are no shops and is determined to please in consequence. Will answer no questions truthfully says unless promised a penny

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother says that she has to be constantly watched on account of her propensity to bite her younger sister & on one occasion she wounded her with a knife. Has been found in the street trying to enter the house in which she wounded her sister & on being found her at a distance from home and assure her of stealing from shops

Name and Medical Designation, John Rivirson M.B. C.M.

Place of Abode, Castle Douglas

DATED this Fourth day of February One thousand eight hundred and Seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Hamilton Dunbar (1) Esqr. Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Robert Murray

Certificates under the hands of Walter Lorraine
and John Nivison , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Agnes Margaret Murray and that the said
Agnes Margaret Murray 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 Agnes Margaret Murray 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 Margaret Murray which accompanied the said Petition.

DATED this Fourth day of February One thousand eight hundred and Seventy one

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.

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✓ Agnes Margaret Murray.

6/2/71.

Margaret Richardson or Skinner

8/2/71

N.B.—This Form shall be transmitted to the General Board of Lunacy after it is filled up, and after the Petition, Statement, Medical Certificates, and Order, are copied into it from Form A.

[Form A 1]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

Notice of Admission of a Patient into an ASYLUM.

I hereby give notice, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(Signed) *Superintendent.*

Dated at this (4) day of

One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I have this day (5) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (7)

(Signed)

(8)

Dated this day of One thousand eight hundred and

---

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

P. P.

~~(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 Jacob Milligan, Inspector of Poor, Dunscore, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Richardson or Stewart, Shillingland Dunscore is at present in a state of Mental Derangement, and 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 Richardson or Stewart to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

~~(Signed)~~ Jacob Milligan

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (*) day of February One thousand eight hundred and Seventy one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Richardson or Stewart
2. Sex and Age,	Female 52 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Farmers Wife
5. Religious Persuasion, so far as known,	Protestant (Church of Scotland)
6. Previous Place of Abode,	
7. Place where Found and Examined,	Shillingland parish of Dunscore
8. Length of time Insane,	several months
9. Whether first attack,	First Attack
10. Age (if known) on first Attack,	52
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	two weeks
13. Supposed Cause,	none can be assigned
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No Private
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Isabella Richardson or Stewart residing at Brankestown Dunscore Sister 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.

~~(Signed)~~ Name, Jacob Milligan

DATED this Eight day of Feb One thousand eight hundred and Seventy years

* To be signed by the Party applying.

P. T.

~~(Copies)~~

MEDICAL CERTIFICATE, No. I.

I, the undersigned, being a member of the Royal College being a (1) of Physicians St Andrews

and being in actual practice as a (2) Physician

hereby certify, on soul and conscience, that I have this day, at (3) Shillinghead Duncow in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Stewart and that the said Mrs Stewart is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Upon my examination of her to day she did not speak one sensible word could understand nothing, and has made almost a fatal attempt on her life by cutting her throat

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That she has not been in her usual State of mind for two weeks past

(7) *State the information, and from whom derived.*

(Surgeon) Name and Medical Designation, Ant Sommer M. D.

Place of Abode, Lamington Glenaim

DATED this 6th day of Feb. One thousand eight hundred and Seventy one Years

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, being a Licentiate of the Faculty of Physicians being a (1) and Surgeons of Glasgow and also Edinburgh Edinburgh

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Shillinghead Parish of Duncow Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Margaret Richardson or Stewart and that the said Margaret Richardson or Stewart is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Upon my examination of her today, she talked quite incoherently and expressed that she was in a State, that no Same person would suppose, as having connection with evil Spirits, and had also made a fruitless attempt to cut her throat.

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I was informed that she had been in bad health for a week or two.

(7) *State the information, and from whom derived.*

(Surgeon) Name and Medical Designation, Robert Burgess

Place of Abode, Duncow Village

DATED this Seventh day of February One thousand eight hundred and (71) Seventy One

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. 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, Landsdale Maitland (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Jacob Milligan
Inspector of Poor Dunscore
Certificates under the hands of Andrew Loremer
and Robert Burgess, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Richardson or Stewart, Shillinglea, Dunscore and that the said
Margaret Richardson or Stewart is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Richardson or Stewart 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 Richardson or Stewart which accompanied the said Petition.

P.S.

L Maitland

DATED this Eighth day of February One thousand eight hundred and Sixty one years.

To the Superintendent of the Asylum of (7) Public Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, 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.

(*) 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 the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Maryann Johnstone. Pringle's Close. Dumfries your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Maryann Johnstone to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this Sixteenth (*) day of February One thousand eight hundred and Seventyone.

(*) 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,	Maryann Johnstone
2. Sex and Age,	female 28 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	do late domestic Servant
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,	Since Friday last
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	about 24 years
11. When and where previously under Examination and Treatment,	Was not under treatment before recovered without treatment
12. Duration of existing Attack,	Since Friday—
13. Supposed Cause,	no particular Cause assigned
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,	16th Feb: 1871.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixteenth day of February One thousand eight hundred and Seventyone

(*To be signed by Party applying*) John Dinwoodie
Inspr

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Police Office
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Ann Johnstone (a pauper
and that
the said Mary Ann Johnstone is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

She is out of bed & dressed. Talking wildly
and incoherently.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The police took her up for being violent &
breaking windows &c. They say she is generally troublesome

Name and Medical Designation, William S Kerr M.B.

Place of Abode, Dumfries

DATED this 16th day of February One thousand eight
hundred and seventy one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(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
and being in actual practice as a (2) and College of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (3) Police Office
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Anne Johnstone (a pauper
and that
the said Mary Anne Johnstone is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently
Imagines that her father is dying through neglect
and that she will not get home to attend to him. She
keeps wandering from place to place & is terribly excited

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Police Constable states that she wanders
and is continually making noises

Name and Medical Designation, William Marshall M.D.

Place of Abode, Dumfries

DATED this 16th day of February One thousand eight
hundred and seventy one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor Dumfries
Certificates under the hands of William Smith Ferr —
and William Marshall —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary ann Johnstone, Cuiples Close, Dumfries, spinster and that the said Mary ann Johnston — is a (5) person of unsound mind and a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary ann 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 Mary ann Johnstone which accompanied the said Petition.

DATED this Sixteenth day of February One thousand eight hundred and Sixty one

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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608

v Mary Ann Johnstone.
16/2/71.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Geo Hanson Evening Mail Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry Hanson your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Henry Hanson to the Crichton R. Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

George Hanson

DATED this 20th (4) day of Feb'y One thousand eight hundred and Seventy One

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Henry Hanson.
2. Sex and Age,	Male - 45
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	House painter
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Carlisle
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Three weeks
9. Whether first Attack,	No
10. Age (if known) on first Attack,	42
11. When and where previously under Examination and Treatment,	Crichton Royal Institution - 1868.
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,	Geo Hanson Evening Mail Carlisle - Youngest Brother from Intemperance died in Australia in an Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of Feb'y One thousand eight hundred and 71

(*To be signed by Party applying*) George Hanson

P. 2

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh Universities &
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Henry Manson, Painter,
Carlisle and that
the said Henry Manson is a (5) person
of Unsound Mind and a proper person to be detained
under Care and Treatment, 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 excited
appearance, rambling speech, & incoherent
Conversation

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Dr. Gilchrist informs me that since his admission
he has been in a very excited state & that he
destroyed an inmate
of the Crichton Institution

Name and Medical Designation, John Smith. M.D.

Place of Abode, Dumfries

DATED this 21st day of February One thousand eight
hundred and 71.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Thompson
being a (1) Doctor of Medicine of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Henry Manson -
House Painter - Carlisle and that
the said Henry Manson is a (5) Person
of Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is in a highly
excited Condition & talks incoherently at
length about wonderful presents he has
purchased & sent to the Queen &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr. Gilchrist & Dr. Brown inform me he has
formerly been in this Institution & was then in a
highly excited State since his admission on this occ

Name and Medical Designation, Alex. Thomson M.D.

Place of Abode, Dumfries

DATED this twenty first day of February One thousand eight
hundred and Seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist
being (1) 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
Henry Hanson, and that the said
person is of unsound mind, and 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 Twentieth day of February One thousand eight hundred and Seventy One

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) George Hanson
Evening Hill, Carlisle
Certificates under the hands of John Smith
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) Henry Hanson, Painter, Carlisle Petitioner's Brother and that the said
Henry Hanson — is a (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 Hanson as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Hanson which accompanied the said Petition.

Dated this Twenty Second day of February One thousand eight hundred and Seventy one years

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1190

Henry Hanson.

20/2/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Bailie or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Lanark *and his Substitutes,—*

The Petition of John Strang, 48 Jane Street Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Paterson Strang also residing there your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Paterson Strang to the Crichton Royal Institution Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of cousinship or other affinity in which Petitioner stands to Lunatic.

John Strang

DATED this Twentieth (4) day of February One thousand eight hundred and Seventy one years.

(4) The date of the Petition must be within seven clear days preceding the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Paterson Strang
Sex and Age,	Female - Twenty nine
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Governess for about three months
Religious Persuasion, so far as known,	United Presbyterian
Previous Place of Abode,	48 Jane Street Glasgow
Place where Found and Examined,	48 Jane Street Glasgow
Length of time Insane,	about three weeks.
Whether first Attack,	Yes
Age (if known) on first Attack,	Twenty nine
When and where previously under Examination and Treatment,	no time No where
Duration of existing Attack,	About three weeks
Supposed Cause,	Disappointment
Whether subject to Epilepsy,	No
Whether Suicidal,	Do not think so.
Whether Dangerous to others,	Do not think so.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Scott or Strang 48 Jane Street Glasgow, Mother. No other member of Family insane.
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twentieth day of February One thousand eight hundred and Seventy one years.

(To be signed by Party applying) John Strang.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Wilson
being a (1) Fellow of the Faculty of Physicians & Surgeon
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 48 Jane
Glasgow
Lanark
separately from any other Medical Practiti
visited and personally examined (4) Mary Paterson Strang
residing at 48 Jane Street Glasgow
the said Mary Paterson Strang is at (5) present
and
laboring under Acute Mania 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) Strange halluc
regarding unreal scenes and occurrences and con
which she believes to be real and which she describ
great excitement of manner. These hallucinations chiefly
to her marriage and to imagined unkind treatment by re
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
friends, with whom she declares her determination
live any longer.

Name and Medical Designation, John Wilson M

Place of Abode, 252 West George St G

DATED this Eleventh day of February One thousand
hundred and Seventy one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Norman. Wood Smith
being a (1) Doctor of Medicine and Surgeon -
Fellow of the Faculty of Physicians &
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 48 Jan
St. Glasgow
Lanark
separately from any other Medical Practitio
visited and personally examined (4) Mary Paterson Strang, c
residing at 48 Jane St. Glasgow
the said Mary Paterson Strang 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)
Suicidal threats - Hallucinations resp
marriage - hearing voices, portents &c which he
An excitable manner, hindering in evidence -
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Suspicions of her nearest Relation
Restlessness -

Name and Medical Designation, Norman Wood Smith, M

Place of Abode, 5 Sydney Terrace G

DATED this Fourteenth day of February One thousand eig
hundred and Seventy one -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Sheriff Substitute of the (3) County of Lanark having had produced to me, with a Petition at the instance of (4) John Strang 48 Jane Street Glasgow Brother of the patient Certificates under the hands of John Wilson — and Algernon Wood Smith —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Mary Paterson Strang residing 48 Jane Street Glasgow and that the said Mary Paterson Strang is at present a person of unsound mind & labouring under acute mania and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Paterson Strang as a Patient into the (6) Crichton Royal ~~Asylum~~ Institution Dumfries — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Paterson Strang which accompanied the said Petition.

DATED this twenty first day of February One thousand eight hundred and seventy one

A Erskine Murray

To the Superintendent of the (7) Public Crichton Royal ~~Asylum~~ 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.

1191

Mary Paterson Strang.

22/2/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of Thomas Nicholson Mason, Lockerbie,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Nicholson

State degree of kindship or other ity to which Petir stands to Luna-

your Petitioner's (3) Father

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Nicholson to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

Thomas Nicholson

The date of the on must be within ariteen clear days ing the dates of Medical Certifi-

Dated this 24th (4) day of February One thousand eight hundred and Seventy one 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,	Robert Nicholson
2 Sex and Age,	Male - 70 yrs
3 Married, Single, or Widowed,	Married
4 Condition of Life, and previous Occupation (if any),	Stone Mason
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Ettrick Holm, Hammyo, Dumfriesshire
7 Place where Found and Examined,	do " " "
8 Length of time Insane,	About 6 weeks
9 Whether first Attack,	First attack -
10 Age (if known) on first Attack,	70 Years.
11 When and where previously under Examination and Treatment,	Never previously under treatment
12 Duration of existing Attack,	About 6 weeks
13 Supposed Cause,	Mr Brown
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	No
16 Whether Dangerous to others,	Yes
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable to any parish —
18 Date of becoming Chargeable,	—
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Nicholson Mason, Lockerbie,
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	Not known — None —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 24th day of February One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Thomas Nicholson

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, James Thomson Wilson being a (1) Licentiate of the R.C. 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) Ettrick house in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Nicholson and the said Robert Nicholson 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) Subject to delusions at times very excited, manifests much hatred to his wife & daughter, and by violent language & threatening attitude keeps them in constant terror & danger of their lives.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Imagines that his wife is unfaithful to him & that she and his daughter are spiritually lost, but that he himself is quite safe.

Name and Medical Designation, Jas. T. Wilson, M.

Place of Abode, Lochrbie

DATED this 22nd day of February One thousand eight hundred and twenty one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Ruecastle being a (1) Doctor of Medicine (Glasgow University) and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Ettrick House in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Nicholson and the said Robert Nicholson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is the subject of delusions. At times becomes very excited. Threatens his wife & daughter with violence, and keeps manner of abuse upon them.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Imagines that his wife is unfaithful to him.

Name and Medical Designation, William Ruecastle

Place of Abode, Lochrbie

DATED this 23rd day of February One thousand eight hundred and seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this, day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Nicholson Mason, Lockarbie
Certificates under the hands of James Thomson Wilson
and William Macindoe, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Nicholson, Ellrickholm, Said Mungo Petitioners Father and that the said Robert Nicholson is an (5) insane person, and other person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Nicholson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Nicholson which accompanied the said Petition.

DATED this Twenty fourth day of February One thousand eight hundred and seventy one years

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/610

v Robert Nicholson.

24/2/71.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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, Inspector of Poor of Dryfesdale humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Adamson, a Pauper belonging to Dryfesdale your Petitioner's (3) 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 Adamson — to the Southern Counties Asylum — and to sanction her admission into the the said Asylum.

(3) State degree of Lordship or other County in which Petitioner stands to Lunatic.

Alex Ferguson, Insp.

(4) The date of the Order must be within seven clear days following the dates of the Medical Certificates.

DATED this Twenty-fifth (4) day of February — One thousand eight hundred and Seventy-one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1.	Christian Name and Surname of Patient at length,	Margaret Adamson
2.	Sex and Age,	Female - 22 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Domestic servant
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Lockerbie
7.	Place where Found and Examined,	Lockerbie
8.	Length of time Insane,	No - 3d → one week
9.	Whether first Attack,	19 years
10.	Age (if known) on first Attack,	Southern Counties Asylum
11.	When and where previously under Examination and Treatment,	one week
12.	Duration of existing Attack,	hereditary
13.	Supposed Cause,	no
14.	Whether subject to Epilepsy,	no
15.	Whether Suicidal,	no
16.	Whether Dangerous to others,	Dryfesdale
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	25th February 1871
18.	Date of becoming Chargeable,	Barnes Adamson Painter Lockerbie Brother
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother in Asylum at present
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty-fifth day of February — One thousand eight hundred and Seventy-one years.

(*To be signed by Party applying*) Alex Ferguson, Inspector.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Denholm
being a (1) Bachelor of Medicine & Master of
of the Edinburgh University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern
Counties Asylum, Dumfries in the County of
Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Margaret Adamson, a
Servant - Lockerbie - a Pauper and
the said Margaret 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)
Wild and excited in appearance -
Incoherent and excited in speech -
Struggling to get away from those who sought

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Brother and Inspector inform me that she has
twice previously undergone treatment in this Asylum
has been ill for a week - but within the last two days
utterly unmanageable at home

Name and Medical Designation, James Denholm M.B.

Place of Abode, Southern Counties Asylum

DATED this twenty fifth day of February One thousand eight
hundred and seventy one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern
Counties Asylum in the County of
Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Margaret Adamson
Servant, Lockerbie, Pauper and
the said Margaret Adamson is a (5) Person
of Unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Her actions & excited appearance. ~~She~~ is
struggling with every one around her
attempts to escape notwithstanding & expose herself

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her attendant informs me that she
most difficult to manage

Name and Medical Designation, John Smith M.D.

Place of Abode, Dumfries

DATED this 27 day of February One thousand eight
hundred and 71

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Truemble being (1) a Doctor of Medicine (Glasgow University) hereby certify, on soul and conscience, that I have this day, at (2) Lockerbie in the County of Dumfries, seen and personally examined Margaret Adamson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Truemble M.D.

DATED this 25th day of February One thousand eight hundred and Seventy one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Ferguson Inspector of Poor Annfiedale Certificates under the hands of James Monteith M.B. & and John Smith M.B. & being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Adamson Lockerbie Annfiedale (a pauper) and that the said Margaret Adamson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Adamson 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 Adamson which accompanied the said Petition.

DATED this Twenty eighth day of February One thousand eight hundred and Seventy one years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/611

Margaret Adamson,

25/2/71.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Henry R Fentiman 11 Euchless St Maxwelltown,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Arabella Mary De Lamour your Petitioner's (3) Ward is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Arabella Mary De Lamour to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Henry R. Fentiman

Dated this 25th (4) day of February One thousand eight hundred and seventy one Anna Edwards

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Arabella Mary De Lamour
2. Sex and Age,	Female - 32
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	None
5. Religious Persuasion, so far as known,	Plymouth Brethern - (So called)
6. Previous Place of Abode,	Dublin -
7. Place where Found and Examined,	Crichton R Institution
8. Length of time Insane,	about ~~18 months~~ 3 years
9. Whether first Attack,	no
0. Age (if known) on first Attack,	29
1. When and where previously under Examination and Treatment,	C R Institution Dumfries
2. Duration of existing Attack,	
3. Supposed Cause,	Irregularity of female health
4. Whether subject to Epilepsy,	no
5. Whether Suicidal,	yes
6. Whether Dangerous to others,	not believed to be so
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
8. Date of becoming Chargeable,	
9. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Anna Edwards formerly De Lamour - Mother 34 Anglesea bids Kingstown Dublin - George De Lamour father of patient suffered from Paralysis some years previous to death
0. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 25 day of February One thousand eight hundred and seventy one

(To be signed by Party applying) Henry R. Fentiman

Anna Edwards P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Arabella Mary De Lamour and that the said Arabella M. De Lamour is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 delicate nervous lady. Has a peculiar appearance occasionally Gaited & Laughing Nothing. This had to hide any weakness

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

When in this Asylum lately She was considered a dangerous patient & is still thought to be so.—

Name and Medical Designation, William S Kerr M.

Place of Abode, Dumfries

DATED this 24th day of February One thousand eight hundred and Seventy Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (2) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Arabella Mary De Lamour Dublin and that the said Arabella Mary De Lamour is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 mental depression, peculiar manner & appearance & delusions, Laughs without a cause, Tells me that poison people in the Crichton Institution, therefore cannot eat

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Was previously an inmate of the Crichton Institution

Name and Medical Designation, John Smith M.B.

Place of Abode, Dumfries

DATED this 27th day of February One thousand eight hundred and 70

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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
being (1) A Graduate of the University of 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
Arabella M. De Lamour, and that the said
person is of unsound mind, and 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 Twenty fifth day of February One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Henry R. Tomlinson
11 Terregles Street Maxwelltown
Certificates under the hands of William Smith Mcw M.D.
and John Smith M.B.C.S. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Arabella Mary De Lamour, Crichton R. Institution, and that the said
Arabella Mary De Lamour is a (5) person of unsound mind
and a proper Person to be detained and taken care of; DO HEREBY AUTHORIZE you to receive the said Arabella Mary De Lamour 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 herewith the said Medical Certificates, and a Statement regarding the said Arabella Mary De Lamour which accompanied the said Petition.

X Dumfries

Dated this Twenty seventh day of February One thousand eight hundred and Seventy one years

David Boyle Hope

To the Superintendent of the (7) Public Institution
Asylum of Crichton Royal
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1192.

Arabella Mary Delamour

25/2/71.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of Mrs Margt Mc County Widow, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Mc Kenzie Plasterer Dumfries your Petitioner's (3) Nephew is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Mc Kenzie to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Margreat Mc Courty

Dated this First (4) day of March One thousand eight hundred and Seventy one

(4) The date of the petition must be within fourteen clear days following the date of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Mc Kenzie
2. Sex and Age,	male 48 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Plasterer
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Dumfries High Street
7. Place where Found and Examined,	Do
8. Length of time Insane,	Six months
9. Whether first Attack,	Fust attack
10. Age (if known) on first Attack,	48 years
11. When and where previously under Examination and Treatment,	Dumfries High Street
12. Duration of existing Attack,	Since August last
13. Supposed Cause,	Brain Disease
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,	Private Means
18. Date of becoming Chargeable,	1st March 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Two Sons William & Alexander Mc Kenzie residing in High Street Dumfries
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this First day of March One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Margreat Mc Courty

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University &c and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 14 High St. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James M. Kenzie. Pauper and that the said James M. Kenzie is a (5) person of unsound 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)

He lies, in almost a state of collapse. Mem completely fond. Can search answer any quest Can do nothing for himself. in regard to work or re

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His friends & his Partner Mr Sally. May be requi be taken care of. Like - child. That he is useless for & anything else.

Name and Medical Designation, William S Kerr

Place of Abode, Dumfries

DATED this 1st day of March One thousand eight hundred and Seventy one Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Alexander Thompson being a (1) Doctor of Medicine of Glasgow - Mu Gilt Medalist and Physician & Surgeon - and being in actual practice as a (2) Physician & Surgeon - hereby certify, on soul and conscience, that I have this day, at (3) 14 High Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James McKenzie Pauper Dumfries and that the said James McKenzie is a (5) Person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) Great loss of memory. Want of interest in his own affa - appearance of depression of Spirits

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Told by his Aunt Mrs McKenzie - that - in the morn he often supposes he is going away to his work as if he were regularly working - His Manner & Conversation

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Dumfries

DATED this First day of March One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Sheriff Substitute
Mrs Margaret M'Courtie Widow Dumfries
Certificates under the hands of William Smith Roy M.D.
and Alexander Thomson 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 M'Kenzie, Pauper Dumfries Oddfellows Hall and that the said
James M'Kenzie is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James M'Kenzie as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James M'Kenzie which accompanied the said Petition.

DATED this First day of March One thousand eight hundred and Seventy nine years

L Maitland

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/612

✓ James McKenzie

2/3/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Alex R Graham Hawkhill Torthorbe

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Graham your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Samuel Graham to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alex R Graham

Dated this Sixth (4) day of March One thousand eight hundred and Seventy one

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Samuel Graham
2. Sex and Age,	Male 52
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hallhills
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	about three weeks
9. Whether first Attack,	first attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Hallhills
12. Duration of existing Attack,	—
13. Supposed Cause,	— Hard drinking
14. Whether subject to Epilepsy,	no threatening
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,	Alexander Rogerson Graham Hallhills, Brother of Patient — never
20. Special circumstances (if any) preventing the 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 March One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Alex R Graham

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, James Houston Nelson being a (1) Graduate 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) Dumpries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Samuel Graham and that the said Samuel 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) Most excited restless, and having great dread of doing violence to himself if left alone

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Jas. J. Nelson Surgeon

Place of Abode, Dockyard

DATED this Twelfth day of March One thousand eight hundred and Seventy one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith being a (1) Graduate of Edinburgh & Physician & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Carlton Royal Institution Dumpries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Samuel Graham and that the said Samuel 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) He melancholy has maniacal delusions. Tells me he is owing to his mental depression he cannot be left alone

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M.D.

Place of Abode, Dumfries

DATED this 11th day of March 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, James Thomson Wilson being (1) a Licentiate of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Samuel Graham, and that the said Samuel Graham person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Jas. T. Wilson

DATED this Sixth day of March One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander R Graham Hawhills, Lockerbie Certificates under the hands of James Thomson Wilson and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Samuel Graham, Hawhills a pauper and Petitioners Brother, and that the said Samuel Graham is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel Graham as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Samuel Graham which accompanied the said Petition.

DATED this Seventh day of March One thousand eight hundred and Seventy one years

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* ~~Southern Counties~~ 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.

1193

Samuel Graham.

6/3/71.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) Shire of Dumfries and his Substitutes,—

The Petition of Margaret Milligan or Buccleugh Street Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Milligan your Petitioner's (2) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Milligan to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(1) State degree of relationship or other society in which Petitioner stands to Lunatic.

Margaret Milligan

Dated this Seventh (3) day of March One thousand eight hundred and Seventy one.

(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.

Christian Name and Surname of Patient at length,	William Milligan
Sex and Age,	Male 28
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Writer
Religious Persuasion, so far as known,	Presbyterian Church
Previous Place of Abode,	Buccleugh Street
Place where Found and Examined,	Buccleugh Street
Length of time Insane,	4 years 8 days
Whether first Attack,	Yes
Age (if known) on first Attack,	24
When and where previously under Examination and Treatment,	Crichton Institution
Duration of existing Attack,	Do
Supposed Cause,	Do
Whether subject to Epilepsy,	Do
Whether Suicidal,	Do
Whether Dangerous to others,	Do
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfriesshire
Date of becoming Chargeable,	1867
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Milligan Do Sister
Special circumstances (if any) preventing the 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~~ Ninth day of March One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Margaret Milligan

P. p

MEDICAL CERTIFICATE No. I.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh & Mem.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Milligan, Writer, 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.:—

1. Facts indicating Insanity observed by myself: (6) He is well & excited manner, & refused to answer questions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The attendants informed me that during the night he was much excited, & was pretty much as on admission to the Asylum

Name and Medical Designation, John Smith M.D.

Place of Abode, Dumfries

DATED this 8 day of March One thousand eight hundred and 71

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon
and being in actual practice as a (2) Physician Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution - in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Milligan - Writer 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.:—

1. Facts indicating Insanity observed by myself: (6) Excited appearance manner, and in his usual mode of conversation tendency to use strong language against individuals and relations, with whom he is known on friendly terms -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told me by Mr Malcolm Dumfries that on night he was in a state of violent excitement and had to be restrained - and better attendance that this excitement has continued

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Dumfries

DATED this eighth day of March One thousand eight hundred and Seventy one years -

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Alexander Smith M.B. & C.M.
being (1) a Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Buccleuch St. Dumfries
in the County of Dumfries, seen and personally examined William Milligan
Milligan Miller, Dumfries, and that the said William Milligan
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alexr Smith M.B. & C.M.

Dated this 4th day of March One thousand eight hundred and Seventy one years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope - (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Merchant Milligan
1 Buccleuch Street Dumfries
Certificates under the hands of John Smith M.B. &c.
and Alexander Thomson 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)
William Milligan x Potticrows Brother and that the said
William 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 William Milligan 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 herewith the said Medical Certificates, and a Statement regarding the said William Milligan which accompanied the said Petition.

Dated this 5th day of March One thousand eight hundred and Seventy one years

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1194

William Milligan

7/3/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) Shire of Dumfries *and his Substitutes,*—

The Petition of Mrs Jessie Sturgeon Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mr William McDearmid Kerr your Petitioner's (2) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mr Wm McDearmid Kerr to the Crichton Institution and to sanction his admission into the the said Asylum.

Jessie Sturgeon

(1) State degree of relationship or other society in which Petitioner stands to Lunatic.

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twelfth (3) day of March One thousand eight hundred and Seventy one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	William McDearmid Kerr
Sex and Age,	Male 40
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Merchant
Religious Persuasion, so far as known,	Established Church
Previous Place of Abode,	Albany Place
Place where Found and Examined,	Do & C. R. Institution
Length of time Insane,	Some days
Whether first Attack,	supposed to be
Age (if known) on first Attack,	
When and where previously under Examination and Treatment,	
Duration of existing Attack,	
Supposed Cause,	Drink
Whether subject to Epilepsy,	No
Whether Suicidal,	Doubtful
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Sturgeon sister No
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twelfth day of March One thousand eight hundred and Seventy one

(To be signed by Party applying) Jessie Sturgeon

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith being a (1) Graduate of Edinburgh, Member, Physician & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Mc Diarmid Keir Retired Merchant Dumfries and that the said William Mc Diarmid Keir is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has a dejected melancholy appearance. Has delusions. Is afraid to be alone. Has a suicidal tendency.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M.D.

Place of Abode, Crichton R.I. Dumfries

DATED this 8th day of March One thousand eight hundred and 71.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Thomson being a (1) Doctor of Medicine of the University of Edinburgh & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Mc Diarmid Keir - Retired Merchant Dumfries and that the said William Mc Diarmid Keir is a (5) person of unsound mind - and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Appears excited and depressed - dreads being alone & feels want of self control - has a suicidal tendency -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Dr Gilchrist that he desired to have my opinion to take care of him, as he felt unable to look after himself -

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Dumfries

DATED this Eighth day of March One thousand eight hundred and Seventy one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James J. Wilson being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Albany Place Dumfries in the County of Dumfries, seen and personally examined William M'Diarmid Rose and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James J. Wilson M.D.

DATED this Seventh day of March One thousand eight hundred and Seventy one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hyslop (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Jessie Thomson Queensberry Street Dumfries Certificates under the hands of John Smith 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) William M'Diarmid Rose, retired merchant Dumfries and that the said William M'Diarmid Rose is a (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 M'Diarmid Rose as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William M'Diarmid Rose which accompanied the said Petition.

DATED this Ninth day of March One thousand eight hundred and Seventy one years

David Boyle Hyslop

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.

1195

William Ine Diarmid Kerr.

7/3/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) Wigtown & Kirkcudbright and his Substitutes,

The Petition of James Dally Inspector of Poor of Sorbie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Eaglesome

(2) State degree of Lordship or other dignity in which Petitioner's Asylum is situate.

~~your Petitioner's~~ (2) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Eaglesome to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

James Dally Insp

(3) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

Dated this ninth (3) day of March One thousand eight hundred and Seventy one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	John Eaglesome
2 Sex and Age,	Male - 60 (61)
3 Married, Single, or Widowed,	Widower
4 Condition of Life, and previous Occupation (if any),	Sailor
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Disher Street, Stranraer
7 Place where Found and Examined,	Not Known
8 Length of time Insane,	Yes
9 Whether first Attack,	Yes
10 Age (if known) on first Attack,	Never before under treatment
11 When and where previously under Examination and Treatment,	8 or 10 days
12 Duration of existing Attack,	Not known
13 Supposed Cause,	No
14 Whether subject to Epilepsy,	Yes
15 Whether Suicidal,	Yes
16 Whether Dangerous to others,	Sorbie
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	25th Feb 1860
18 Date of becoming Chargeable,	Not known
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of 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 ninth day of March One thousand eight hundred and seventy one years

James Dally Insp

(To be signed by Party applying)

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Orgill 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) Rathmore Straanaer Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) John Eaglesome Sailor a pauper residing there and the said John Eaglesome is a (5) person of unsound mind and a proper person to be detained 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 Eaglesome several years as a person of unsound mind, and upon seeing him this morning I observed him to be subject to hallucinations of mental operation & to wander about incoherently without any rational object muttering to himself and acting like an insane person

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Dorrington who resides next door to Eaglesome informed me that he had been very violent for some days during the night, & that on the last occasion he had run out of the house with a knife in his hand. Mrs Dorrington also informed me that Eaglesome had threatened to murder his wife & children & neighbours & that he had been in a very excited state during the night. Mrs Dorrington & several people like a draft from the heart have very frequently been in Mrs Dorrington's house during the night & have heard Eaglesome talking loudly to himself & acting as if he were addressing some person who was not present. Mrs Dorrington has also informed me that Eaglesome has frequently been in the habit of talking to himself in the manner described above, but that he never before was violent.

Name and Medical Designation, John Orgill Surgeon

Place of Abode, Straanaer

DATED this 10th day of March One thousand eight hundred and Seventy one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William M'Neil being a (1) Graduate of the University of Edinburgh and a Licentiate of the Royal College of Surgeons and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Fisher Straanaer Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) John Eaglesome Sailor, a pauper residing there and the said John Eaglesome is a (5) person of unsound mind and a proper person to be detained 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 look talks loudly about his former feats of daring when in the middle of one of his stories jumps away (suddenly entirely new subject) his stories have no connection or coherence & he changes his position or gesticulates violently, frowning his brow rolling his head and his countenance has caused me suspicion

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Dorrington has informed me that he has upwards of twenty times per day of late, had frequent attacks of talking loudly to himself in her presence during his attacks, breaks out into violent imprecations against Popish. She has informed me that he usually prayed for the Pope. Mrs Dorrington says she saw him on Saturday last with a large bone knife during one of the paroxysms of his attacks & vowing vengeance against a Roman Catholic priest. Mrs Sinclair, Mrs M'Millan & Mr Fletcher Constable also state that they have frequently heard him talking loudly to himself in the manner described above & that on one occasion they saw him with a knife in his hand during one of his attacks.

Name and Medical Designation, William M'Neil M.D.

Place of Abode, Straanaer

DATED this tenth day of March One thousand eight hundred and seventy one,

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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, Peter MacLean Esqre (3) Sheriff Substitute
of the (4) County of Nairn
having had produced to me, with a Petition on the instance of (5) James Bully
Inspector of Poor of Nairn
Certificates under the hands of John Argyll and
and William M. Neil, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6)
John Eaglesome and that the said
John Eaglesome is a (7) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Eaglesome as a Patient into the Southern Counties Asylum of Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Eaglesome which accompanied the said Petition.

DATED this tenth day of March One thousand eight hundred and seventy one.

P MacLean Sh. Sub.

To the Superintendent of the Asylum of (8) Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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

1/613

John Eaglesome.

11/3/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Kirkcudbright *and his Substitute for the Stewartry of* Kirkcudbright The Petition of John Hannah Inspector of Poor for the Parish of Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Brian a pauper Lunatic of the Parish of Girthon presently in the 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 James Brian L. to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Hannah

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourteenth (4) day of March One thousand eight hundred and Seventy one

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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 Brian
2. Sex and Age,	70 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Saltcoats
7. Place where Found and Examined,	Combination Poor House Kirkcudbright
8. Length of time Insane,	about 16 days
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	not Known
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Girthon
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourteenth day of March One thousand eight hundred and 71

(*To be signed by Party applying*) John Hannah

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, J Mc Kaust being a (1) Fellow of the Royal College of Physicians Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Common Poor House Kirkcaldy in the County of Fife separately from any other Medical Practitioner, visited and personally examined (4) James Brian Pauper and that the said James Brian is a (5) person of unsound mind and a proper person to be detained 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 of late he has torn & cut his clothing, has any ability to assume the position of his body and that before this he was a dirty habit

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

That he has been a temperate man he would have needed less assistance than before this, & he would naturally submit to it.

Name and Medical Designation, J Mc Kaust M.D.

Place of Abode, Kirkcaldy

DATED this thirteenth day of March One thousand eight hundred and seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Charles Henry Gibson being a (1) Licentiate of the Royal College of Physicians Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Poor House Kirkcaldy in the County of Fife separately from any other Medical Practitioner, visited and personally examined (4) James Brian Pauper and that the said James Brian Pauper is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

The habit of tearing his clothes and his general conduct and conversation.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Chas Henry Gibson M.B.

Place of Abode, Castle St Kirkcaldy

DATED this 12th day of March One thousand eight hundred and seventy one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

[redacted]TED this day of One thousand eight
nd

(1) 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 Advocate Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Shaund
Certificates under the hands of John Shaund
and Charles Henry 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)
James Brien (Pauper) and that the said
James Brien is a (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 Brien as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Brien which accompanied the said Petition.

DATED this Fourteenth day of March One thousand eight hundred and Seventy one

W H Dunbar S.S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/614

James Brian.

15/3/71.

"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, or as the Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Wigton

Kirkcudbright *and his Substitutes,—*

The Petition of Mary Ann Taylor Spinster Lawful Niece

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Eliza Taylor

(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 Eliza Taylor to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

Her usual Mark in Ordinary Cases signing x Mary Ann Taylor

(4) The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

Dated this 15th (4) day of March One thousand eight hundred and seventy-one

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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,	Eliza Taylor
2.	Sex and Age,	Female 45 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	No particulars can be obtained of a respectable family
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Kelton near Carlyle
7.	Place where Found and Examined,	No 6 Seward Arms
8.	Length of time Insane,	Has been more or less deranged for several years past but has been worse within the last 5 or 6 months.
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,	see 8 above
13.	Supposed Cause,	To a great extent, use of ardent Spirits
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	No
16.	Whether Dangerous to others,	To a certain extent when much excited
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18.	Date of becoming Chargeable,	
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Ann Thomson or Taylor Sister at Kirkcudbright an old Lady 74 years of age in an imbecile state from paralysis
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 15th day of March One thousand eight hundred and seventy one

(*To be signed by Party applying*) x Mary Ann Taylor

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Orgill 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) Lewis St Stramaer Wigtown separately from any other Medical Practitioner visited and personally examined (4) Eliza Taylor at present residing in Lewis Street Stranraer and that the said Eliza Taylor is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She speaks incoherent and absurd nonsense on almost any subject. Says she is advanced in pregnancy which is not the case and when told she is not delusional strongly insists upon it. She is impudent at times which is unusual with her. She is very excitable, the slightest remark excites her, she is violent & threatening & has attempted to strike those around her. She says she has been married 3 times & that her husbands are dead. She is very restless & wanders about the house at night. She has been in bed for a week past but refuses to remain there. She has been under the influence of drink for some days past.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Taylor informs me that her sister Eliza the subject of this certificate has been in a very excitable state for a week past. She has been drinking heavily & has been very violent & threatening. She has attempted to strike those around her. She says she has been married 3 times & that her husbands are dead. She is very restless & wanders about the house at night. She has been in bed for a week past but refuses to remain there. She has been under the influence of drink for some days past. Mrs Taylor informs me that her sister Eliza the subject of this certificate has been in a very excitable state for a week past. She has been drinking heavily & has been very violent & threatening. She has attempted to strike those around her. She says she has been married 3 times & that her husbands are dead. She is very restless & wanders about the house at night. She has been in bed for a week past but refuses to remain there. She has been under the influence of drink for some days past.

Name and Medical Designation, John Orgill Surgeon

Place of Abode, Georges St Stranraer

DATED this Fourteenth day of March One thousand eight hundred and Seventy-one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Mc Neil being a (1) Fraduate of the Edinburgh University and a Licentiate of the Royal College of Surgeons Edinr and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Lewis Street Stranaer Wigtown separately from any other Medical Practitioner visited and personally examined (4) Eliza Taylor at present residing in Lewis Street Stranaer and that the said Eliza Taylor is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She talks in a incoherent and excited manner. e.g. She says she has two of a Lady are. A knife, two nails, 6 pins, a piece of linen, and two She has delusions about being at the confinement of two She said she was in Preston last night and heard a Hurdy a Paysan singing Burns's Song &c &c This is untrue being in the at that time.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Custon says she has quite changed of late. Having about being pregnant & that she expects twins with the following peculiar impressions Squanders her money. Unable found Wigtown on the street &c Mrs Boyes keeps Hotel Stranaer for him in her Hotel Garage and stayed there two nights. She G. Mc G that he Hundred Nine children and having one Name and Medical Designation, William Mc Neil M.D. Surgeon

Place of Abode, Stranaer

DATED this Fourteenth day of March One thousand eight hundred and Seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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, Peter MacLean Esq (1) Sheriff Substitute
of the (2) County of Nigtown
having had produced to me, with a Petition at the instance of (3) Mary Taylor
Certificates under the hands of John Argyle Burgess Surgeon and Wm McNeil 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) Eliza Taylor and that the said Eliza Taylor is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Eliza Taylor as a Patient into the Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Eliza Taylor which accompanied the said Petition.

DATED this fifteenth day of March One thousand eight hundred and Seventy one

P MacLean Sh: Sub:

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.

1

1/615

Eliza Taylor.

16/3/71

Transferred to C.R.J.

1205

May 6/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Shire of Dumfries *and his Substitutes,—*

The Petition of James Harper, Drumfochertton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Harper your Petitioner's (2) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Harper to the Southern Counties asylum and to sanction his admission into the the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

James Harper

DATED this Twentieth (3) day of March One thousand eight hundred and Seventy one

(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.

Christian Name and Surname of Patient at length,	John Harper
Sex and Age,	Male 46
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Farmer
Religious Persuasion, so far as known,	Free Church
Previous Place of Abode,	Drumfochertton
Place where Found and Examined,	Dumfries
Length of time Insane,	Twelve weeks
Whether first Attack,	No
Age (if known) on first Attack,	39
When and where previously under Examination and Treatment,	No
Duration of existing Attack,	Twelve weeks
Supposed Cause,	Bad habits
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not Chargeable
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Harper Father No
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twentieth day of March One thousand eight hundred and Seventy one.

(*To be signed by Party applying*) Jas Harper

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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'. M'Culloch 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
16 Castle Street
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) John Harper, Farmer, Drum
and that
Lochrutton
the said John Harper is a (5) person of
unsound mind
and a proper person to be detained
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 contemplates suicide & confesses as to it himself; wishes to be put into an Asylum to prevent it.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The same as above

Name and Medical Designation, James M'. M'Culloch M.D.

Place of Abode, 16 Castle Street, Dumfries

DATED this twentieth day of March One thousand eight hundred and seventy one 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, Alexander Thomson Registered Medicine & Surgeon
being a (1) Doctor of Medicine & Surgeon - Licentiate of the Royal College of Physicians & Surgeons -
and being in actual practice as a (2) Physician & Surgeon -
hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle Street - Dumfries - in the County of
Dumfries.
separately from any other Medical Practitioner,
visited and personally examined (4) John Harper - Farmer Drum - Lochrutton
and that
the said John Harper is a (5) lunatic
& unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Appears to be in a depressed and unhappy State of mind, & expresses himself that he has a tendency to commit suicide -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by his Father - that he had been in a depressed & unhappy state -

Name and Medical Designation, Alex Thomson M.D. &c

Place of Abode, Dumfries -

DATED this twentieth day of March One thousand eight hundred and seventy one years -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a Graduate of the University of 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 John Harper, and that the said person is of unsound mind, and 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 Twentieth day of March One thousand eight hundred and Seventy one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Harper, Drum Lochrutton — Certificates under the hands of James M. M'Culloch — 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 Harper, Farmer Drum Lochrutton Petitioner so, and that the said John Harper — is a (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 Harper — 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 Harper — which accompanied the said Petition.

DATED this Twenty first day of March — One thousand eight hundred and seventy one. one word delete.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/616

John Harper

20/3/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Stewart.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Renfrew *and his Substitutes,—*

The Petition of John Wilson Barrend Colvend Colvend humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Wilson your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Wilson to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

John Wilson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this twenty fifth (4) day of March One thousand eight hundred and Seventy one years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Wilson
2. Sex and Age,	Female - about 50
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	no occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Whitehill, Colvend
7. Place where Found and Examined,	
8. Length of time Insane,	three months
9. Whether first Attack,	third
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties Asylum three months
12. Duration of existing Attack,	three 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,	Private
18. Date of becoming Chargeable,	25th March 1871
19. Christian Name and Surname, and Place of Abode of nearest known 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 Wilson, his Brother, Barrend, Colvend - Brother was insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fifth day of March One thousand eight hundred and Seventy one

(*To be signed by Party applying*) John Wilson

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(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) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Wilson and that the said Agnes 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) Is Senile imbecility, rule not at present violent. Has been three times in the Asylum before.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The attendant informs us that she thinks us the pre

Name and Medical Designation, P. Murray M.D.

Place of Abode, Dumfries

DATED this 27 day of March One thousand eight hundred and 71

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, being a (1) Alexander Thomson Doctor of Medicine of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Wilson and that the said Agnes 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) Conversation perfect incoherent — And has a mild excited appearance.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been twice in an Asylum before

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Dumfries

DATED this 27th day of March One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Denholm being (1) a Bachelor of Medicine Master in Surgery 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 Wilson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Denholm

DATED this twenty fifth day of March One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) John Wilson Barrend, Colvend Certificates under the hands of Patrick Murray 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 (6) Agnes Wilson, Whitehill, Colvend (Solitary Lesser) and that the said Agnes Wilson 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 Agnes Wilson as a Patient into the (8) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Wilson which accompanied the said Petition.

DATED this Twenty eighth day of March One thousand eight hundred and Seventy one years

David Boyle Hope

To the Superintendent of the (8) Public *Asylum of* Southern Counties Dumfries

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(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(8) Public, District, Parochial, or Private.
(8) Public, District, Parochial, or Private.

1
617
Agnes Wilson
25/3/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Wigtown and his Substitutes,—

The Petition of James Allan Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Casey your Petitioner's (3) ~~Janet Casey~~ James Allan Inspector of Poor for the Parish of Portpatrick is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Casey to the Southern Counties Asylum and to sanction her admission into the the said Asylum. at Dumfries

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Allan

DATED this Sixteenth (4) day of March One thousand eight hundred and Seventyone

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Casey
2. Sex and Age,	female 20 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Dodestic servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Spittal
7. Place where Found and Examined,	Spittal
8. Length of time Insane,	Two months
9. Whether first Attack,	no
10. Age (if known) on first Attack,	19 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of existing Attack,	2 months
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	it supposed she is
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Portpatrick Parish
18. Date of becoming Chargeable,	month of June 1869
19. Christian Name and Surname, and Place of Abode of nearest known 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 Downie or Crawford Spittal Mother of Pauper
20. Special circumstances (if any) preventing the 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 March One thousand eight hundred and Seventyone

(To be signed by Party applying) James Allan Portpatrick Inspector of Poor

P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William McNeil being a (1) Graduate of the University of Edynburgh & also a Licentiate of the Royal College of Surgeons Ed and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Spittal in the parish of Portpatrick in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Janet Casey residing at Spittal in the parish of Portpatrick and that the said Janet Casey is a (5) person of unsound mind and a proper person to be detained 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 found her to lay (at her Stepfathers house with the door locked behind she at first refused to open. On unlocking it was apparent she had been lying on the floor & likely for a least hours the fire lighted & portridge at me. And refused to answer any question I put to her. Mother who accompanied me she appeared to understand. Immediately she burst into a fit of laughter at what he said about her. She answered yes or no to one or two questions I put to her before I came away, all the time I was in the house she kept a piece of quilt in her mouth. And sat for the most part of the time with her face turned towards the Window, except when she turned to look at me & when I asked her if a woman handed her. I answered her & her Mothers absence. She said she complained to her Mother of the woman looking in at her through the door & keeping her from sleeping.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Mother Mary Dorrie of Ranfurly says that for the last month has been quite changed in her temper & habits from being cheerful & active & helpful. Every day when her daughter returns from work she is certain to say to her that she intends to murder her Mother. At times she sleeps & which she threatens to murder her Mother. At times she sleeps & which she threatens to murder her Mother. At times she sleeps & which she threatens

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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, Macduff Rhind Esq. advocate (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Allan Inspector of Poor, Portpatrick and two
Certificates under the hands of William McNeil M.D. and Surgeon and John Orgill, Surgeon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Carey, a pauper and that the said Janet Carey is a (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 Carey as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Carey which accompanied the said Petition.

DATED this twenty second day of March One thousand eight hundred and seventy one years.

M. Rhind

To the Superintendent of the (7)
Asylum of

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
6/8
Janet Causey
27/3/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of Robert Tibbald Chapel Street South Port

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Tibbald your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Tibbald to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

Robert Tibbald

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this 29th (4) day of March One thousand eight hundred and

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Tibbald
2. Sex and Age,	Male 45 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Grocer & Provision Merchant South Port,
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	South Port,
7. Place where Found and Examined,	Bolton Lancashire
8. Length of time Insane,	Second.
9. Whether first Attack,	Southern Counties Asylum Dumfries
10. Age (if known) on first Attack,	Mania
11. When and where previously under Examination and Treatment,	Moderate
12. Duration of existing Attack,	No
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No Conduct
16. Whether Dangerous to others,	Brother Robert Tibbald
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 29 day of March One thousand eight hundred and

(*To be signed by Party applying*) Robt Tibbald

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, J. D. Crawford Phys & Surgn being a (1) Lic. Royal Phys & Surgs Edin. L.R.C.S.E. & L.M.C. and being in actual practice as a (2) Phys & Surgn hereby certify, on soul and conscience, that I have this day, at (3) 24 Portland Bolton Lancashire in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Sibbald and that the said John Sibbald is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—General deportment

1. Facts indicating Insanity observed by myself: (6) Incoherency of Conversation Delusions, as to capability & as following pursuits dangerous to the

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Same as reported by applicant

Name and Medical Designation, J. D. Crawford M.

Place of Abode, 40 Rodney St Liverpool

Dated this 30th day of March One thousand eight hundred and 71

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Battersby being a (1) Doctor of Medicine and Master in Surg of the Liverpool University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 24 Rathbone Street Lancaster in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Sibbald and that the said John Sibbald is a (5) Person of unsound mind and a proper person to be detained 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 Profession & employment also respecting his education and previous mode of life incoherence in conversation and inability to hold a rational conversation. Apparent imbecility

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Battersby

Place of Abode, 20 St James Road

Dated this 30th day of March One thousand eight hundred and Seventy one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a graduate 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 John Sibbald, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. W. Smith M.D.

Dated this thirtyfirst day of March One thousand eight hundred and twentyone —

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope — (1) Sheriff Substitute of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) Robert Sibbald, Capel Street, Southport, — Certificates under the hands of J. B. Crawford — and James Leathem —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Sibbald, Bolton, Lancashire, Cotton Spinner (Master) and that the said John Sibbald — is a (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 Sibbald — 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 to you herewith the said Medical Certificates, and a Statement regarding the said John Sibbald — which accompanied the said Petition.

Dated this third — day of April One thousand eight hundred and seventy one.

David Boyle Stope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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619
John Sibbald
31/3/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of David Douglas, Inspector of Poor, Irongray

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Hutchison or Coupland 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 Catherine Hutchison or Coupland to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

State degree of kindship, or other way in which Petitioner stands to Lunatic.

David Douglas, Inspector of Poor Irongray

DATED this 1st (4) day of April One thousand eight hundred and seventy one

The date of the Certificate 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,	Catherine Hutchison or Coupland
2. Sex and Age,	Female. about 30
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer's Wife
5. Religious Persuasion, so far as known,	Member of Ch. of Scotland
6. Previous Place of Abode,	Killylour
7. Place where Found and Examined,	Killylour
8. Length of time Insane,	About eight days
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	
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,	Irongray
18. Date of becoming Chargeable,	31st March 1871
19. Christian Name and Surname, and Place of Abode of nearest known 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 Coupland. Husband, Killylour Irongray.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this First day of April One thousand eight hundred and Seventy one

(*To be signed by Party applying*) David Douglas, Inspector of Irongray

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Thomson of the Universe
being (1) Doctor of Medicine & Surgeon
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kelly Cow
~~by the Fireside~~ Dromfriesshire in the Coun
separately from any other Medical Practiti
visited and personally examined (4) Catherine Copeland
Labourer's Wife Copeland and
the said Catherine Copeland a (5) Person
of unsound mind and a proper person to be deta
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is in a
State of Maniacal Excitement
Refuses to be restrained - and h
delusions -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Told by her husband that she has
been in above condition for so
days past -

Name and Medical Designation, Alex Thomson

Place of Abode, Dumfries

DATED this Thirty first day of March One thousand
hundred and Eighty one years -

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

^ Alexander Thomson

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Denholm
being a (1) Graduate of the University of Ed
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern
Counties Asylum in the Count
Dumfries separately from any other Medical Practitio
visited and personally examined (4) Catherine Hutchison
Copeland Labourers wife Kilpatrick, a pauper
the said Catherine Hutchison or Copeland a (5) person
of unsound mind and a proper person to be deta
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Excited & Incoherent in manner & language
talks in ~~quite~~ disconnected way - Has no recolle
of what happened a day or two ago -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Thomson informs me that this attack
came on after Delivery - Her husband says that she
was violent & furious at times and could not be restra

Name and Medical Designation, James Denholm M.B.

Place of Abode, Southern Counties Asylum

DATED this First day of April One thousand e
hundred and Seventy one years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson M.D. F.R.C.S.
being (1) Doctor of Medicine Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Kelly House, Dumfries
in the County of Dumfriesshire, seen and personally examined
Catherine Hutchison or Copeland, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson M.D. F.R.C.S.

DATED this Thirtieth day of March One thousand eight hundred and seventy one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) David Douglas
Inspector of Poor Strongray
Certificates under the hands of Alexander Thomson
and James Donholm, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hutchison or Copeland, Kelly House, Dumfriesshire
Catherine Hutchison or Copeland and that the said
is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine Hutchison or Copeland 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 Catherine Hutchison or Copeland which accompanied the said Petition.

DATED this Third day of April One thousand eight hundred and seventy one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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621

Catherine Hutcheson or Copeland
1/4/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,—

The Petition of William Graham Bonnar

Constable humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Graham Brother your Petitioner's (*) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Graham to the Southern Counties and to sanction admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Graham

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 30th (*) day of March One thousand eight hundred and 71

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Graham
2. Sex and Age,	Male 52
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clog Maker
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	
7. Place where Found and Examined,	
8. Length of time Insane,	17 years
9. Whether first Attack,	3rd Attack
10. Age (if known) on first Attack,	36 years
11. When and where previously under Examination and Treatment,	Coming in for some time
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Graham Brother Bonnar
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28 day of March One thousand eight hundred and 71

(*To be signed by Party applying*) William Graham

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 and Licentiate of the Faculty of Physicians & Surgeons Glasgow — and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Lodgehawhill in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Graham residing at Lodgehawhill and that the said John Graham is a (5) Insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
His demeanour and expression of countenance are characteristic of insanity. He converses with him, his faculties are much perverted and his memory impaired. He is very restless and is evidently getting from bad to worse.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
William Graham - his brother and William the person with whom he is staying - State that he is very difficult to manage - and that he takes aversions to friends and will strike without provocation -

Name and Medical Designation, James Rae Anderson M.

Place of Abode, Eskbank Cavonbridge

DATED this twenty ninth day of March One thousand eight hundred and seventy one -

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Graham - Cabinet Maker - Lodgehawhill - and that the said John Graham is a (5) person of unsound mind - and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Peculiar expression of countenance & state of comers - Subjective irritable & excited. Complains against the people with whom he has been staying

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by Dr Graham that he has been in this Asylum before: and that he was violent in his former attacks

Name and Medical Designation, Alex Thomson M.

Place of Abode, Dumfries

DATED this first day of April One thousand eight hundred and seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a Graduate 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 John Graham, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

DATED this Second day of April One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Graham Rowanburn Canonbie Same Rae Anderson 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 Graham Tidehawfield, Peebles-shire and that the said John Graham is a (5) insane person & a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Graham as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Graham which accompanied the said Petition.

DATED this Third day of April One thousand eight hundred and Seventy one years

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

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.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Rae Anderson being (1) Doctor of medicine & Licentiate of the Faculty of Physicians & Surgeons Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Todshawhill in the County of Dumfries, seen and personally examined John Graham, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Jas. R. Anderson M.D.

Dated this 29th day of March One thousand eight hundred and 71

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Graham Rowanburn, Canonbie Certificates under the hands of James Rae Anderson 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 Graham Todshawhill, Peter's brother and that the said John Graham is a (5) insane person & a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Graham as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Graham which accompanied the said Petition.

Dated this Third day of April One thousand eight hundred and Seventy one years

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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John Graham
1/4/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,*—

The Petition of Joseph Welsh Respecter of Poor Inqueer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Ewart Market Square Maxwelltown your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Ewart to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Lordship or other County in which Petitioner stands to Lunatic.

Joseph Welsh Respecter of Poor Inqueer

(4) The date of the Petition must be within seven clear days preceding the dates of the Medical Certificates.

DATED this Second (4) day of April One thousand eight hundred and Seventy one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	James Ewart
Sex and Age,	Male 49 years of Age
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	a Granny man or Labourer
Religious Persuasion, so far as known,	Free Church
Previous Place of Abode,	42 Market Square Maxwelltown Inqueer
Place where Found and Examined,	Police Office Do Do
Length of time Insane,	about 12 months
Whether first Attack,	first attack
Age (if known) on first Attack,	48 years of Age
When and where previously under Examination and Treatment,	42 Market Square Maxwelltown Inqueer
Duration of existing Attack,	nearly 12 months
Supposed Cause,	Had three Flights shots (Paid later)
Whether subject to Epilepsy,	yes
Whether Suicidal,	yes
Whether Dangerous to others,	yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parishes of Inqueer
Date of becoming Chargeable,	4 months ago
Christian Name and Surname, and Place of Abode of nearest known 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 Jane Ewart his Mother residing in Police Office Dumfries and Elizabeth Ewart his wife residing in 42 Market Square Maxwelltown
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Second day of April One thousand eight hundred and Seventy One

(*To be signed by Party applying*) Joseph Welsh Respecter of Poor Inqueer

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Police
Maxwell Town
Kirkcudbright in the County
separately from any other Medical Practitioner,
visited and personally examined (4) James Ewart, a pauper
at
the said James Ewart is a (5) person
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He has an
imbecile look. Is greatly depressed mentally
and physically. Answers questions but with
difficulty. Has not felt well since he had a shock

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He is in the police office for violence & threatening to
his wife. She & the neighbours speak of his sudden attacks
of anger & of the great change that has come over him

Name and Medical Designation, William S Kerr

Place of Abode, Dumfries

DATED this 2nd day of April One thousand
hundred and Seventy one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Inglis
being a (1) Graduate of the Faculty of Physicians
and Surgeons Glasgow and College of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Police
Maxwell Town
Kirkcudbright in the County
separately from any other Medical Practitioner,
visited and personally examined (4) Ewart (a pauper)
and
the said James Ewart is a (5) person
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Seems in a
state of almost total [illegible] of
[illegible] the state that he has
many shocks of paralysis

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has been for some days back
becomes (at times) very [illegible] and [illegible]
take away [illegible]

Name and Medical Designation, Marshall [illegible]

Place of Abode, Dumfries

DATED this 2 day of April One thousand
hundred and Seventy one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr
being (1) Graduate of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Police office, Maxwell Town
in the County of Kirkcudbright, seen and personally examined
James Ewart, and that the said
person is of unsound mind, and 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 S Kerr M.D.

Dated this 2nd day of April One thousand eight hundred and Seventy one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph Aglen
Inspector of Poor Dropper
Certificates under the hands of William Smith Kerr MD
and William Marshall 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)
James Ewart, Market St Maxwelltown Labourer and that the said
James Ewart is a (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 Ewart as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Ewart which accompanied the said Petition.

Dated this Third day of April One thousand eight hundred and Seventy one years

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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James Ewart
2/4/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Owen Gologly, Broker, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Gologly or Cooney your Petitioner's (3) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Gologly or Cooney to the Southern Counties Asylum and to sanction the admission into the the said Asylum.

Owen Gologly

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this fourth (4) day of April One thousand eight hundred and Seventy one years —

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Gologly or Cooney
2. Sex and Age,	Female — 19 years of age —
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife to Broker
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	
8. Length of time Insane,	Five weeks
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	19
11. When and where previously under Examination and Treatment,	Never previously under treatment
12. Duration of existing Attack,	Five weeks
13. Supposed Cause,	Childbirth
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private
18. Date of becoming Chargeable,	4th April 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Owen Gologly, her Father, 11 Brewery St Dumfries — James Cooney, her Husband, English St. Dumfries — No member of Family ever insane —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourth day of April One thousand eight hundred and Seventy one

Owen Gologly

(*To be signed by Party applying*)

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James M: McCulloch M: D: &c
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
Asylum in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Gology, or Cooney
and that
the said Mary Gology or Cooney is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Puerperal ma
at first violent & unreasonable, now wishes to secret
moping &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Same

Name and Medical Designation, James M: McCulloch

Place of Abode, 16 Castle Street, Dumfries

DATED this 5th day of April One thousand eight
hundred and seventy one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians
Edinburgh and of the Faculty of Phys: & Surg. Glo
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
Asylum in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Gology or Cooney
and that
the said Mary Gology or Cooney is a (5) fit person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) 1st Mistaking rel
relatives for Demons, and 2nd Forgetting event
just passed.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She becomes excited and has a tendency
to hide herself from those around. Puerperal

Name and Medical Designation, Hugh Cunningham L.R.C.P.Ed

Place of Abode, 32 Church Crescent, Dumfries

DATED this Fifth day of April One thousand eight
hundred and seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Denholm being (1) Graduate 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 Mary Gologly or Cooney, and that the said person is of unsound mind, and 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 Denholm M.B &c

DATED this Fourth day of April One thousand eight hundred and Seventy one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ——— (1) Sheriff Substitute of the (2) County of Dumfries ——— having had produced to me, with a Petition at the instance of (3) Owen Gologly Broker Dumfries ——— Certificates under the hands of James M. M'Culloch ——— and Hugh Cunningham ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Gologly or Cooney residing in Dumfries (Vide Petition) and that the said Mary Gologly or Cooney is a (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 Gologly or Cooney 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 Gologly or Cooney which accompanied the said Petition.

DATED this Sixth day of April One thousand eight hundred and Seventy one.

David Boyle Hope

R.S.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Mary Golofly or Cooney
4/4/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,—*

The Petition of Frederick Gregory residing in Whitehaven humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marjory Gregory your Petitioner's (*) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Marjory Gregory to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Frederic Gregory

DATED this Fourth (*) day of April One thousand eight hundred and Seventy one

(*) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Marjory Gregory.
2. Sex and Age,	female age 52
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Protestant. F.C.
6. Previous Place of Abode,	Whitehaven
7. Place where Found and Examined,	Do
8. Length of time Insane,	11 years
9. Whether first Attack,	Do
10. Age (if known) on first Attack,	41
11. When and where previously under Examination and Treatment,	Glasgow
12. Duration of existing Attack,	See above
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Do yet at
16. Whether Dangerous to others,	times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mr F Gregory Lonsdale Place Whitehaven husband 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 Fourth day of April One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Frederic Gregory

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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: M'Culloch M: D: &c being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Royal Crichton Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Marjory Gregory and that the said Marjory Gregory is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Jealousy of her he jealous of the servants &c. in her own house. Facil & joyous or depressed without cause.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Ve Same

Name and Medical Designation, James M: M'Culloch

Place of Abode, 16 Castle Street, Dumfries

DATED this 5th day of April One thousand eight hundred and seventy one Year.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Scentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians Surg. Glasg. and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Marjory Gregory and that the said Marjory Gregory is a (5) ~~fit~~ person of unsound mind and a proper person to be detained 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 mind pursues one object or train of thought, which she views with unfounded apprehension, and extreme depression.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin &c

Place of Abode, 32 Church Crescent Dumfries

DATED this Fifth day of April One thousand eight hundred and Seventy one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist. being (1) a graduate of the University of 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 Marjory Gregory, and that the said person is of unsound mind, and 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 Fourth day of April One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Frederick Gregory residing in Whitehaven Certificates under the hands of James M. McCulloch and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Marjory Gregory, Whitehaven, (Petitioners wife) and that the said Marjory Gregory is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Marjory Gregory as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize you to cause Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marjory Gregory which accompanied the said Petition.

DATED this Sixth day of April One thousand eight hundred and Seventy one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Marjory Gregory

4/4/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 ~~of~~ Kirkcudbright *and his Substitutes,—*

The Petition of John Hunter

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Heriot Armstrong 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 Heriot Armstrong to the D. & G. Asylum Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Hunter.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifth (4) day of April One thousand eight hundred and Seventy one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Heriot Armstrong
2. Sex and Age,	F.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Formerly a domestic servant
5. Religious Persuasion, so far as known,	Presbyterian
6. ~~Previous~~ Place of Abode,	Biltwhistle Shut with Mrs McCartney
7. Place where Found and Examined,	
8. Length of time Insane,	
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Under the supervision of the Board of Lunacy.
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Suicidal.—
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Gilton.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Fifth day of April One thousand eight hundred and Seventy one.

(*To be signed by Party applying*) John Hunter Inspector

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Moffat being a (1) Bachelor of Medicine and Master of Surgery of the University of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkwhistle in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Herriot Armstrong and that the said Pauper Herriot 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) at times she is very excited, and more especially if personal restraint (in the way of locking her in the house) to prevent her leaving the house, she becomes very outrageous, struck furiously with her hands, screamed violently and earnestly requested to cut off her head with an axe. She lives in a state of great fear and laborers under a great variety of delusions. She has told me again and again and declared that the whole place was on fire; that we were all going down the Fleet; that the men putting the women in below the ground and sending them to the "Ill-bit"; the tables were constantly crashing in the house, that the married men a couple were on one table and the women on another, that Ireland was going to put down a single woman was a thing she would not allow; that the Lairds women from Edinburgh leave to the North Pole — When now Name and Medical Designation, James Moffat M.B. L.M. one would cut off her head for her Place of Abode, High St Gatehouse. the attempted suicide yesterday by drowning. Lastly She has already been under DATED this 5th day of April One thousand eight hundred and seventy one — treatment in an Asylum —

(7) *State the information, and from whom derived.*

2. ~~Other facts (if any) indicating Insanity communicated to me by others: (7)~~

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Michael Cox being a (1) Licentiate of the Royal Colleges of Physicians & Edinburgh & Member of Royal Practitioner and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Kirkwhistle Gatehouse of Fleet in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Herriot Armstrong and that the said Pauper Herriot 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) Labouring under delusions. such as being continually followed by Soldiers & being up by rats &c Attempted suicide yesterday by drowning - General incoherence

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Wandering thro' the Streets both Day & Night at all people to cut off her head. Knocking at doors alarming Night saying the place is on fire

Name and Medical Designation, J. Michael Cox
Licentiate of the Royal Colleges of Physicians & Edinburgh & Member of Royal Practitioner

Place of Abode, Gatehouse of Fleet

DATED this 5th day of April One thousand eight hundred and Seventy One

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Hyndman Dunbar (1) Depute Steward Substitute
of the (1) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (2) John Hunter
Certificates under the hands of James Moffat
and James Nicholl Cox, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Herriot Armstrong a Pauper and that the said
Herriot 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 Herriot Armstrong as a Patient into the (6) Southern District Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Herriot Armstrong which accompanied the said Petition.

DATED this Fifth day of April One thousand eight hundred and Seventy one

W H Dunbar L.S.

To the Superintendent of the (7) Southern District
Asylum of Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/624

v. Herriot. Armstrong.

6/4/71.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Shire of Renfrew *and his Substitutes,—*

The Petition of the Revd Robert P. Hutchison

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Hutchison

(2) State degree of relationship or other cause in which Petitioner stands to Lunatic.

your Petitioner's (2) son Robert Hutchison is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Hutchison to the Crichton Royal Institution Dumfries, and to sanction his admission into the the said Asylum.

P. P. Hutchison

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Sixth (4) day of April One thousand eight hundred and Seventy one

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Hutchison
2. Sex and Age,	Male. 25
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,	Cumberland Greenock
7. Place where Found and Examined,	Paisley
8. Length of time Insane,	Several hours
9. Whether first Attack,	Second Attack
10. Age (if known) on first Attack,	about a month ago
11. When and where previously under Examination and Treatment,	Never Examined before. Former attack 1869
12. Duration of existing Attack,	See 2nd & 8.
13. Supposed Cause,	Liver complaint
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father. Revd Robert P. Hutchison. Winchester England See Uncle after 8 mine fever.
20. Special circumstances (if any) preventing the 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 April One thousand eight hundred and Seventy one.

(*To be signed by Party applying*) P. P. Hutchison

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Daniel Richmond.
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) County
1 County Place Paisley in the County
Renfrew separately from any other Medical Practitioner
visited and personally examined (4) Robert Hutchison and
the said Robert Hutchison is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Maniacal excitement
Requesting to be shot &
offering to take Poison

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Strathkin Constable. James Taylor
Lieges one a Window — Revd H.
Richardson Husband

Name and Medical Designation, Daniel Richmond M.D.

Place of Abode, Paisley

Dated this fifth day of April One thousand eight
hundred and Seventy One.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Collyns
being a (1) Graduate of Glasgow Univ
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) County
1 County Place Paisley in the County
Renfrew separately from any other Medical Practitioner
visited and personally examined (4) Robt Hutchison and
the said Robt Hutchison is a (5) Person
of unsound Mind and a proper person to be detained
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 — stands in a rabid
position and refuses to be dressed — his
mouth foaming & countenance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Constable James Taylor states that
he — deny attempted to jump
the window & a third party — name

Name and Medical Designation, Hugh Collyns

Place of Abode, Gordon — Glasgow

Dated this sixth day of April One thousand eight
hundred and seventy one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Daniel Richmond being (1) a Graduate of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) 1 Corbett Island Paisley in the County of Renfrew, seen and personally examined Robert Hutchison, and that the said Robert Hutchison person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Daniel Richmond M.D.

DATED this Sixth day of April One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hogg Sheriff Substitute of the County of Renfrew having had produced to me, with a Petition at the instance of (3) The Revd Robt P. Hutchison Certificates under the hands of Daniel Richmond M.D. and Hugh Colligan M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Hutchison, Clergyman of the Church of Scotland and that the said Robert Hutchison is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Hutchison as a Patient into the (6) District Asylum of the Dumfries Galloway Crichton 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 Robert Hutchison which accompanied the said Petition.

DATED this Sixth day of April One thousand eight hundred and Seventy one

Wm Hogg

To the Superintendent of the (7) District Asylum of the Dumfries Galloway or Crichton Institution —

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Robert Hutchison

4/4/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 The Rev David Purves Macmillan F C Manse

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew Purves 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 Andrew Purves to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

David Purves

(4) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

DATED this twelfth (4) day of April One thousand eight hundred and twenty four years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Andrew Purves
2. Sex and Age,	Age 29
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk in Bank of Scotland Glasgow.
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	Macmillstown
8. Length of time Insane,	Fully four months
9. Whether first Attack,	First attack.
10. Age (if known) on first Attack,	~~Same~~ 29
11. When and where previously under Examination and Treatment,	Not previously examined and treated
12. Duration of existing Attack,	See Answer 8 Query 8.
13. Supposed Cause,	Evangelistic work, above his strength.
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,	David Purves, Macmillstown Father of Andrew Purves — Also of his Daughters under treatment for Insanity in Crichton Royal Institution.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twelfth day of April One thousand eight hundred and twenty four

(*To be signed by Party applying*) David Purves

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University, a
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Cricket
Royal Institution in the County o
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Andrew Purves Clerk
and that
the said Andrew Purves is a (5) person o
unsound mind and a proper person to be detained
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 abs
vacant look. Great depression of spirits. Say
has lost memory. Cant questions, or conduct busi
& becomes a blatant in the House

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
It is well known amongst his friends. th
he has been lately getting most excitable

Name and Medical Designation, William S Kerr

Place of Abode, Dumfries

DATED this 13th day of April One thousand eigh
hundred and Twenty one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Cricket
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Andrew Purves Clerk
and that
the said Andrew Purves is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His conver
vacant lying conversation. melancholic
appearance & incoherent ideas

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M.B.

Place of Abode, Dumfries

DATED this 13 day of April One thousand eight
hundred and 71.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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-
being (1) ~~A~~ a Graduate of the University of 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
andrew Purves, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. Gilchrist M.D.

DATED this Eleventh day of April One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ~~Sheriff~~ (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) The Rev David Purves
Maxwelltown F.C. Manse
Certificates under the hands of William Smith Esqr
and John Smith, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Andrew Purves Clerk Pittenweem son and that the said
Andrew Purves is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew Purves 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 Andrew Purves which accompanied the said Petition.

DATED this Thirtieth day of April One thousand eight hundred and Seventy one years

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Andrew Purves.

11/4/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Sprot of South Park Ayr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henrietta Dunlop Sprot 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 Henrietta Dunlop Sprot to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

F. Bloemk — John Sprot

DATED this Fourteenth (4) day of April One thousand eight hundred and Seventy one

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Henrietta Dunlop Sprot
2. Sex and Age,	female age 53
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Lady
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	ayr
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	a few days
9. Whether first Attack,	no 4th attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	
13. Supposed Cause,	Suppressed Menstruation
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,	no
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Sprot Husband
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	There is no known return

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

F. Bloemk

DATED this ~~Fourteenth~~ day of April One thousand eight hundred and Seventy one

(To be signed by Party applying) John Sprot

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 [illegible]
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Henrietta Sprot.
and that
the said Henrietta Sprot is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Tells me that
at her home she is constantly disturbed by certain noises
that some of her servants do cause. That in this pa
she makes her uncomfortable, by [illegible] person whether
she is present or not.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Dr Gilchrist informs me that for many
months she was an inmate of the Crichton
Institution

Name and Medical Designation, John [illegible] M.B
Dumfries

Place of Abode, Dumfries

DATED this 13th day of April One thousand eight
hundred and 11.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of the University of
Glasgow and Surgeon
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution - Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Henrietta Dunlop
Sprot - Lady - H. Sprot and that
the said Henrietta D. Sprot is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has delusions
about being poisoned - suspects members
of own family & servants - Hears strange
voices & otherwise morbidly suspicious -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by Dr Gilchrist that she has been
in this Institution before - & that the
delusions & suspicions go about

Name and Medical Designation, Alex Thomson M.B
Dumfries

Place of Abode, Dumfries

DATED this Fifteenth day of April One thousand eight
hundred and Eleven One years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a Graduate of the University of 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 Henrietta Dunlop Sprot, and that the said person is of unsound mind, and 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 Thirteenth day of April One thousand eight hundred and Seventy one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Sprot of South Park, Ayr. Certificates under the hands of John Smith MB &c. and Alexander Thomson MB &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) Henrietta Dunlop Sprot (Petitioners Wife) and that the said Henrietta Dunlop Sprot is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henrietta Dunlop Sprot 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 Henrietta Dunlop Sprot which accompanied the said Petition.

DATED this Nineteenth day of April One thousand eight hundred and Seventy Seven years

David Boyle Stope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1199

Henrietta Dunlop. Sprot

13/4/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Margaret Wilkin Larkhill Kirkmichael

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Wilkin

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Son

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Wilkin to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

Margaret Wilkin

(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 April One thousand eight hundred and 71.

STATEMENT.

If any 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 Wilkin
2. Sex and Age,	male. 40 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Medical man
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	London
7. Place where Found and Examined,	Larkhill Kirkmichael. Dumfries
8. Length of time Insane,	14 days
9. Whether first Attack,	Yes. first attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	14 days
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. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Wilkin, Larkhill. Mother No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of April One thousand eight hundred and 71.

(*To be signed by Party applying*) Margaret Wilkin

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Lochhill
Kirkmichael Dumfriesshire in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) George Wilkin Medical
man, London and that
the said George Wilkin is a (5) person
of unsound mind and a proper person to be detained
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 many times
Imagines that he is about to be murdered for having killed
his Mother. Also that he has been dead & is now alive. He
is in an excited incoherent manner.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Wilkin his mother informs me that during
the last five days he has been quite unmanageable

Name and Medical Designation, John Smith M.D.

Place of Abode, Dumfries

DATED this 15th day of April One thousand eight
hundred and 71.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Thomson
being a (2) Doctor of Medicine of the University
of Edinburgh & Surgeon
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Carlekton
Royal Institution Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) George Wilkin Medical
man London and that
the said George Wilkin is a (5) person
of unsound mind and a proper person to be detained
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 remarkable
delusions — thinks his body is in Heaven & his
Church yard & that his Spirit only stands here
& that he is the wonder of the age — a dead &
yet a living man!!

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Gilchrist informs me since his arrival
he has been in an excited state — and suffers
as above —

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Dumfries —

DATED this fifteenth day of April — One thousand eight
hundred and seventy one years —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned John Smith being (1) Registered Medical Practitioner hereby certify, on oath and conscience, that I have this day, at (2) Larchhill, Kirkmahoe in the County of Dumfries, seen and personally examined George Wilkin, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith, MB &c

DATED this 15th day of April One thousand eight hundred and 71.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, R Macdougall (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Margaret Wilkin, Larchhill, Kirkmahoe Certificates under the hands of John Smith M.B. &c and Alexander Thomson M.B. &c, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Wilkin Larchhill aforesaid Pet's Son and that the said George Wilkin is a (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 Wilkin 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 Wilkin which accompanied the said Petition.

DATED this Fifteenth day of April One thousand eight hundred and Seventy one.

R Macdougall

To the Superintendent of the (7) Asylum of Public Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1200

George Wilkin

15/4/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,—*

The Petition of James Austin Inspector of Poor for the Parish of Closeburn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Kennedy your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Kennedy to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Austin Inspector of Poor for the Parish of Holywood

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Eighteenth (*) day of April One thousand eight hundred and Seventy one

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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 Kennedy
2. Sex and Age,	Female — 62
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	next door Washer
5. Religious Persuasion, so far as known,	R. C.
6. Previous Place of Abode,	Park
7. Place where Found and Examined,	Do
8. Length of time Insane,	3 days
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	about 32 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	Two days
13. Supposed Cause,	Caused by over a Cause
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Closeburn
18. Date of becoming Chargeable,	16th 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 Family known to be or to have been Insane,	Mary Kennedy Sister Park No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eighteenth day of April One thousand eight hundred and Seventy one

(*To be signed by Party applying*) James Austin Inspector of Poor

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, Thomas Boyle Pearson being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Bank of Closeburn in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Kennedy and that the said Isabella Kennedy is an (5) Insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Unconscious of her condition. unable to reason. gives signs of fear. refuses food and would seem not to know those around her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Cannot prevail on her to take food. Sleeps does not indicate any of her natural wants

Name and Medical Designation, T B Pearson L.R.C.S.

Place of Abode, Thornhill

DATED this 14th day of April One thousand eight hundred and Seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Laidlaw Milligan being a (1) Doctor of Medicine of Edinburgh & L.R.C.S and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Bank of Closeburn in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Kennedy and that the said Isabella Kennedy is an (5) Insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) general state of mental unconsciousness, refuses food, liable to fits of anger Physical condition very bad. evidently suffering from organic

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Previous History Will not take food, or continue in bed, goes about in Clinic. under state, indicate none of her natural wants.

Name and Medical Designation, John L. Milligan M.D. L.R.C.S

Place of Abode, Hayfield Thornhill

DATED this 14th day of April One thousand eight hundred and Seventy one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Dunholm being (1) Graduate of the Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Isabella Kennedy, and that the said person is of unsound mind, and 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 Dunholm M.B &c

DATED this fourteenth day of April One thousand eight hundred and Seventy one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (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, Closeburn Certificates under the hands of Thomas Boyle Grierson, Surgeon and John Laidlaw Milligan 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 Kennedy, Park, Closeburn, a pauper and that the said Isabella Kennedy is (5) insane person

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Kennedy as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Kennedy which accompanied the said Petition.

DATED this Eighteenth day of April One thousand eight hundred and seventy one years

Lauderdale Maitland

To the Superintendent of the (7) Public Asylum of Southern Counties Asylum Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
625
Isabella Kennedy
14/4/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Lowdon
of Middlesex & Westminster and his Substitutes,—for the Stewarty
of Kirkcudbright
The Petition of John Hannah Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Stratton

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (3)
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Stratton to the Southern Londons Asylum Dumfries and to sanction her admission into the the said Asylum.

John Hannah

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 18th (4) day of April One thousand eight hundred and seventy one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Stratton (Maiden name Rich)
2. Sex and Age,	Female age 46
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourers Wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	Kirkcudbright
8. Length of time Insane,	about 15 days
9. Whether first Attack,	no
10. Age (if known) on first Attack,	about 36
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	about 15 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,	19th April 1871
19. Christian Name and Surname, and Place of Abode of nearest known 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 Stratton Husband none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 18th day of April One thousand eight hundred and seventy one

(*To be signed by Party applying*) John Stratton

John Hannah P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Johnstone
being a (1) M.D. of Edin & member of the Royal Coll
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Millburn
Kirkcudbright
Kirkcudbright in the County o
separately from any other Medical Practitioner,
visited and personally examined (4) Helen Shattan a pa
and that
the said Helen Shattan is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) From her ex
violence being dangerous to herself a

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Wm Johnstone

Place of Abode, Kirkcudbright

DATED this fourteenth day of April One thousand eight
hundred and twenty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Blair
being a (1) L.R.C.S. Ed.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Millburn
Kirkcudbright
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Helen Shatton a
pauper and that
the said Helen Shatton is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) From her ex
treme violence being dangerous t
herself & others.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, David Blair

Place of Abode, Kirkcudbright

DATED this 18th day of April One thousand eight
hundred and twenty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Steward Substitute
of the (3) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (4) John Hannah
Inspector of Poor for the Parish of Kirkcudbright
Certificates under the hands of William Johnstone
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)
Helen Stratton and that the said
Helen Stratton is a (6) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Stratton as a Patient into the (Lunatics 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 Stratton which accompanied the said Petition.

DATED this Eighteenth day of April One thousand eight hundred and Seventy one

W H Dunbar J.S.

To the Superintendent of the (7)
Lunatic Asylum of Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/626

v. Helen Nish or Straton

18/4/71.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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, Maxwell Street Dalbeattie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Johnstone. Gentleman 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 Johnston to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Janet Johnstone

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty first (4) day of April One thousand eight hundred and twenty one

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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 Johnstone
2. Sex and Age,	Male - age 45
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Maxwell Street Dalbeattie
7. Place where Found and Examined,	
8. Length of time Insane,	
9. Whether first Attack,	no
10. Age (if known) on first Attack,	17 or 18
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	a few days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 wife residing at Maxwell St Dalbeattie
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty first day of April — One thousand eight hundred and twenty one

(*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.*

(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) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Johnstone Saltcoats and that the said William Johnstone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Melancholy great depression, and delusions

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been several times in the Asylum

Name and Medical Designation, P. Murray M.D.

Place of Abode, Crichton R. Dumfries

DATED this 20th day of June One thousand eight hundred and 71

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, 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 Thompson being a (1) Doctor of Medicine of the University of Edinburgh & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Johnstone Saltcoats and that the said William Johnstone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Depression of spirits: and confusion of ideas — confusion of feelings in the head —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been several times in the Asylum before

Name and Medical Designation, Alex Thomson M.D

Place of Abode, Dumfries

DATED this Twenty eight day of April One thousand eight hundred and Seventy one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist
being (1) a graduate of the University of 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
William Johnstone, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Gilchrist MD

DATED this Nineteenth day of April One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Janet Johnstone
Maxwell Street Dalbeattie,
Certificates under the hands of Patrick Murray
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) William Johnstone Maxwell St Dalbeattie Pts Husb 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 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 Twenty first day of April One thousand eight hundred and seventy one.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1201

v William Johnston
April 19/71

v William Johnston
April 19/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of Samuel B Leonard. C.E. Banteer County Cork Ireland

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Leonard 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 Samuel Leonard to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

Twenty first Samuel B. Leonard

DATED this ~~Twenty~~ (4) day of April One thousand eight hundred and ^Seventy one

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Name and Surname of Patient at	Samuel Leonard
Age,	Male 28
Single, or Widowed,	Single
of Life, and previous Occupation	College Student
Persuasion, so far as known,	Member of Church of Ireland
Place of Abode,	Dromtariffe Vicrage, ^ Cork, Banteer
ere Found and Examined,	Dumfries
f time Insane,	~~8 years~~
first Attack,	two
known) on first Attack,	~~22~~ 23 years.
d where previously under Examination Treatment,	1863 Finglass Institution Ireland
of existing Attack,	near Dublin
Cause,	not known
subject to Epilepsy,	no
Suicidal,	no
Dangerous to others,	no
Union to which the Lunatic (if a r) is Chargeable,	
ecoming Chargeable,	
Name and Surname, and Place of of nearest known Relative of the t, and degree of Relationship (if), and whether any Member of y known to be or to have been In-	Samuel B Leonard Dromtariffe Vicrage Banteer Co Cork Ireland not known - a Cousin is supposed to have been so -
ircumstances (if any) preventing the on of any of the above particulars,	

y, that, to the best of my knowledge, the above particulars are correctly stated.

this ~~Twenty fifth~~ ^ day of April One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Samuel B. Leonard

P. P

William Johnstone April 19/71

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Yorke M.D.
being a (1) Fellow Faculty Physicians Surgeons
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Auchterarder
in the County of Perth separately from any other Medical Practitioner,
visited and personally examined (4) Samuel Bell Leonard
and that the said Samuel Bell Leonard is a (5) 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, violent conduct, making escape very frequently. Wandering in the woods and incoherent talking.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex Yorke M.D.

Place of Abode, Auchterarder

DATED this 20 day of April One thousand eight hundred and Seventy one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons 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) The Crichton Royal Institution
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Samuel Bell Leonard
and that the said Samuel Bell Leonard is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Dejection of Spirits Seclusion and timidity: he talks incessantly and there is alternate excitement and depression. There is a peculiar wildness of countenance.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has escaped from home and wandered in the woods.

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin. L.F.

Place of Abode, 32 Church Crescent. Dumfries

DATED this Twentyfirst day of April One thousand eight hundred and Seventyone.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Alex Forbes M.D.
being (1) Fellow of the Physicians Surgeons & Glasgow Dumfries
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Samuel Bell Leonard, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Forbes M.D.

Dated this 20 day of April One thousand eight hundred and seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition, at the instance of (3) Samuel B Leonard
Clerk, Banker County Cork Ireland
Certificates under the hands of Alexander Forbes MD
and Hugh Cunningham 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)
Samuel Leonard Resident Grange Banker Cork Ireland and that the said
Samuel Leonard 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 Samuel Leonard 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 Samuel Leonard which accompanied the said Petition.

Dated this Twenty sixth day of April One thousand eight hundred and seventy one

David Boyle Hope

To the Superintendent of the (7) 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.

1202

Samuel Leonard

20/4/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Duncan Clapperton Insp: of Pol: Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Walter Jardine Watchhill Annan 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 Walter Jardine to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

D. Clapperton.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this First (4) day of May One thousand eight hundred and Seventy one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Walter Jardine
2. Sex and Age,	Male 38 years
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Fisherman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Watchhill.
7. Place where Found and Examined,	Watchhill.
8. Length of time Insane,	about 1 [illegible] year.
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	37 years.
11. When and where previously under Examination and Treatment,	Carlisle Asylum
12. Duration of existing Attack,	about one week
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Date of becoming Chargeable,	1st May. 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Catherine Jardine, Watchhill, Annan Mother of Patient— Aunt lately in Lo'co: 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 First day of May One thousand eight hundred and Seventy one years.

(*To be signed by Party applying*) D. Clapperton, Insp:

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Allan Ewart
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) Establishment in the Parish of Lanercost in the County of Dumfries
separately from any other Medical Practitioner visited and personally examined (4) Walter Sandiman a pauper and that the said Walter Sandiman is a (5) Person of Unsound Mind and a proper person to be detained 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 excited appearance & restless Manner &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Neighbours inform me that he threatened violence to his Mother and occasionally to be beat

Name and Medical Designation, Allan Ewart. Surgeon

Place of Abode, Edenhall Hall. Lanercost

DATED this first day of May One thousand eight hundred and Seventy one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Little
being a (1) Doctor of Physicine & 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) Walton Hill in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Walter Sandiman. a pauper and that the said Walter Sandiman is a (5) person of unsound mind and a proper person to be detained 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 excited appearance - talkativeness & his general appearance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by neighbours - that he has become very restless & unsettled - suspicious of ~~his~~ and frequently abuses his Mother & turns her of the house -

Name and Medical Designation, James Little M.D

Place of Abode, Mansfield - Annan

DATED this first day of May One thousand eight hundred and Seventy one -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Ewart being (1) Licentiate of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Whitehill Cottage in the County of Dumfries, seen and personally examined Walter Sarding, and that the said person is of unsound mind, and 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 Ewart

DATED this first day of May One thousand eight hundred and seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Duncan Clapperton Inspector of Poor Annan Certificates under the hands of William Ewart Surgeon and James Little 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) Walter Sarding Wathhill Annan (a pauper) and that the said Walter Sarding is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Walter Sarding 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 Sarding which accompanied the said Petition.

DATED this first day of May One thousand eight hundred and seventy one years

David Boyle Hope

To the Superintendent of the (7) Asylum of Public Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
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Walter Sardine
2/5/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Jane Marchbank, Star Inn Close, Moffat

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Marchbank your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Marchbank to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Jane Marchbank

Dated this twenty fifth (4) day of May One thousand eight hundred and fifty one years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Marchbank
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Star Inn Close. Moffat
7. Place where Found and Examined,	Star Inn Close. Moffat
8. Length of time Insane,	—
9. Whether first Attack,	No
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	one month
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Jane Marchbank. Star Inn Close Moffat. Wife. sister was insane an inmate of Southern Counties Asylum but soon recovered.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty fifth day of May One thousand eight hundred and fifty one

(To be signed by Party applying) Jane Marchbank

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Proper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Munro
being a (1) Member of the Royal College of Physicians & Licentiate of Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Star Inn Moffat Dumfries in the County of
separately from any other Medical Practitioner visited and personally examined (4) John Marchbank. St. Inn Close, Moffat and that
the said John 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.:—

1. Facts indicating Insanity observed by myself: (6)
Cannot be made to work. Keeps bed & says afraid to work. When reasoned with gets excited

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The above facts.

Name and Medical Designation, James Munro M.D.Ed.

Place of Abode, Moffat

Dated this 15th day of May One thousand eight hundred and fifty one

? 1871
Clerical error ~~1851~~

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a proper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thompson
being a (1) Doctor of Medicine of the Univers of Glasgow and Surgeon
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Southern Counties Asylum Dumfries in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) John Marchbank
James Mottram and that
the said John 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.:—

1. Facts indicating Insanity observed by myself: (6) He is in a depressed and melancholy condition and thinks everything is going against him

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by Dr Gilchrist that he has been here before for a similar attack

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Castle St Dumfries

Dated this twenty sixth day of May One thousand eight hundred and Seventy one Years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Munro
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Star Inn Close Moffat
in the County of Dumfries, seen and personally examined John
Marchbank. Jones, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro. M.D & Surgeon

Dated this 15th day of May One thousand eight hundred and fifty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Mrs Jane Marchbank
Star Inn Close Moffat,
Certificates under the hands of James Munro,
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
Marchbank, Star Inn Close Moffat (Otherwise Knox) and that the said
John 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 John Marchbank 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
Marchbank which accompanied the said Petition.

Dated this Twenty second day of May One thousand eight hundred and seventy one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

John Buchanan
24/5/41

Solan Bay chaplain
24/5/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of David Wightman residing Kirkmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Wightman your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Wightman to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

David Wightman

DATED this 20th (4) day of May One thousand eight hundred and 71

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Wightman
2. Sex and Age,	27 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers Son
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	New mains, Kirkmichael
7. Place where Found and Examined,	New mains Kirkmichael
8. Length of time Insane,	about 14 days
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	27
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	14 days
13. Supposed Cause,	Excitement during Farm sales
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,	David Wightman. Father.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of May One thousand eight hundred and 71.

(*To be signed by Party applying*) David Wightman

P.T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John [illegible]
being a (1) Graduate & Edinburgh Univ
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kenmure, Dumfries
visited and personally examined (4) Robert Wightman. Farmer & Lon. New mains.
the said Robert 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) He is excited appearance, rambling conversation & changed manner. He mentions his intimates during the last ten years. Several occasions within the last fortnight have noticed in him a decided change in his manner.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His father informs me that during the last few years his whole conversation has been regarding cattle dealing. That he has gone to many sales & contracted himself for a great many. He has observed a great change in him during the last 10 days.

Name and Medical Designation, John [illegible] M.D.

Place of Abode, 39 Castle St Dumfries

DATED this 19th day of May One thousand eight hundred and 71.

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, Alexander Thompson
being a (1) Doctor of Medicine of the University of Glasgow and Surgeon
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Creighton Royal Institution — Dumfries
visited and personally examined (4) Robert Wightman Farmer Lon Mainsgate, Kirkmahoe and that
the said Robert 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) Talks in an excited and incoherent manner about sheep sales and what he has bought thereat — his claims as a judge of animals, that he cannot be excelled by any man, has many high flown ideas, [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by Joseph Edgar a neighbour who accompanied here that he has shown excitement at sales lately & present in a foolish manner. This has been noticed by many people: has shown a change in manner that daily [illegible]

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, 27 Church St Dumfries

DATED this twenty fifth day of May One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate of Edinburgh Medical School
hereby certify, on soul and conscience, that I have this day, at (2) Newmains, Kirkmichael
in the County of Dumfries, seen and personally examined
Robert Wightman, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.B.

DATED this 19th day of May One thousand eight hundred and 71.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esq (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) David Wightman,
Newmains, Kirkmichael,
Certificates under the hands of John Smith
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)
Robert Wightman (Petitioner's son) and that the said
Robert Wightman is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Wightman 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 Robert Wightman which accompanied the said Petition.

DATED this twenty-second day of May One thousand eight hundred and seventy one.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1207.

v. Robert Wightman

May 20/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Steward *of the* (2) Stewartry of Kirkcudbright *and his Substitutes,*—

The Petition of Mrs Margaret Barclay

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Barclay grocer Castle Douglas your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Barclay to the Royal Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other quality in which Petitioner stands to Lunatic.

× Margaret Barclay

Dated this 20th (4) day of May One thousand eight hundred and twenty one

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	John Barclay
Sex and Age,	male
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	grocer & spirit merchant
Religious Persuasion, so far as known,	Established Church of Scotland
Previous Place of Abode,	
Place where Found and Examined,	Castle Douglas
Length of time Insane,	For some weeks
Whether first Attack,	First attack
Age (if known) on first Attack,	
When and where previously under Examination and Treatment,	
Duration of existing Attack,	
Supposed Cause,	Some Mental Treatment Emergent Cause
Whether subject to Epilepsy,	
Whether Suicidal,	yes
Whether Dangerous to others,	yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 20th day of May One thousand eight hundred and twenty one years

(*To be signed by Party applying*) × Margaret Barclay.

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Lorraine LR C & S Edin
being a (1) Graduate of Edin: University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Castle Dou
in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) John Barclay grocer in C
and that
the said John Barclay is a (5) person of unsou
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

I. Facts indicating Insanity observed by myself: (6) Conversation rel
& manner - violent at times, very suspicious of the inmates of the house.
Suspects everything he takes has been adul
& blames his wife for endeavouring to poison

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife & the other inmates of the house
that he cannot be restrained he is so irrat
& threatens frequently some injury to th

Name and Medical Designation, Walter Lorraine M.B

Place of Abode, Castle Douglas

Dated this 20th day of May One thousand eight hundred and seventy one 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, John Kerr
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Castle Dou
in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) John Barclay, Grocer, Castle D
and that
the said John Barclay is a (5) person of unso
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Conversation ra
and loose, wandering from the Subject-& a
slovenly in his personal habits & careless of his app
- ance, says his drink is adulterated & watered

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife & other inmates of the house say that he
-times outrageous & violent & threatens & injures &
attempts it occasionally

Name and Medical Designation, John Kerr M.B

Place of Abode, Castle Douglas

Dated this 20th day of May One thousand eight hundred and Seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Hyacynth Dunbar (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Margaret Barclay, wife of John Barclay, Grocer in Castledouglas, Certificates under the hands of Walter Lorraine, M.D and John Nivison M.B. & C.M., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) the said John Barclay and that the said John Barclay is a (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 Barclay as a Patient into the Southern (6) 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 Barclay which accompanied the said Petition.

DATED this twenty first day of May One thousand eight hundred and seventy one.

W H Dunbar

To the Superintendent of the (7) Richardton Royal Institution *Asylum of* Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1208

John Barclay

21/5/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Watret, Labourer, Sunnybrae, Kirkmahoe humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Sister Agnes Watret is at present in a state of Mental Derangement, and 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 Watret to the R. C. Asylum, Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Watret

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (4) day of May One thousand eight hundred and seventy one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Watret
2. Sex and Age,	Female 38
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer in a Bone Mill.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	- - - - - - - - -
7. Place where Found and Examined,	Sunnybrae
8. Length of time Insane,	One week
9. Whether first Attack,	No.
10. Age (if known) on first Attack,	25
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	(1) Suppression of Menses (2) Prior tendency to insanity.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	- - - - - - - -
18. Date of becoming Chargeable,	- - - - - - - -
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Watret, Sunnybrae, Kirkmahoe. Brother. Her Aunt 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 29th day of May One thousand eight hundred and seventy one.

(*To be signed by Party applying*) William Watret

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, James Johnstone Paterson being a (1) Member of the College of Physicians and Surgeons - Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Lummyhae in the County of Dumfriesshire separately from any other Medical Practitioner, visited and personally examined (4) Agnes Watret and that the said Agnes Watret is a (5) 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)
Found her rolling on the "Green", and when asked, why she did so, "I was watering Tuschias". What did you want with a Knife Answer— oh yes, it remembered on't— The Bible, many similar

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Brother William Watret states that she threatned to cut her with a Knife— and broke the windows of neighbouring

Name and Medical Designation, James Johnstone Paterson Surgeon

Place of Abode, Dumfries

DATED this 28th day of May One thousand eight hundred and seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Watret and that the said Agnes Watret is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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^st Incoherent, discourse, fits of loud laughter III Alternate excitement and depression.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She is restless, and desires to escape— attendant informs me.

Name and Medical Designation, Hugh Cunningham 32 Church Crescent.

Place of Abode, L.R.C.P. Edin. & L.R.P.S.G. Dumfries

DATED this 29th day of May One thousand eight hundred and seventy-one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Johnstone Paterson being (1) a Member of the College of Physicians & Surgeons, Glasgow. hereby certify, on soul and conscience, that I have this day, at (2) Summybrae in the County of Dumfries, seen and personally examined Agnes Wabet, and that the said person is of unsound mind, and 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 Johnstone Paterson

DATED this 28th day of May One thousand eight hundred and seventy one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Wabet, Labourer Summybrae Kirkmahoe Certificates under the hands of James Johnstone Paterson and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Wabet Summybrae Kirkmahoe (Petr's sister) and that the said Agnes Wabet — is a (5) Lunatic, and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Wabet as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize per. Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Wabet which accompanied the said Petition.

DATED this Thirtieth day of May One thousand eight hundred and seventy one.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

630
Agnes Watt
29/5/41

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,—*

23 Friar's Vennel Dumfries

The Petition of Benjamin McAllister humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Smith, your Petitioner's (3) Brother-in-Law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Smith to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Benjamin McAllister

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (4) day of May 29 One thousand eight hundred and Seventy one - 71

STATEMENT.

If any 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 Smith
2. Sex and Age,	Male - 38
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	~~Labourer~~ Farm worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dunscore
7. Place where Found and Examined,	Dunscore
8. Length of time Insane,	Twenty years
9. Whether first Attack,	—
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	never been under treatment -
12. Duration of existing Attack,	Three months
13. Supposed Cause,	to known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable to Parish
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Benjamin McAllister - his brother in-law Mary Smith or McAllister - his sister both residing at 23 Friars Vennel Dumfries no other member of family insane -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of May One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Benjamin McAllister

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Lorimer, Physician being a (1) Member of the University of St Andrews and being in actual practice as a (2) Physician in Glencairn hereby certify, on soul and conscience, that I have this day, at (3) Whitedykes Parish of Dunscore in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Smith residing at Whitedykes and that the said John Smith is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

I have known him for many years, He is always of weak intellect but recently has been getting home wandering habits, and talking incoherently & other symptoms of insanity.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

What is stated to me by others fully confirm the opinion I have formed from my own observation

Name and Medical Designation, Andrew Lorimer M.D.

Place of Abode, Laurieston, Glencairn

Dated this 28th day of May One thousand eight hundred and seventy one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royale College of Physicians in Edinburgh and of the Society of Physicians and Surgeons and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Smith. Farm Worker and that the said John 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.:—

1. Facts indicating Insanity observed by myself: (6) I Raving incoherent II Great excitability and III There is a confusion in the countenance.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Attendant informs me that he has been very much excited.

Name and Medical Designation, Hugh Cunningham L.R.C.P. Edin.

Place of Abode, 32 Church Crescent Dumfries

Dated this ~~Twenty~~ ninth day of May One thousand eight hundred and Seventyone years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Dewhorn being (1) a Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined John Smith, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Dewhorn M.B.

DATED this twenty ninth day of May One thousand eight hundred and seventy one years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Benjamin M'Allister, 23 Friars Vennel, Dumfries Certificates under the hands of Andrew Lorimer and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Smith, Farm Worker, Whitesyke, Dunscore Parish in Law and that the said John Smith is a (5) person of unsound mind, and a Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Smith 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 Smith which accompanied the said Petition.

DATED this Thirtieth day of May One thousand eight hundred and seventy one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

E31
John Smith
25/5/41

a Sheriff or Steward.
b Size or Borough.

a State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

a The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

1. Christian Name and length,
2. Sex and Age,
3. Married, Single,
4. Condition of Life (if any),
5. Religious Persuasion
6. Previous Place of
7. Place where Found
8. Length of time In
9. Whether first Att
10. Age (if known) a
11. When and where
tion and Treatm
12. Duration of existi
13. Supposed Cause,
14. Whether subject t
15. Whether Suicidal,
16. Whether Dangero
17. Parish or Union
Pauper) in Cha
18. Date of becoming
19. Christian Name a
Mode of ascer
Patient, and
known), and, w
Family known
nam
20. Special circumsta
knowledge of any

I certify, that,

Dated this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,—

The Petition of John Dinwoodie. Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Turner residing at ~~Burnhill~~ Dickens Close Dumfries your Petitioner's (*) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Turner to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Third (*) day of June One thousand eight hundred and Seventyone.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Turner
2. Sex and Age,	male — 15 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No Occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	not accurately known
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	about 14 years
11. When and where previously under Examination and Treatment,	Dumfries & Southern C. Asylum
12. Duration of existing Attack,	not known
13. Supposed Cause,	Epilepsy
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	~~no~~ yes
16. Whether Dangerous to others,	rather
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	3 June 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Third day of June One thousand eight hundred and Seventyone

(*To be signed by Party applying*) John Dinwoodie

P. 2

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall
being a (1) graduate of the Faculty of Physicians & Surgeons Glasgow and College of Physicians
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dicksons Close
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Robert Turner (a pauper)
and that
the said Robert Turner is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Speaks myself Swearing and Blasphemes in a most furious Manner his mother and Sister also both present

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The neighbours state that they cannot sleep when he is out of the fearful noises he creates

Name and Medical Designation, W Marshall M.D.

Place of Abode, Brecken Street Dumfries

DATED this 3 day of June One thousand eight hundred and Seventy one Years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians of Edinburgh & of the Faculty of Physicians and Surgeons in Glasgow
and being in actual practice as a (2) Physician and Surgeon.
hereby certify, on soul and conscience, that I have this day, at (3) Dicksons Close
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Robert Turner (a pauper)
and that
the said Robert Turner is a (5) 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 There is alternate excitement and depression; II Incoherent talking III a Vacant look. IV and great Ankfulness to his nearest relations.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother informs me that he threatens threatens to destroy himself, and that about this

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin.

Place of Abode, 32 Church Crescent, Dumfries

DATED this Third day of June One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Sheriff Substitute
of the (2)
having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries,
Certificates under the hands of Millard Marshall
and Hugh Cunningham , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Robert Turner, Dickson's Close Dumfries (a pauper) and that the said
Robert Turner is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Turner as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Turner which accompanied the said Petition.

DATED this Third day of June One thousand eight hundred and seventy one.

L Maitland

To the Superintendent of the Asylum of (7) Public Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

632
Robert Thrower
3/10/11

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries *and his Substitutes,*—

The Petition of John Dinwoodie. Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Kerr. residing in the Infirmary Dumfries your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Kerr to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this Twelfth (4) day of June One thousand eight hundred and Seventyone

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Kerr 21 years
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Baker, formerly Bootclower
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dalbeattie formerly Kilmarnock
7. Place where Found and Examined,	Dumfries & Galloway Royal Infirmary
8. Length of time Insane,	Unknown
9. Whether first Attack,	Unknown
10. Age (if known) on first Attack,	Unknown
11. When and where previously under Examination and Treatment,	Dalbeattie
12. Duration of existing Attack,	Unknown
13. Supposed Cause,	Hypochondriasis
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,	10 June 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Kerr Rosemount Ironworks Leslie None known to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of June One thousand eight hundred and Seventy: one

(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, Wm Keown Mowat Esqr being a (1) Graduate of the Faculty of Physicians and Surgeons and College of Physicians London and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Infirmary Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Kerr (a pauper) and that the said John Kerr is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently imagines that he is subject to incessant persecution by Jews, Romanists &c. is destitute of clothing and that his insanity renders his confinement necessary

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The nurse states that he wanders through ward all night complaining that he cannot sleep for fear of molestations &c.

Name and Medical Designation, Wm Keown Mowat M.D.

Place of Abode, Buccleuch Street Dumfries.

Dated this 7th day of June One thousand eight hundred and Seventy 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, William Smith Kerr being a (1) Graduate of Glasgow University &c and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Infirmary Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Kerr (a pauper) and that the said John Kerr is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He fancies he has all manner of diseases, is very much annoyed at imaginary facts incoherently. Is sleepless & restless.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The other patients got no rest last night owing to his wandering through the wards

Name and Medical Designation, William Smith Kerr.

Place of Abode: Dumfries

Dated this 10th day of June One thousand eight hundred and Seventy two years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr
being (1) Board of Glasgow Lunacy
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries Infirmary
in the County of Dumfries seen and personally examined
John Kerr a Pauper, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William S Kerr M.D.

DATED this 10th day of June One thousand eight hundred and Seventy one Years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Rainnie
Inspector of Poor Dumfries
Certificates under the hands of William Marshall MD &c
and William Smith Kerr 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)
John Kerr residing in the Infirmary Dumfries a pauper and that the said
John Kerr is a (5) Lunatic and a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Kerr as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Kerr which accompanied the said Petition.

DATED this Twelfth day of June One thousand eight hundred and Seventy one Years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) The Sheriff of the (2) County of Lanark and his Substitutes—

The Petition of James Caird 88 West Princes St. Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Caird 532 St. Vincent Street Glasgow your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Caird 532 St. Vincent Street to the Dumfries Royal Crichton Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Caird Jr.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this seventh (4) day of June One thousand eight hundred and 71

STATEMENT.

If any 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 Caird
2. Sex and Age,	Male seventy years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Middle class. lately a farmer
5. Religious Persuasion, so far as known,	Free church of Scotland
6. Previous Place of Abode,	Nursery Kirkcudbright
7. Place where Found and Examined,	532 St Vincent Street Glasgow
8. Length of time Insane,	six months
9. Whether first Attack,	Yes first attack
10. Age (if known) on first Attack,	never
11. When and where previously under Examination and Treatment,	six months
12. Duration of existing Attack,	not known
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Caird 88 West Princes Street Glasgow Son no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this seventh day of June One thousand eight hundred and seventy one

(To be signed by Party applying) James Caird Jr.

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Miller being a (1) M. D. of the Glasgow University & Fellow of the Faculty of Physicians & Surgeons in Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 532 Saint Vincent St Glasgow in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) James Caird residing at 532 St Vincent St Glasgow and that the said James Caird is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Confusion of thought - begins a sentence, then turns round & gives a silly laugh before it is finished. Has a delusion that he is to grow till he is ten feet in height.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) by his wife - that he is very restless & unmanageable. He threatens to go out by the window. That he fancies his room is a field -

Name and Medical Designation, Hugh Miller M.D. 771

Place of Abode, 463 St Vincent St Glasgow

DATED this seventh day of June One thousand eight hundred and seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Donald Campbell Black being a (2) Doctor of Medicine of the Univ.ty of Glasgow, and a Member of the Royal College of Surgeons Edinburgh, and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 532 St Vincent Street Lanark in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) James Caird, residing at 532 Vincent St Glasgow and that the said James Caird 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) Inconsistency of speech defective memory; is unable to fix his attention on any subject, and has frequent loss of ~~K~~ - I believe patient to be suffering from softening of the brain

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) by Mrs Caird (patient's wife) That he has numerous delusions such as buildings in the neighbourhood to be pulled down, difficulty to manage &c

Name and Medical Designation, D. Campbell Black M.D.L.R.C.P.

Place of Abode, 467 St Vincent St.

DATED this Seventh day of June One thousand eight hundred and 71

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Eustace Murray (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) James Caird 532 St Vincent Street Glasgow Certificates under the hands of Hugh Miller and Donald Campbell Black, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Caird, residing at 532 St Vincent St Glasgow and that the said James Caird is a (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 Caird as a Patient into the Royal Crichton Asylum at Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Caird which accompanied the said Petition.

DATED this Ninth day of June One thousand eight hundred and Seventy One years. One word deleted.

A. Eustace Murray

To the Superintendent of the (7) Royal Crichton
Institution Asylum at Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1209

James Caird

June 12/21

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,—

The Petition of Robert Dempster, Balnab, near Whithorn, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Dempster or Wilson your Petitioner's (*) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Dempster or Wilson to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

Robt Dempster

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixteenth (*) day of June One thousand eight hundred and Seventy one years —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Dempster or Wilson
2. Sex and Age,	Female - about 56
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Twelve years or so
9. Whether first Attack,	3d attack
10. Age (if known) on first Attack,	Forty four years
11. When and where previously under Examination and Treatment,	Crichton Institution & Southern Counties Asylum
12. Duration of existing Attack,	One month
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private
18. Date of becoming Chargeable,	16th June 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Dempster, her Brother, Balnab near Whithorn — No other member of family Insane —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixteenth day of June One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Robt Dempster

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, the medical
being a (1) Graduate of Edinburgh, Member of
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 69 High
Dumfries
Dumfries in the County of
visited and personally examined (4) Jane Dempster or Wilson, separately from any other Medical Practitioner,
and that
the said Jane Dempster or Wilson is a (5) person of unsound
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She wanted appearance & sudden changeable manner; at one time in tears & immediately afterwards laughing & behaving strangely in an agreeable excitement. Pain a very

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Reid Clerk whom she has been staying with informs me that the last 5 or 6 weeks she has been quite unmanageable on account of irregularity in coming into the house & indecent conduct & has been three times previously in Asylum

(Name and Medical Designation) John Smith M.

Place of Abode 15 Dumfries

DATED this 15 day of June One thousand eight hundred and 71

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edi and of the Faculty of Physicians and Surgeons in G
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 69 High Stree
Dumfries
Dumfries in the County of
visited and personally examined (4) Jane Dempster or Wilson, separately from any other Medical Practitioner,
and that
the said Jane Dempster or Wilson is a (5) person of unsou
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The patient is ver and conning, talks incessantly and has alterna fits of excitement and depression.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her informs me that she wanders from place to place is sometimes in a melancholic state, and at other much excited, also that she has an inordinate pass for strong drink, and that she was in an Asylum on two previo

(Name and Medical Designation) Hugh Cunningham M.

Place of Abode 32 Church Crescent Dumfries

DATED this Sixteenth day of June One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, being (1) Graduate of Edinburgh Univ. & M.B. 1871 hereby certify, on soul and conscience, that I have this day, at (2) 69 High Street Dumfries in the County of Dumfries, seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.B.C.M.

DATED this 16th day of June One thousand eight hundred and 71.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Dempster, Balnab, near Whithorn, Certificates under the hands of John Smith, and Hugh Cunningham, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Dempster or Wilson, a widow residing Dumfries Peter's sister and that the said Jane Dempster or Wilson is a (5) Person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Dempster or Wilson 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 Dempster or Wilson which accompanied the said Petition.

DATED this Seventeenth day of June One thousand eight hundred and seventy one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

634

Jane Dempster or Wilson

16/6/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (†) County of Dumfries and his Substitutes,—

The Petition of John Dinwoodie Inspector of Poor, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Goodman residing at Irving Place Dumfries your Petitioner's (‡) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Goodman to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(‡) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

Dated this twentieth (§) day of June One thousand eight hundred and seventy one

(§) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hugh Goodman
2. Sex and Age,	Male 36 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Irving Place Dumfries
7. Place where Found and Examined,	Dumfries examined at police Office
8. Length of time Insane,	About a month
9. Whether first Attack,	3 April 1868
10. Age (if known) on first Attack,	32 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	about a month
13. Supposed Cause,	Blow on the Head
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	20 June 1871 former attack 3 April 1868
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Goodman Mother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twentieth day of June One thousand eight hundred and seventy one

(*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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Scuttle Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Police Office
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Goodman, a Pauper
and that
the said Hugh Goodman is a (5) person of
unsound mind and a proper person to be detained
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 delusion
of his being under the influence of Roman
Spirits. Talks incoherently.
Has symptoms of an attack of apoplexy.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Police officers found him drunk & annoying
on the street.

Name and Medical Designation, William S. Kerr M.B.

Place of Abode, Dumfries

DATED this 20th day of June One thousand eight
hundred and Seventy Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Physicians & Surgeons
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Police Office
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Goodman a Pauper
and that
the said Hugh Goodman is a (5) 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
Declares that he has been made a Prisoner
through some Electric influence &c. that
must die on constant attendance &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
by police who tell me that he gets into fits
paroxysms of swearing and singing &c.

Name and Medical Designation, W. Marshall M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 20th day of June One thousand eight
hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Sndra (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 Pellgaw Smith Keir MD
and William Marshall MD &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)
Hugh Goodman Irvine Place Dumfries a pauper and that the said
Hugh Goodman is a (5) person of unsound & a lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Goodman as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Goodman which accompanied the said Petition.

DATED this Seventeenth day of June One thousand eight hundred and seventy one years

James Sndra

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/635

v Hugh Goodman

20/6/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes.*

The Petition of Thomas Wilson residing in Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Dickson now Wilson your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Dickson Wilson to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(1) State degree of relationship or other reason in which Petitioner stands to Lunatic.

Thomas Wilson

DATED this Twenty third (4) day of June One thousand eight hundred and seventy one.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Dickson now Wilson
2. Sex and Age,	Female 56 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	44 Queensberry Street Dumfries
7. Place where Found and Examined,	44 do. do
8. Length of time Insane,	Since Tuesday last
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	55 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	Four days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Wilson Husband 44 Queensberry Street no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty third day of June One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Thomas Wilson

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wallace Marshall being a (1) Graduate and Faculty of Physicians and Surgeons and College of Phys. and Surg. N.Y.

and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Queensbury Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Dickson or Wilson and the said Elizabeth Dickson or Wilson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently swears and blasphemes in a violent manner uses foul language to all and sundry &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband states that for the last few years she raves raving and wandering night & day

Name and Medical Designation, Wallace Marshall M.D.

Place of Abode, Barclosh Street Dumfries

DATED this 23 day of June One thousand eight hundred and Seventy one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smillie Kerr being a (1) Graduate of Glasgow University and

and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Queensbury Street Dumfries Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Dickson or Wilson and the said Elizabeth Dickson or Wilson is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is at present violent & talks incoherently. Has delusions about her family.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband says, she is fairly out of her mind again & cannot be controlled—

Name and Medical Designation, William S. Kerr

Place of Abode, Dumfries

DATED this 23rd day of June One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries Stewartry having had produced to me, with a Petition at the instance of (3) Thomas Wilson residing in Dumfries Marshall M D & Certificates under the hands of William Marshall M D and William Smith Kerr 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," stating that they had separately visited and examined (4) Elizabeth Dickson now Wilson Patient and that the said Elizabeth Dickson now Wilson is a (5) person of unsound mind and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Dickson now Wilson as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Dickson now Wilson which accompanied the said Petition.

DATED this twenty third day of June One thousand eight hundred and seventy one years

David Boyle Hope

To the Superintendent of the (7)
Public Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/636

Elizabeth Dickson or Wilson

23/6/71

N.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 Scott 3 Langlands Street Kilmarnock

Past Weaver.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Anderson or Scott of Sanquhar is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Anderson or Scott to the Southern Counties' Asylum. Dumfries and to sanction her admission into the said Asylum.

(SIGNED) John Scott (Husband)

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Ninth (*) day of June One thousand eight hundred and Seventy one

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Anderson or Scott
2. Sex and Age,	F 49 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Carpet Weavers wife
5. Religious Persuasion, so far as known,	United Presbyterian Church of Scotland
6. Previous Place of Abode,	Sanquhar
7. Place where Found and Examined,	Sanquhar
8. Length of time Insane,	About three months.
9. Whether first attack,	First
10. Age (if known) on first Attack,	49 years
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	About three months.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
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,	John Scott. husband. Carpet Weaver 3 Langlands Street Kilmarnock No. None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* John Scott (Husband)

DATED this Twenty Sixth day of June One thousand eight hundred and Seventy One.

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Jackson Kennedy being a (1) Licentiate of the Royal College of Physicians Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Sanquhar in the County of Dumfries. separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Anderson or Scott and that the said Elizabeth Anderson or Scott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Melancholic and labouring under delusions. Has threatened to commit suicide

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Husband & others has made statements of similar facts.

(SIGNED) *Name and Medical Designation,* W. Kennedy Physician & Surgeon

Place of Abode, Sanquhar

DATED this 29th day of June One thousand eight hundred and seventy one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith being a (2) Graduate of the Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Anderson or Scott and that the said Elizabeth Anderson or Scott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her acts and excited appearance incoherency of speech and inability to answer questions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* John Smith M.B.

Place of Abode, Dumfries

DATED this Twenty ninth day of June One thousand eight hundred and Seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Elizabeth Anderson or Scott is a (1) person of unsound mind hereby further certify that the Case of the said Elizabeth Anderson or Scott is One of Emergency, and I recommend the immediate removal of the said Elizabeth Anderson or Scott to an Asylum accordingly.

Name W. Kennedy Physician & Surgeon

Place of Abode, Langholm

Dated this 29th day of June One thousand eight hundred and Seventy One

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope —— (1) Sheriff Substitute of the (2) County of Dumfries, —— having had produced to me, with a Petition at the instance of (3) John Scott, 3 Langlands Street Kilmarnock, —— Certificates under the hands of William Jackson Kennedy, —— and John Smith, ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Anderson or Scott Langholm (Peters wife) and that the said Elizabeth Anderson or Scott is a (5) person of unsound mind, —— and a proper Person to be detained, and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Anderson or Scott 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 Anderson or Scott which accompanied the said Petition.

(Signed) David Boyle Hope

Dated this Sixth day of July One thousand eight hundred and seventy one.

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.

1/637

Elizabeth Anderson or Scott

29/6/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Eliza Inglis, Bonnington Brae Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Inglis your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Inglis to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Eliza Inglis

DATED this 30th day of (4) June One thousand eight hundred and seventy one

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Inglis
2. Sex and Age,	Male. 64 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Mill Master & Corn Merchant
5. Religious Persuasion, so far as known,	United Presbyterian Church
6. Previous Place of Abode,	Bonnington Brae. Edinburgh
7. Place where Found and Examined,	Forrester House. Moffat
8. Length of time Insane,	Seven 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,	seven months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Eliza Inglis, wife Bonnington Brae 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.

DATED this 30th day of June One thousand eight hundred and seventy one

(*To be signed by Party applying*) Eliza Inglis

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians Edin & alentiate 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) Forrester House Moffat Dumfries, in the County of separately from any other Medical Practitioner visited and personally examined (4) John Inglis, Forrester House Moffat and that the said John Inglis is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
suppose that all the world is poisoned & that body is poisoned - that he is a dung heap & some h 24 plode - refuses to take food

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Munro M.D. L.R.

Place of Abode, Moffat

DATED this 30th day of June One thousand eight hundred and seventy one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh & Member and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Inglis, Merchant Forrester House Moffat and that the said John Inglis is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His delusions of persecution & delusions, imagines that everything around him has exploded & that he also will the same fate, Refuses to take food

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M.D.

Place of Abode, Dumfries

DATED this 30th day of June One thousand eight hundred and 71

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Munro
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Forrester House Moffat
in the County of Dumfries, seen and personally examined
John Ingles, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro M.D. L.R.C.S. Edin.

DATED this 28th day of June One thousand eight hundred and seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Mrs Eliza Ingles,
Bonnington Brae, Edinburgh,
Certificates under the hands of James Munro
and John Smith, , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Ingles, Forrester House, Moffat, Sister's Husband and that the said
John Ingles, — is a (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 Ingles as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Ingles which accompanied the said Petition.

DATED this First day of July One thousand eight hundred and Seventy one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1210

John Ingdis

30/6/71

[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 James Brown Inspector of Poor parish of Sanquhar being desirous to transfer Mary Gilchrist at present a Patient in Royal Edinburgh Asylum, and (¹) a pauper lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Southern Counties Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Mary Gilchrist and a Medical Certificate with respect to her mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James Brown
Inspector of Poor.

DATED at Sanquhar this Twenty Third day of June One thousand eight hundred and Seventy One —

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Mary Gilchrist
2. Sex and Age,	30 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	domestic Servant —
5. Religious Persuasion, so far as known,	Protestant —
6. Date of Admission into Asylum,	6 March 1871
7. Length of time Insane,	From that date
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	—
10. Duration of existing Attack,	From 6 March 1871
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,	Sanquhar
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of her Family known to be, or to have been Insane,	Not Known.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Brown Inspector of Poor

DATED this 23rd day of June One thousand eight hundred and Seventy One —

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned John Wilkinson L.R.C.P.
being (1) a Licentiate of the Royal College of Physi
hereby certify that I have this day at (2) Morningside Asylum
personally examined Mary Gilchrist at present a
Patient in said Asylum, and with respect to her Mental State that she is of
unsound Mind

; and with respect to her
Bodily Health and Condition that she is in pretty fair health

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

Dated this 26th day of June One thousand eight hundred and 71 years

John Wilkinson M.D.

(1) State Medical Qualifications.
(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

Application having been made to the Board by (1) the Inspector of Poor Langholm to authorize the transfer of Mary Gilchrist from Royal Edinburgh Asylum to Royal Asylum Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Mary Gilchrist as requested.

(2) Valid for 14 days from date

James Cox Commissioner.

Dated at Edinburgh, this 27th day of June One thousand eight hundred and Seventy one

(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.

Date of Sheriff's Order 7th March 71

1/638
Mary Gilchrist
1/7/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 of Kirkcudbright and his Substitutes,—

The Petition of Anne Murray

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Isabella Macgowan your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Isabella Macgowan to the Crichton Royal Institution Dumfries and to sanction admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Anne Murray

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 30th (4) day of June One thousand eight hundred and Seventy one year.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Macgowan
2. Sex and Age,	Sixty six
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	New Galloway
7. Place where Found and Examined,	Meadowbank
8. Length of time Insane,	4 or 5 years
9. Whether first Attack,	No
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	From May to Nov. 1870 in Crichton Royal Institution Dumfries
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Anne Murray New Galloway
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this thirtieth day of June One thousand eight hundred and seventy one year

(To be signed by Party applying) Anne Murray

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Aberd. and a member of the Royal College of Surgeons of Engla and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Meadow-Bank New-Galloway in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mrs Isabella Macgowan, a w Lady residing at Mea-dow Bank, New-Galloway and that the said Mrs Isabella Macgowan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 she cannot die, which has caused such Mental distress as to have led her to attempt Suicide.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Miss Murray, her sister has communicated the same information as above & that she was an inmate of the Crichton Institution for a period of 6 months.

Name and Medical Designation, } Alfred McKinley Millman M.D. Aberd. M.R.C.S.

Place of Abode, New Galloway

DATED this Thirtieth day of June One thousand eight hundred and seventy one Year.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Trotter M.D. being a Registered being a (1) Medical Practitioner Edinburgh and being in actual practice as a (2) a Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Meadowbank New Galloway in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mrs Isabella MacGowan and that the said Mrs Isabella MacGowan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 cannot die as my then & can take little or no food and is in such mental distress as to induce her to threaten herself

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That she was an inmate of the Crichton Institution Dumfries for Six months &

Name and Medical Designation, } Robert Trotter M.D

Place of Abode, Dairy New Galloway

DATED this Thirteenth day of June One thousand eight hundred and seventy one year

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Hyamitto Dunbar (1) Gre Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Anne Murray

Certificates under the hands of Alfred McKinley Millman
and Robert Weller , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Macgowan and that the said
Isabella Macgowan 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 Isabella Macgowan as a Patient into the (6) Crichton Royal Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Macgowan which accompanied the said Petition.

DATED this First day of July One thousand eight hundred and Seventy one

W H Dunbar

To the Superintendent of the (7) Crichton Royal Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1211

v Isabella McGowan

4/7/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Johnstone, Rae Street Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Johnstone Church St Moffat your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Johnstone to the Crichton Institution and to sanction her admission into the the said Asylum.

John Johnstone

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this sixth (4) day of July One thousand eight hundred and Seventy one

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Johnstone
2. Sex and Age,	Female Aged 72
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	House Wife
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Church Street. Moffat
7. Place where Found and Examined,	Church Street. Moffat
8. Length of time Insane,	Two months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Two months.
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane,	John Johnstone. Rae Street Moffat. Brother. Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this sixth day of July One thousand eight hundred and Seventy one

(*To be signed by Party applying*) John 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Munro
being a (1) Member of the Royal College of Physicians & 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) Church St Moffat in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Johnstone Church Street Moffat and that the said Elizabeth Johnstone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) suppose that she is utterly ruined and nothing but before her refuses to take her food although plenty for fear of want, from what I can

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the above facts & her friends being with her all night in consequence of

Name and Medical Designation, James Munro M.

Place of Abode, Moffat

DATED this Sixth day of July One thousand eight hundred and Seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh Member of the Royal College of Physicians
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries. in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Johnstone Grocer's Wife, Moffat and that the said Elizabeth Johnstone is a (5) Married woman and a proper person to be detained 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 melancholy appearance & delusions, imagining that the world is being entirely against her. & that she is completely ruined

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M.D.

Place of Abode, Dumfries

DATED this sixth day of July One thousand eight hundred and seventy one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Munro being (1) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Church Street Moffat in the County of Dumfries, seen and personally examined Elizabeth Johnstone, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro M.D. L.R.C.S.Edin.

DATED this 5th day of July One thousand eight hundred and seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) John Johnstone, Rae Street Moffat — Certificates under the hands of James Munro — and John Smith, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Johnstone Church St Moffat Dressmaker, and that the said Elizabeth 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 Elizabeth Johnstone, — as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Johnstone, which accompanied the said Petition.

DATED this Sixth day of July One thousand eight hundred and seventy one

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1212.

Elizabeth Johnstone

July 6/71

[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 Colin Christison Inspector of Poor Kirkcunner Parish, being desirous to transfer George Cathcart a Pauper Lunatic of the Parish of Kirkcunner at present a Patient in Glasgow Royal Lunatic Asylum, and (¹) a Pauper Lunatic of the Parish of Kirkcunner 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 George Cathcart 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.

× Colin Christison ×

× Inspector of Poor Kirkcunner Parish ×

DATED at Glasgow (Lunacy Rooms) this fourth day of July One thousand eight hundred and Seventy one years

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	George Cathcart
2. Sex and Age,	Male aged 21 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Sailor
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	9th June 1871
7. Length of time Insane,	24 days.
8. Whether first Attack,	first
9. Age (if known) on first Attack,	21 years
10. Duration of existing Attack,	24 days,
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	No —
13. Whether Suicidal,	Yes
14. Whether Dangerous to others,	Not at present —
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Kirkcunner, Wigtonshire.
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,	George Cathcart (father) residing in Wigtonshire (Scotland) No Member of family ever known to have been Insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) × Colin Christison Inspector ×

DATED this fourth day of July One thousand eight hundred and Seventy one years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Alexander Mackintosh M.D.
being (1) Licentiate of the Faculty of Physicians & Surgeons
hereby certify that I have this day at (2) the Glasgow Royal Asylum Gartnavel
personally examined George Cathcart at present a
Patient in said Asylum, and with respect to his Mental State that he is
quite incoherent

; and with respect to his
Bodily Health and Condition that they are tolerably good.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

Alexander Mackintosh M.D.

Dated this fifth day of July One thousand eight hundred and seventy-one

(1) State Medical Qualification.
(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

Application having been made to the Board by (1) Eden Christison Inspector of Poor Parkhouse Parish

to authorize the transfer of George Cathcart
from Glasgow Royal Asylum to Southern Counties Asylum, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said George Cathcart as requested.

James Law Commissioner.

Dated at Edinburgh, this 6th day of July One thousand eight hundred and seventy one

(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.

date of Sheriff's Order 30 June 1871

1/639
George Cathcart
11/7/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Maria Alice Wilson Harold Manor Parish of Maria

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Wilson your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Wilson to the Crichton Institution Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Maria A Wilson

(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 Seventy one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Wilson
2. Sex and Age,	male. abt sixty six
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Private Gentleman formerly Merchant
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Isle of Man
7. Place where Found and Examined,	Harold Tower, Douglas
8. Length of time Insane,	Partly to two years
9. Whether first Attack,	No
10. Age (if known) on first Attack,	upwards of fifty
11. When and where previously under Examination and Treatment,	Never before
12. Duration of existing Attack,	Ten months
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes on one occasion
16. Whether Dangerous to others,	Decidedly so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Maria Alice Wilson, Wife, Harold Tower
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Removal on his mothers side

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 Seventy one

(*To be signed by Party applying*) ~~Thomas Wilson~~

Maria A Wilson

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Dodd Esq
being a (1) Member of the Royal College Sur
Lancon
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Harold H
Douglas Isle of Man in the County o
separately from any other Medical Practitioner
visited and personally examined (4) Mr Thomas Wilson
and tha
the said Thomas 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) Complete
aberration of intellect: quite incapable
of performing any of the ordinary & necessary
Duties of life

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Threatening the lives of Members of his
& also his own. destroying his furniture &c
his family for which obliged to be restrained last

Name and Medical Designation, George Dodd M

Place of Abode, West Derby Cheshire

DATED this 7th day of July One thousand eight
hundred and seventy one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Samuel Christian Nelson
being a (1) Graduate of St. Andrews & member of
the Royal College of Surgeons of England
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Burrows
Tavern, Crosby, Marown in the ~~County of~~
Isle of Man separately from any other Medical Practitioner,
visited and personally examined (4) W. Thomas Wilson
of Harold Tower Douglas Isle of Man and that
the said Thomas 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) Sudden change
of Character, being possessed with delusions
outrageous conduct, endangering life
both that of others & other incapability
managing his affairs

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Violent & outrageous conduct
& threatening of all kinds

Name and Medical Designation, S. Nelson MD

Place of Abode, Sydney Mount Douglas Isle of Man

DATED this 14th day of July One thousand eight
hundred and seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, R. Aitken M.D. being (1) a Graduate in Medicine of 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 Wilson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

R. Aitken M.D.

DATED this Fourteenth day of July One thousand eight hundred and Seventy One

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Maria Alice Wilson Harold Tower Isle of Man Certificates under the hands of George Dodd M.R.C.S. L.S.A. and Samuel Christian Nilson M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Wilson Harold Tower Isle of Man and that the said Thomas Wilson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Wilson 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 Wilson which accompanied the said Petition.

D. B. Hope Sheriff Substitute

DATED this Eighteenth day of July One thousand eight hundred and seventy one years

David Boyle Hope

To the Superintendent of the (7)
Public Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Dumfries 18th July 1871. Having considered the foregoing Petition, - for the reasons stated in the subjoined note, - We refuse to grant the Warrant thereof.

David Boyle Sheriff.

Note. The Petition ought not to have been signed by the Petitioner until the Certificates Nos 1 & 2 had been signed by duly qualified Medical Practitioners; But said Petition has evidently been filled up on the Seventh July current but as the second Certificate has not been granted until the 14th of said Month, the Petitioner has evidently altered the date of the Petition and accompanying Statement or has got the same altered to the 17th of the same Month to suit the date of the Medical Certificate last granted. This is highly irregular, and should not be countenanced - But the fact of the Petitioner not having signed the statement of particulars subjoined to the Petition, His ~~is~~ affidavit ~~is~~ so clearly against the statements as to justify the refusal of the Prayer of the Petition and it is refused accordingly but without decision being given on the merits of the irregularity above pointed out.

D. B. S.

1213.
Thomas Wilson
July 17/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 D. Andrew Key Merchant Rose

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Key - Jessie Mackie or Key your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Jessie Mackie or Key to the Dumfries Royal Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

D. Andrew Key

Dated this 28th (4) day of July One thousand eight hundred and Seventy one

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jessie Keay Mackie or Key
2. Sex and Age,	Female 35 -
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,	Moniaive
7. Place where Found and Examined,	Do -
8. Length of time Insane,	Ten days
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	~~two~~ Ten Days -
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No -
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	D. Andrew Key - husband - - Do -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None -

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 28th day of July One thousand eight hundred and Seventy one

(To be signed by Party applying) D. Andrew Key

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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 Lawrence being a (1) M.D. St. Andrews & L.R.C.P. Edin.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Asylum
Montrose in the County of Forfar separately from any other Medical Practitioner
visited and personally examined (4) Mrs Key and that
the said Mrs Key is a (5) person of
unsound mind and a proper person to be detained
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 labours under delusions &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The above is corroborated by her friends & states
has attempted personal violence

Name and Medical Designation, Laurence M.D.

Place of Abode, Asylum Montrose

DATED this twenty seventh day of July One thousand eight
hundred and seventy one.—

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned, David Johnstone
being a (1) M.D. of Aberdeen & L.R.C.S. Ed.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Asylum
Montrose in the County of Forfar separately from any other Medical Practitioner
visited and personally examined (4) Mrs Key Asylum
Montrose and that
the said Mrs Key is a (5) person
of unsound mind and a proper person to be detained
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 incoh
she is deluded & violent & thin
for

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Same as above and has attem
to commit suicide

Name and Medical Designation, David Johnstone M.D.

Place of Abode, Montrose

DATED this 27th day of July One thousand eight
hundred and seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, David Johnstone
being (1) M.D. Aberdeen & Member
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined Mrs Key
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

David Johnstone M.D.

DATED this 29th day of July One thousand eight hundred and seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Dr Andrew Key Montrose Samuel Lawrence
Certificates under the hands of and David 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) Mrs Jessie Kerr Milne or Key (Petitioners wife) and that the said Mrs Jessie Kerr Milne or Key is a (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 Jessie Kerr Milne or Key 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 Jessie Kerr Milne or Key which accompanied the said Petition.

DATED this Twenty ninth day of July One thousand eight hundred and seventy one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

-1213-

Jessie Kerr Milne or Key

-July 28/21-

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries and his Substitutes,—

The Petition of William Bydin Woodforeshiel Ruhun Cottage Dalbeattie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Bydin your Petitioner's (*) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Bydin to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Wm Bryden

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 4th (*) day of August One thousand eight hundred and seventy one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Bydin
Sex and Age,	Female age 58 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Woodforeshiel Wife no previous occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Johnston Annandale
7. Place where Found and Examined,	Ruhun Cottage Dalbeattie
8. Length of time Insane,	Three months
9. Whether first Attack,	no
10. Age (if known) on first Attack,	about 30 years of age
11. When and where previously under Examination and Treatment,	Ruhun Cottage Dalbeattie
12. Duration of existing Attack,	Three months
13. Supposed Cause,	Constitutional
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Bydin Woodforeshiel Ruhun cottage Dalbeattie no other member of family ever Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th day of August One thousand eight hundred and seventy one

(*To be signed by Party applying*) Wm Bryden

P. 2

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert McKechar
being a (1) Bachelor of Medicine Master in Surgery
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Dalbeattie
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Bryden and that
the said Mrs Bryden is a (5) person of
unsound mind and a proper person to be detained
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 patient is restless; dances about the room and
sits loudly, when spoken to by her husband she
becomes excited and uses abusive & indecent language
Talks incessantly. Threatens to strike him with fist.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Husband states that she was previously confined
in an asylum, got better and on being set
with proprietor. Has some delusions such as that
he (the husband) is too familiar with females in

Name and Medical Designation, Rob Kechan M.B. &c

Place of Abode, Dalbeattie

DATED this third day of August One thousand eight
hundred and seventy one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, J. Paterson Lewis
being a (1) Doctor of Medicine of the University of Glasgow
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Richorn Cottage
near Dalbeattie in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Sarah Bryden wife of
William Bryden and that
the said Sarah Bryden is a (5) person of
unsound mind and a proper person to be detained
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, unstable expression of countenance – moves rapidly about the room lifting one object after another & makes meaningless remarks – does not remember my name or her position – does not know her age, nor the month – does not know how long since she last left the Asylum – Conversation most incoherent – keeps dancing about the room – throws her arms about my neck –

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her daughter tells me that she has great difficulty in managing her – that she is much given to tearing things about and threatening with violence when she refuses – told her yesterday she had a dagger she would stab her – Her husband says that she threatened him with the same thing

Name and Medical Designation, J. Paterson Lewis,

Place of Abode, Dalbeattie,

DATED this fourth day of August One thousand eight
hundred and seventy one,

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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, Lauderdale Maitland, — (1) Sheriff Substitute
of the (2) County of Dumfries —
having had produced to me, with a Petition at the instance of (3) William Brydon,
Woodforrester, Richan Cottage, Dalbeattie, —
Certificates under the hands of Robert M'Kerchar, —
and A Paterson Lewis, —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Sarah Brydon, Richan Cottage aforesaid, Pitsmiglo and that the said
Sarah Brydon — is a (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 Brydon — as a Patient into the (6) Public Asylum of Southern Counties — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Brydon which accompanied the said Petition.

DATED this Fifth day of August One thousand eight hundred and seventy one.

A Maitland

WCK.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/640

v Sarah Brydon

5/8/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries of Dumfries and his Substitutes.

The Petition of Anne Robertson, Bartonsclow Nairn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Daniel Gardner Robertson 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 Daniel Gardner Robertson to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

And Anne Robertson

DATED this 5th day of (4) August One thousand eight hundred and 71

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Daniel Gardner Robertson.
2. Sex and Age,	Female 40 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Dressmaker
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous Place of Abode,	Nairn
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Seven months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	40 years
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Seven months
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Anne Robertson. Mother 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.

DATED this 5th August day of August One thousand eight hundred and 71

(*To be signed by Party applying*) Anne Robertson

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, John Smith being a (1) Graduate of Edinburgh & Member Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Hall Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Harriet Gardner Robertson Dalbeattie, Nurse and that the said Harriet Gardner Robertson is a (5) Person Husband Friends and a proper person to be detained under Care and Treatment, 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 Relatives appearance & delusions. Imagines that her relatives are conspiring against her & that at night she hears noises from unseen objects

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her relatives inform me that during the last seven months she has been in the same state as I have above described.

Name and Medical Designation, John Smith M.D.

Place of Abode, Dumfries

DATED this 3rd day of August One thousand eight hundred and 91.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Alexander Thomson being a (2) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Hall - Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Harriet Gardner Robertson Dalbeattie - Nurse and that the said Harriet Gardner Robertson is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Depressed and melancholy appearance - says the company dreads something happening to her - hears voices & notices for which she cannot account

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by her sister that above state has existed for several months, and also that she is irritable and restless & cannot sleep at night.

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Dumfries

DATED this 29th day of August One thousand eight hundred and Eighty-one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate of Edinburgh University Medical School
hereby certify, on soul and conscience, that I have this day, at (2) Commercial Hotel Dumfries
in the County of Dumfries, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.B.

Dated this 8th day of August One thousand eight hundred and 71.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Sheriff Substitute
of the (1) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Anne Roberson,
Barbours Close, Nairn
Certificates under the hands of John Smith,
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) Harriet Gardner Roberson, (Petr's Sister) and that the said
Harriet Gardner Roberson is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Harriet Gardner Roberson 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 Harriet Gardner Roberson which accompanied the said Petition.

Dated this Seventh day of August One thousand eight hundred and seventy one.

Lauderdale Maitland

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.

1216

Harriet Gardner Robertson

August 5/21

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Charles King Esq. Inverleigh House Ayr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Walker King 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 Walker King to the Crichton Royal Institution Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Charles King

Dated this ninth (4) day of August One thousand eight hundred and Seventy one

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Walker King
2. Sex and Age,	male 43.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	merchant
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	New Abbey
7. Place where Found and Examined,	Crichton R. Institution, Dumfries.
8. Length of time Insane,	about a year
9. Whether first Attack,	no
10. Age (if known) on first Attack,	42.
11. When and where previously under Examination and Treatment,	Crichton R. Institution Dumfries
12. Duration of existing Attack,	a few hours
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charles King Inverleigh House Ayr — his father.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this ninth day of August One thousand eight hundred and Seventy one.

(*To be signed by Party applying*) Charles King

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Rogers being a (1) Graduate of the University of Gl[illegible] and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Roy[illegible] Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas Walker King and that the said Thomas W. 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Incoherent talk. Noisy & outrageous manner. Talking, laughing, crying &c in rapid succession.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Loud, inarticulate cries during the night. Talking to imaginary beings. Information derived from Dr.

Name and Medical Designation, Will[illegible] Rogers, M.B.

Place of Abode, Newabbey, Nr Dumfries

DATED this ninth day of Augt One thousand eight hundred and seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Patrick M. Murray being a (1) Graduate of the University Edinb[illegible] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Creighton Institution Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas Walker King and that the said Thomas Walker King is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless, [illegible] and incessant in speech, is constantly talking about his religious views and [illegible] on religious subjects.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Graham informs me, that he [illegible] and [illegible] on the [illegible] Sabbath after this

Name and Medical Designation, P. Mc Murray M.B.

Place of Abode, Buccleuch St Dumfries

DATED this 9th day of Augt One thousand eight hundred and 71

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) 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 Thomas Walker King, and that the said person is of unsound mind, and 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. M. Murray M.D.

Dated this 6th day of Augt One thousand eight hundred and 71

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Landsdale Maitland, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Charles King, Sweetbrigh House, Nyr Certificates under the hands of William Rogers, and Patrick M. Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Walker King, Newabbey, (Petitioners son,) and that the said Thomas Walker King, 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 Thomas Walker King 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 Walker King which accompanied the said Petition.

Dated this Eleventh day of August One thousand eight hundred and Seventy one.

W.K.

Landsdale Maitland

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.

1217

Thomas Walker King

August 6/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) Shire of Dumfries and his Substitutes,—

The Petition of Robert Shennan Inspector of Poor Kirkgunzeon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Mc Rie a pauper on the Poor Roll Kirkgunzeon your Petitioner's (*) ~~Robert Shennan Inspector of Poor~~ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Mc Rie to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Shennan Inspector of Poor

Dated this Seventh (*) day of August One thousand eight hundred and Seventy one

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If enough to the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Mc Rie
2. Sex and Age,	Female 54
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Resided with her father till his death
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Kirkgunzeon Village
8. Length of time Insane,	has been coming on for the last two years
9. Whether first Attack,	first
10. Age (if known) on first Attack,	54
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Still going on
13. Supposed Cause,	intemperate habits
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. Date of becoming Chargeable,	29th December 1868
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Members of Family known to be or to have been Insane,	David Mc Rie Brother Milkhill Kirkgunzeon no other member of family ever insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventh day of August One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Robert Shennan Inspector of Poor

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, J. Paterson Lewis
being a (1) Doctor of Medicine of the University of Glasgow
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan village
in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary McKie.
and that the said Mary 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.:—

1. Facts indicating Insanity observed by myself: (6) Restless — says she has sinned found guilty for murder — does not know her age, the year, the month or the day of the week.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her landlady tells me that her habits are most filthy. She has been quite harmless.

Name and Medical Designation, J. Paterson Lewis MB

Place of Abode, Dalbeattie,

DATED this fifth day of August, One thousand eight hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, B.W. Strachan
being a (1) Bachelor of Medicine & Master in Surgery
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkgunzeon village
in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary McKie, a pauper
and that the said Mary 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.:—

1. Facts indicating Insanity observed by myself: (6) patient wanders on the public road exploring her state of alienation from her reason, cannot remember what she was doing on the previous day

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her habits the nurse tells me, are filthy in the extreme compared to what they were before her mind began to break

Name and Medical Designation, B.W. Strachan MB.

Place of Abode, Dalbeattie

DATED this fifth day of August One thousand eight hundred and seventy one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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.

1/4

I, Lauderdale Maitland, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Sherman, Inspector of Poor, Kirkgunzeon, Certificates under the hands of J. Paterson Lewis, and R. M'Kirchar, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary M'Kie Kirkgunzeon Village (a Pauper) and that the said Mary M'Kie, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary M'Kie 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 M'Kie, which accompanied the said Petition.

DATED this Seventh day of August One thousand eight hundred and seventy one.

L Maitland

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/641
Mary Ann Lee -
4/8/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 *and his Substitutes,—*

The Petition of William Mackie, Inspector of Poor, Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Rae, pauper, residing at Wigtown ~~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 Robert Rae to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

Wm Mackie. Insp. of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (4) day of September One thousand eight hundred and seventy one 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,	Robert Rae
2. Sex and Age,	Male - aged 32 Yr years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper, labourers son
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wigtown
7. Place where Found and Examined,	Back Crescent, Wigtown
~~8. Length of time Insane,~~	~~[illegible]~~
9. Whether first Attack,	Has for upwards of last twenty years been subject to Epileptic fits which have gradually created a deliterating influence on his mind.
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	In Wigtown
12. Duration of existing Attack,	See no 8, 9, 10
13. Supposed Cause,	Epilepsy
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Not so far as I know
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Wigtown
18. Date of becoming Chargeable,	7 Sept 1871
19. Christian Name and Surname, and Place of Abode of nearest known 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 Rae, labourer, residing in Back Crescent Wigtown - patients father - No member of family known to have been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth day of September One thousand eight hundred and seventy one years.

(*To be signed by Party applying*) Wm Mackie Inspector of Poor for the parish of Wigtown

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 Cumming being a (1) Graduate in Medicine and in Surgery 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) Back Crescent Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Robert Rae, Pauper residing at Back Crescent Wigtown and that the said Robert Rae is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) I have on one occasion seen patient in an attack of Epileptic Mania, and have often seen him upon more or less symptoms of Maniacal after fits of Epilepsy. His appearance is of a man whose mental powers have deteriorated — His sister once said to me he would do for his father and sister if he [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father James Rae & his sister Janet Rae state that they are in fear of their lives, which he has repeatedly threatened — that every day they get more violent and that during the night they are under the necessity of locking him into his own room, that he is very irritable, and excitable & that he has frequently struck both — The above is confirmed by statements made to me by James Leary, Agnew Crescent and by John Lamont, Agnew Crescent.

Name and Medical Designation, William Cumming M.D. C[illegible]

Place of Abode, Wigtown

DATED this Eighth day of September One thousand eight hundred and seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Dunbar White, ~~Consulting Physician of Edinburgh~~ being a (1) Graduate in Medicine of Edinburgh University & Licentiate of the Royal College of Surgeons of Edinburgh 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) Back Crescent, Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Robert Rae, pauper, residing in the house of his father, in Back Crescent, Wigtown and that the said Robert Rae is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Patient shows monomania, vacancy of countenance, staring eyes, more or less imbecility of attention, Memory, unusual slowness & hesitation in speaking & in expressing his thoughts,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father, James Rae and his sister Janet Rae state that he has been subject to epileptic fits for upwards of 20 years, that after these fits he becomes violently excitable & impulsively passionate, that he has often struck them & that he tried to cut his father's throat, his sister on the hand with a knife which he held in his hand — His sister is afraid to be in the house with him, that he sometimes fancies he sees persons & things that are not present & hears sounds when none exist —

Name and Medical Designation, Dunbar White M.D.

Place of Abode, Whithorn

DATED this Seventh day of September One thousand eight hundred and Seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Graham Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Mackie
Inspector of Poor, Wigtown
Certificates under the hands of William Cumming
and Ambar White , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Robert Rae, Pauper, residing at Wigtown and that the said
Robert Rae is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Rae 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 Robert Rae which accompanied the said Petition.

DATED this eighth day of September One thousand eight hundred and seventy one

J. Graham

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.

1871
Report 284
11/10/71

1/642
Robert Rae
9/9/71.

175

[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 Janet Maitland being desirous to transfer James Maitland at present a Patient in the Royal Lunatic Asylum, Gartnavel, and (1) whose nearest known relative I am, from the said Asylum to the Crichton Institution Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James Maitland and a Medical Certificate with respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper*, detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper*: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Janet Maitland
Wife of Patient

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 3rd day of August One thousand eight hundred and Seventy one years

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Maitland
2. Sex and Age,	Male 40
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Cashier
5. Religious Persuasion, so far as known,	Free Church
6. Date of Admission into Asylum,	1st November 1870
7. Length of time Insane,	9 Months
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	39 years
10. Duration of existing Attack,	Nine Months
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Uncertain
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,	Janet Maitland 25 Richmond St. Wife of Patient No relative known to be insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Janet Maitland

DATED this 3rd day of August One thousand eight hundred and Seventy one years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Edward Mackintosh M.B.
(1) State Medical Qualifications.
(2) Name Asylum.
being (1) Physician to the Royal Asylum &c.
hereby certify that I have this day at (2) the Glasgow Royal Asylum &c.
personally examined James Maitland at present a Patient in said Asylum, and with respect to his Mental State that he is Incoherent, and delusive —

; and with respect to his Bodily Health and Condition that they are good. —

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

Edward Mackintosh M.D.

Dated this fourth day of August One thousand eight hundred and Seventy-one —

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) Mrs Janet Maitland to authorize the transfer of James Maitland from Glasgow Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said James Maitland as requested. Valid for 14 days from this date.

James Ire Commissioner.

Dated at Edinburgh, this 5th day of August One thousand eight hundred and seventy one.

Date of Sheriff's Order 31 October 1870

1218
James Maitland
16/8/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Archibald Craig of Gateside Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Craig 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 Craig to the Crichton Institution Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Archd Craig

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (4) day of September One thousand eight hundred and Seventy one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Craig
2. Sex and Age,	Female aged 38.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Spinster
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Bonny hill Cottage Johnston
7. Place where Found and Examined,	9 Wellmeadow Street Paisley
8. Length of time Insane,	Many Years
9. Whether first Attack,	No.
10. Age (if known) on first Attack,	Twenty years ago & about 39. years of age
11. When and where previously under Examination and Treatment,	Bonny hill Many years
12. Duration of existing Attack,	A severe one of her first attack
13. Supposed Cause,	Hereditary Tetanus
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No She has threatened others
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	9 Gateside Paisley Mr Archibald Craig Oldest Brother no other member has ever been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth day of September One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Archd Craig

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Daniel Richmond being a (1) a 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) No 9 Wellmeadow Street Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Margaret Craig of Bonny Hill Cottage Johnston and that the said Margaret Craig is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
The delusion that there is a secret society formed against her for the purpose of destroying her by poison

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, } Daniel Richmond M.D.

Place of Abode, 32 New Street Paisley

DATED this Eighth day of September One thousand eight hundred and Seventy One

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Malcolm McLaren 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) Paisley in the County of Renfrew separately from any other Medical Practitioner visited and personally examined (4) Margaret Craig of Bonny Hill Johnstone and that the said Margaret Craig is a (5) person of unsound Mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She labours under a delusion, that some parties are going to poison him, and to obtain them, she cannot be kept at home or

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, } M. McLaren L.F.P.S.

Place of Abode. Johnstone

DATED this Eight day of September One thousand eight hundred and twenty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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, Millhaigh Abercrombie Esquire (1) Sheriff-Substitute
of the (2) County of Renfrew
having had produced to me, with a Petition at the instance of (3) Archibald
Craig of Caledon Castle
(Certificates under the hands of Daniel Richmond, M.D. Paisley
and Malcolm M'Laren, Surgeon Plantation, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Margaret Craig before me this day and that the said
Margaret Craig is a (5) person of unsound
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Craig as a Patient into the (6) Public Asylum of Crichton Institution or X and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Craig which accompanied the said Petition.

DATED this Eighth day of September One thousand eight hundred and seventy one years

Wm Abercrombie

To the Superintendent of the (7) Public Asylum of Crichton Institution or Dumfries Southern Counties Asylum.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1219.

Margaret Craig

Septemb. 9/31

John Inman
1/1/71
943

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Inman Prisoner in Dumfries Prison your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Inman. to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

John Dinwoodie

(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 September One thousand eight hundred and Seventyone

STATEMENT.

If any 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 Inman
2. Sex and Age,	Male 45 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,	King Street. Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	about a Month
9. Whether first Attack,	no
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	Dumfries & S. C. Asylum
12. Duration of existing Attack,	about a Month
13. Supposed Cause,	indulgence in Strong drink
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	not now
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	12 Sept 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of September One thousand eight hundred and Seventyone

(*To be signed by Party applying*) John Dinwoodie, Inspector

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Phys
and Surgeons Glasgow and College of Phys
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Poor
Dumfries in the County
Dumfries separately from any other Medical Practitione
visited and personally examined (4) John Tennan (a Pau
and th
the said John Tennan is a (5) Lunatic
or Insane Person and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Seems by w
whole Myself was a perfect Stranger
Cannot by conversing to understand w
answer the most trifling question &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Keps attendant state that he totall
refuses food and lies outside his

Name and Medical Designation, Marshall Med &

Place of Abode, Dumfries

DATED this 16th day of Sept One thousand eig
hundred and Seventy one 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, William Scott
being a (1) Graduate of the University of Edinburg
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Poor
in Dumfries in the County
Dumfries separately from any other Medical Practitione
visited and personally examined (4) John Tennan a Pauper
and th
the said John Tennan is a (5) Lunatic
or Insane Person, 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) He refuses to
answer questions and also refuses food
paper his ejaculations in bed — and I
formerly seen him in the State same

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The warder of the Prison give me some
information as above — The Inspector
State that he has been three times
Patient in the Dumfries

Name and Medical Designation, Wm Scott M.D. &c

Asylum

Place of Abode, Dumfries

DATED this 13th day of Sept
hundred and Seventy one.

Unto the Honourable the Sheriff of Dumfries shire and his Substitute

The Petition of Thomas Corrie Clerk to and as representing the Prison Board of the County of Dumfries, Administrators of the Prison of Dumfries under the "Prisons (Scotland) Administration Act 1860."

Humbly Sheweth,

That John Keenan, a Groom, residing in Dumfries, was convicted before the Sheriff Court at Dumfries of the Crime of Assault on 28th August 1871, and received Sentence of 3 months imprisonment

That the said John Keenan while undergoing his sentence in the said Prison of Dumfries has become Insane conforme to Certificates to that effect under the hands of Drs Scott and Marshall of Dumfries herewith produced -

That your Petitioner founds upon and refers to "The Criminal

" and

"and Dangerous Lunatics (Scotland) Amendment Act 1871," section 6

And

Prays your Lordships to consider this Petition, with the Medical Certificates produced and to grant an order for the removal of the said John Inman to the Southern Counties Asylum at Dumfries or other Asylum for Lunatics as provided by said Act

According to Justice &c

A. Dobie Agent

Dumfries 12 September 1871 Having considered the foregoing Petition with Medical Certificates produced Grants warrant for removing the said John Inman from the Prison of Dumfries to the Southern Counties Asylum for Lunatics at Dumfries there to be detained until expiry of the period of his

David Boyle Hope

imprisonment to which he is sentenced as stated in the Petition, reserving power, in terms of Section 7 of the Statute founded on, in the event of his recovery, or otherwise, if requisite, to order him to be reconveyed from said Asylum to the Prison of Dumfries.

David Boyle Hope

Petition 1643

for

Removal of John Seaman

from Parish of Brompton

to a Lunatic Asylum

12 Septr 1871

19

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned John C. Buchanan being desirous to transfer Elizabeth Buchanan at present a Patient in Saughton Hall, and (1) detained at my instance from the said Asylum to the Crichton Institution hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Elizabeth Buchanan and a Medical Certificate with respect to her mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

J. McC. Buchanan
Husband

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Edinburgh this 11th day of September One thousand eight hundred and seventy one

STATEMENT.

1. Christian Name and Surname of Patient at length,	Elizabeth Buchanan
2. Sex and Age,	Female - 54
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	First admission March 1869 - Second admission February 1870. Third admission April 1871.
7. Length of time Insane,	
8. Whether first Attack,	
9. Age (if known) on first Attack,	28
10. Duration of existing Attack,	
11. Supposed Cause,	Stimulants
12. Whether subject to Epilepsy,	
13. Whether Suicidal,	Threatens
14. Whether Dangerous to others,	Yes when under the influence of stimulants
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,	William Arthur Morriston House Cambuslang — None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) J. McC. Buchanan

DATED this 11th day of September One thousand eight hundred and Seventy one

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned John Smith being (1) Fellow of the Royal College of Physicians
(1) State Medical Qualification.
(2) Name Asylum.
hereby certify that I have this day at (2) the Asylum of Saughtonhall personally examined Mrs Elizabeth Buchanan at present a Patient in said Asylum, and with respect to his Mental State that there is unsoundness of mind

; and with respect to his Bodily Health and Condition that that is good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

John Smith M.D.

Dated this 11th day of Septr One thousand eight hundred and Seventy one

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SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) Mr. John C. Buchanan
(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.
to authorize the transfer of Mrs Elizth Buchanan from Saughtonhall Private Asylum to Crichton Roy Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Mrs Buchanan as requested. This order is valid for 14 days

James Lee Commissioner.

Dated at Edinburgh, this 11th day of September One thousand eight hundred and seventy-one

Date of Sheriff's Order 25 February 1870

Paid to D. Pettigrew

1220.
Elizabeth Buchanan
September 12/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,—*

The Petition of Kirkpatrick Fleming Richard Brown Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Shannon your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Shannon to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Richard Brown

DATED this 14th (*) day of September One thousand eight hundred and Seventy one years

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Shannon
2. Sex and Age,	Male 16 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Footman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Living Keeper Honour
7. Place where Found and Examined,	Mystnac Lodge
8. Length of time Insane,	About four 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,	Four days
13. Supposed Cause,	Unknown
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,	Kirkpatrick Fleming
18. Date of becoming Chargeable,	13th Sept 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Henry Shannon Mystnac Lodge Father
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of September One thousand eight hundred and Seventy one years

(*To be signed by Party applying*) Richard Brown
Inspector of Poor Parish of
Kirkpatrick Fleming

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Little
being a (1) Doctor of Medicine & Scientist of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Mossbrae Lodge
in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Shannon - Pauper and that the said John Shannon 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)
The state of excitement in which he is in, constantly talking incoherently & his general appearance

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Told by his Father that he is always excited pumping out & bad - tossing about the clothes continually, talking nonsense & generally

Name and Medical Designation, James Little M.D. L.R.C.S.E.

Place of Abode, Maryfield, Allan

DATED this thirteenth day of September One thousand eight hundred and seventy one -

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Carruthers
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Mossbrae Lodge, in the Parish of Kirkpatrick Fleming, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Shannon, Pauper, and that the said John Shannon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
He is very loquacious, but his speech is incoherent and nonsensical He is in a state of great excitement, but he says he is all right and ails nothing His general appearance shews that he is insane

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother says he gets no sleep and that he is restless, talks of going away to distant places although he evidently has no fixed intention of going and that he has the delusion sometimes on the subject

Name and Medical Designation, James Carruthers L.R.C.S.E.

Place of Abode, Kirkpatrick Fleming

DATED this thirteenth day of September One thousand eight hundred and seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Carruthers being (1) a Licentiate of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Mosshouse Lodge, Kirkpatrick Fleming in the County of Dumfries, seen and personally examined John Shannon, and that the said John Shannon person is of unsound mind, and 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 Carruthers

DATED this Thirteenth day of September One thousand eight hundred and Seventy One.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Richard Brown Inspector of Poor Kirkpatrick Fleming Certificates under the hands of James Pitt M.D. and James Carruthers 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 Shannon Mosshouse Lodge (a pauper) and that the said John Shannon is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Shannon as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Shannon which accompanied the said Petition.

DATED this Fourteenth day of September One thousand eight hundred and Seventy One years.

David Boyle Hope

Sheriff Substitute

To the Superintendent of the (7) Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
644
John Shannon
14/9/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Shellan, Blacksmith, Eldrig Village in the Parish of Mochrum humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anthony Shellan, Blacksmith, there your Petitioner's (3) Uncle is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Anthony Shellan to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Shillan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fourteenth (4) day of September One thousand eight hundred and seventy one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Anthony Shellan
2. Sex and Age,	Male. 53 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Blacksmith
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	None
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	about eight days
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	about 45 years
11. When and where previously under Examination and Treatment,	Dumfries Asylum about eight days
12. Duration of existing Attack,	
13. Supposed Cause,	Religious matters
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,	None at present
18. Date of becoming Chargeable,	No 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 Family known to be or to have been Insane,	John Shellan, Montgomery Street, Kilmarnock a brother.- None so far as know except a sister died of puerperal mania.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourteenth day of September One thousand eight hundred and seventy one years.

(To be signed by Party applying) John Shillan

P. 1

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Proper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Lennon
being a (1) Doctor in Medicine & Master of Surg
of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Police
Office, Ryelown in the County
Ryelown W. separately from any other Medical Practitione
visited and personally examined (4) ~~[illegible]~~ Shillan Eldris
Village Anthony C. and the
the said ~~[illegible]~~ Shillan is a (5) Lunatic
and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great restless
incoherency. has delusions, says he is a
and has been in Hell for a year, and that
though he is here, the devils are bound to obey

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From his nephew John Shillan:- That patient is violent, and
Savage broke a lot of windows, ~~threatened to~~ threatened
a stackyard on fire, and lit candles & enable him to
threatened to rip open any one who would interfere &c. as
went him-
Thomas Chambers another Name and Medical Designation, William Lennon
nephew corroborate the
above. Place of Abode, Ryelown

Dated this 20th day of September One thousand eigh
hundred and seventy one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a proper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thompson
being a (1) Doctor of Medicine of the Univers
of Glasgow & Surgeon
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
Counties Asylum, Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Anthony Shillcan
Blackenite Eldris Village and that
the said Anthony Shillcan is a (5) Person
of unsound mind and a proper person to be detained
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 quite
incoherently - has delusions - dec
Spirits &c —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Was here in ~~this~~ Asylum before,
Known by Asylum books

Name and Medical Designation, Alex. Thomson
Place of Abode, Dumfries

Dated this 21st day of September One thousand eight
hundred and Seventy one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Cumming being (1) a Doctor in Medicine & Master of Surgery of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) the Police Office, Heytown in the County of Heytown, seen and personally examined Anthony Shellan - Eldrig Village -, and that the said person is of unsound mind, and 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 MD CM.

DATED this 30th day of September One thousand eight hundred and seventy one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Shellan, Eldrig Village, Mochrum Certificates under the hands of William Cumming MB. and Alexander Stenson, 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) Anthony Shellan Eldrig Village Mochrum Wigtownshire and that the said Anthony Shellan 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 Anthony Shellan 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 Anthony Shellan which accompanied the said Petition.

DATED this twenty first day of September One thousand eight hundred and seventy one years

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/
647
Antony Sullivan
20/9/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Frederick Stevens

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rebecca Stevens 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 Rebecca Stevens to the Dumfries Royal Institution and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Frederick Stevens

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this thirty first (4) day of September One thousand eight hundred and seventy one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rebecca Stevens
2. Sex and Age,	Female 43 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Wife of Retired Soldier now an Attendant in an Asylum.
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Carleton near Carlisle
7. Place where Found and Examined,	Carleton near Carlisle.
8. Length of time Insane,	Five months
9. Whether first Attack,	No
10. Age (if known) on first Attack,	26
11. When and where previously under Examination and Treatment,	In several Hospitals in India & also Lunatic Asylum Five months
12. Duration of existing Attack,	Five months.
13. Supposed Cause,	Child birth & privy: intemperate habits & the present attack.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Frederick Stevens Garlands Asylum Carlisle - Husband. Not aware of family insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this thirty first day of September One thousand eight hundred and seventy one.

(*To be signed by Party applying*) Frederick Stevens

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Smith Clouston 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) Carleton Grange Carlisle Cumberland in the County of separately from any other Medical Practitioner, visited and personally examined (4) Rebecca Stevens, wife of T. Stevens Carleton Carlisle and that the said Rebecca Stevens is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 her husband has another wife in Carlisle, that he has had sexual intercourse at least four times with her & he respectable persons, that they intend to get me to poison her, which are delusions. She is very confused & rambling in conversation. She says she cannot sleep.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband T. Stevens, M. A. Cockburn who has been with her past few days and Ann Graham who saw her four days ago & say she has repeatedly threatened to cut her throat, that she attempted to cut his throat & that she attempted to cut her own throat the day.

Name and Medical Designation, T. S. Clouston M.D.

Place of Abode, Grange Rds. Carlisle.

DATED this ~~three~~ third day of September One thousand eight hundred and seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Roderick Maclaren 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) 7 Crescent Carlisle Cumberland in the County of separately from any other Medical Practitioner, visited and personally examined (4) Rebecca Stevens wife of T. Stevens Carleton, Carlisle. and that the said Rebecca Stevens is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is somewhat excited. Has the delusion that her husband has another wife in Carlisle. Talks in a rambling manner. Thinks that she is neglected by her husband when he leaves her to attend to his work. Has the delusion that she suffers every day from simple fever.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband stated, that she is of intemperate habits, that she has threatened to cut her throat or hang herself.

Name and Medical Designation, Roderick Maclaren M.D.

Place of Abode, 7 Crescent, Carlisle.

DATED this twenty third day of September One thousand eight hundred and Seventy.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned Thomas Smith Clouston of the University of Edinburgh. being (1) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Carleton, near Carlisle in the County of Cumberland, seen and personally examined Rebecca Stevens, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

T. S. Clouston M.D.

DATED this twenty third day of September One thousand eight hundred and twenty one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Roderick Stevens Gardeners Asylum Carlisle Certificates under the hands of Thomas Smith Clouston M.D. and Roderick Maclaren 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) Rebecca Stevens Carleton near Carlisle (Petitioners wife) and that the said Rebecca Stevens is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rebecca Stevens 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 Rebecca Stevens which accompanied the said Petition.

DATED this Twenty sixth day of September One thousand eight hundred and Twenty one years

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/648
Rebecca Havens
23/9/71

N.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 Iwaddle Weaver Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Iwaddle - Petitioners wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Iwaddle to the Southern Counties Asylum at Dumfries and to sanction her admission into the said Asylum.

(Signed) John Iwaddle

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Sixth (*) day of September One thousand eight hundred and Seventy One.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Iwaddle
2. Sex and Age,	F. 45 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Weavers wife
5. Religious Persuasion, so far as known,	United Presbyterian Church of Scotland
6. Previous Place of Abode,	Townfoot Sanquhar
7. Place where Found and Examined,	do do
8. Length of time Insane,	6 Months.
9. Whether first attack,	First
10. Age (if known) on first Attack,	45 years.
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	6 Months.
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Iwaddle Weaver Sanquhar Husband. Mr uncle 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.

(Signed)* Name, John Iwaddle

DATED this Twenty Sixth day of September One thousand eight hundred and Seventy One.

* To be signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Kay being a (1) Licentiate of the Faculty of Phys 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) Town-fo Sanquhar Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Swaddle and that the said Elizabeth Swaddle is a (5) person of Sound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is melan in a state of great despair and cannot settle to perform her household work

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband states that she is sitting at times threatens to destroy herself

(SIGNED) *Name and Medical Designation,* Wm Kay. Surgeon

Place of Abode, Sanquhar.

DATED this 26th day of September One thousand eight hundred and seventy One.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Jackson Kennedy being a (1) Licentiate of the Royal College of Physicians Edin and Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Town-foot Sanquhar Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Swaddle and that the said Elizabeth Swaddle is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) That she is very despondent & threatens to commit suicide if not taken to an asylum Cannot settle mind to do any household duties.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her friends state that she takes fits of temper which give them great uneasiness threatens to be violent to her person

(SIGNED) *Name and Medical Designation,* William Jackson Kennedy Physician & Surgeon

Place of Abode, Sanquhar

DATED this 26th day of September One thousand eight hundred and Seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(2) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Swaddle
Weaver Sanquhar
Certificates under the hands of William Young Surgeon
and William Jackson Kennedy Physician being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Elizabeth Swaddle Dunscore Sanquhar Parish and that the said
Elizabeth Swaddle is a (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 Swaddle 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 Swaddle which accompanied the said Petition.

(SIGNED) David Boyle Hope

DATED this Twenty Sixth day of September One thousand eight hundred and Seventy nine 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.

1/649
Elizabeth Topsfield
26/9/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Fenwick Brewis, Morpeth Northumberland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Thompson Brewis 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 Thompson Brewis to the Crichton Institution, Dumfries - and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

J. F. Brewis

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2nd (4) day of October One thousand eight hundred and seventy one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Thompson Brewis
2. Sex and Age,	female - 35 -
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	none
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	Morpeth (Northumberland)
7. Place where Found and Examined,	Crichton Institution, Dumfries
8. Length of time Insane,	a week
9. Whether first Attack,	no
10. Age (if known) on first Attack,	19.
11. When and where previously under Examination and Treatment,	Crichton Institution - Aug. 25/70
12. Duration of existing Attack,	a week
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Hannah Brewis - mother Oldgate St - Morpeth - Northumberland - — members in both side have been insane -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 2nd day of October One thousand eight hundred and seventy-one.

(*To be signed by Party applying*) J. F. Brewis

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Thompson or Morpeth. and that the said Margaret Thomson Brews is a (5) person of unsound 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) Her speech manner & appearance rambling Incoherent incoherent conversation.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr Malcolm informs me that she was Previous to admission in the Crichton Royal Institution Dumfries,

Name and Medical Designation, John Smith M.D.

Place of Abode, Dumfries

DATED this 2nd day of October One thousand eight hundred and 71

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Thompson being a (1) Doctor of Medicine of the University of Glasgow & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution - Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Thompson Brewis Morpeth and that the said Margaret Thomson Brewis is a (5) Person of unsound 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) During the time I saw her she talked incessantly in a very Excited manner & quite incoherently -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Dr Malcolm that she has been in this institution formerly -

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Dumfries

DATED this Second day of October One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, [illegible] M.D. 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 Mrs Margaret Thomson Brewis, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

[illegible] M.D.

DATED this Second day of October One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Jenwick Brewis. Morpeth. Northumberland. Certificates under the hands of John Smith 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) Margaret Thomson Brewis (Petitioners sister) and that the said Margaret Thomson Brewis is a (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 Thomson Brewis as a Patient into the (6) Public Asylum of Cruchton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Thomson Brewis which accompanied the said Petition.

DATED this Third day of October One thousand eight hundred and Seventy one years.

David Boyle Hope

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.

1221

Margaret Thomson Brewis

2d October 1871

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Victa. 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 (*) Counties of Roxburgh & Berwick and his Substitutes for the County of Roxburgh

The Petition of John Hannah Inspector of Poor for the Parish of Kelso

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Douglas

(*) 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 Janet Douglas to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

John Hannah

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (*) day of October One thousand eight hundred and Seventy one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Douglas
2. Sex and Age,	Female age 36
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Dress maker
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Auchencairn Kirkcudbright
7. Place where Found and Examined,	Eight days
8. Length of time Insane,	Do
9. Whether first Attack,	Not Known
10. Age (if known) on first Attack,	Dumfries
11. When and where previously under Examination and Treatment,	Eight days
12. Duration of existing Attack,	not known
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Douglas ploughman in Gateshaw of Heck is the Father 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 13th day of October One thousand eight hundred and

Seventy one (To be signed by Party applying) John Hannah

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Surgeon 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) Town end Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Janet Douglas a Pauper and that the said Janet Douglas is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) her outrageous manner & incoherent talk

2. Other facts (if any) indicating Insanity communicated to me by others: (7) that she has been previously under treatment as a Lunatic.

Name and Medical Designation, David Blair Surgeon

Place of Abode, Kirkcudbright

DATED this 13th day of October One thousand eight hundred and seventy one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Johnstone Physician being a (1) M.D. Edin. &c

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Town End Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Janet Douglas Pauper and that the said Janet 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)

From her excited Manner and incoherent talk. Statements &c—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Has been more than once under Treatment as a Lunatic.

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this 13th day of October One thousand eight hundred and seventy one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Hannah
Inspector of the Poor for the Parish of Kirkcudbright
Certificates under the hands of David Blair
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) –
Janet Douglas a pauper and that the said
Janet Douglas is (5) insane person

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Douglas as a Patient into the (6) Public Asylum of the Northern Counties Asylum at Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Douglas which accompanied the said Petition.

WH Dumfries

DATED this thirteenth day of October One thousand eight hundred and seventy nine years

W H Dunbar J.S.

To the Superintendent of the (7) Public
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.

1/650

Janet Douglas

13/10/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Stirling *and his Substitutes,—*

The Petition of Alexander Philip Inspector for Larbert Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Scott or Robb your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Scott or Robb to the thereon Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alexander Philip

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 16th (4) day of October One thousand eight hundred and 71— 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,	Ann Scott or Robb
2. Sex and Age,	Female 56 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Keeping her Husbands House
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hunthouse muir
7. Place where Found and Examined,	Hunthouse muir
8. Length of time Insane,	Twelve months (more or less affected)
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	52 years
11. When and where previously under Examination and Treatment,	Somerside asylum & Southern Counties Asylum Dumfries
12. Duration of existing Attack,	About 12 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,	Parish of Kirktown
18. Date of becoming Chargeable,	November 1852
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Scott her husband resides in Hunthouse muir Larbert
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	2

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of October One thousand eight hundred and 71 Years

(To be signed by Party applying) Alexander Philip

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Ronald Surgeon
being a(1) M.B. of the Glasgow University
and being in actual practice as a (2) Surgeon in Stenhousemuir
hereby certify, on soul and conscience, that I have this day, at (3) Union Street
Stenhousemuir in the County of
Stirling separately from any other Medical Practitioner,
visited and personally examined (4) Ann Scott or Robb - Pauper
residing in Union Street Stenhousemuir and that
the said Ann Scott or Robb is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Incoherent. Has an impression that there is a
plot laid for her life. Restless inclined to wander
and sleeps little.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Nearly the same facts were communicated
to me by her daughter

Name and Medical Designation, John Ronald - Surgeon

Place of Abode, Stenhousemuir

DATED this 16th day of October One thousand eight
hundred and twenty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Benjamin T. Hinston
being a (1) Surgeon, Lic of Royal Col. Surg. Edin.
and being in actual practice as a (2) Surgeon in Grahamston
hereby certify, on soul and conscience, that I have this day, at (3) Union St.
Stenhousemuir in the County of
Stirling separately from any other Medical Practitioner,
visited and personally examined (4) Anne Scott or Robb, pauper
and that
the said Anne Scott or Robb is a (5) person
of unsound mind and a proper person to be detained
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.
Imagines her friends have plots laid for her life
and that her food is poisoned also that her
neighbours have laid the schemes of witchcraft
against her. Loss of memory.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Sometimes violent and facts same as
described above

Name and Medical Designation, B. T. Hinston LRCS

Place of Abode, Grahamston, Falkirk

DATED this 16th day of October One thousand eight
hundred and twenty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Bell Esquire (1) Sheriff Substitute
of the (2) County of Stirling
having had produced to me, with a Petition at the instance of (3) Alexander Phelps
Inspector of Poor, of Larbert Parish
Certificates under the hands of Wm Ronald
and Benjamin J. Heuston, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Ann Scott or Robb, a pauper and that the said
Ann Scott or Robb is a (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 Scott or Robb as a Patient into the (6) Southern ~~Counties~~ Asylum ~~of~~ Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Scott or Robb which accompanied the said Petition.

DATED this Sixteenth day of October One thousand eight hundred and twenty one

Robt Bell

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

Robt Bell

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

651
Adm Sedtor 1806
17/10/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Irving, Inspector of Poor, Cummertrees

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Elliot your Petitioner's (3) Pauper Chargeable to Cummertrees parish is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Elliot ~~to Southern Counties Asylum Dumfries~~ to the Southern Counties Asylum at Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Irving

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 19th (4) day of October One thousand eight hundred and Seventy one

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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,	Ann Elliot
2. Sex and Age,	Female 55 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer's wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Gretna
7. Place where Found and Examined,	East Moor Drailburn, Cummertrees
8. Length of time Insane,	Third attack.
9. Whether first Attack,	
10. Age (if known) on first Attack,	51 years.
11. When and where previously under Examination and Treatment,	November 1867 and July 1868 Southern Counties' Asylum.
12. Duration of existing Attack,	A few months.
13. Supposed Cause,	Supposed from the death of a Son from an accident on Railway
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Uses threatening language.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Cummertrees
18. Date of becoming Chargeable,	19th October 1871.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husband Joseph Elliot, East Moor Drailburn, Cummertrees. I do not know of any.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of October One thousand eight hundred and Seventy one.

(To be signed by Party applying) John Irving

P. T.

1/652
Ann Elliot
19 Oct: 1871

N.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 Nichol, Newcastleton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Beattie is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Beattie to the So. Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) John Nichol, Brother-in-law to the Patient.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (*) day of October One thousand eight hundred and Seventy one

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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 Beattie
2. Sex and Age,	Female. Twenty one
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 Presbyterian
6. Previous Place of Abode,	Newcastleton. Parish of Castleton
7. Place where Found and Examined,	Newcastleton
8. Length of time Insane,	One week
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	Twenty one
11. When and where previously under Examination and Treatment,	Has never undertreatment previously
12. Duration of existing Attack,	Seven days
13. Supposed Cause,	No Cause can be assigned
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,	A private Patient
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Robert Beattie, Tenant, Newcastleton is her Father. Her maternal aunt has been Insane and under Confinement in the S. Counties Asylum, Dumfries, but is now better.
20. Special circumstances (if any) 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 Nichol

DATED this 21st day of October One thousand eight hundred and Seventy one

* To be signed by the Party applying.

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Crichton Gaylor being a (1) Member of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon or Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Newcastleton in the County of Roxburgh separately from any other Medical Practitioner, visited and personally examined (4) Isabella Beattie of Newcastleton and that the said Isabella 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)
By her conduct in speaking & acting violent & furious in consist and Manner and dangerous to be left alone

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has been in this State for some days previous to my attendance as a Medical Man

(SIGNED) *Name and Medical Designation,* Thomas C Gaylor LRCSE

Place of Abode, Newcastleton

DATED this 23 day of October One thousand eight hundred and seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Brunas 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 County Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Beattie Pauper and that the said Isabella Beattie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is dull & depressed ~~Insane~~ states that she is lost, & in her own words "that she is going to the bad place"

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Taylor informs me that she has to be constantly watched as she gets very violent

(SIGNED) *Name and Medical Designation,* P Brunas MB

Place of Abode, Burnbank Dumfries

DATED this 23rd day of October One thousand eight hundred and 71

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 Beattie. is a (1) Lunatic hereby further certify that the Case of the said Isabella Beattie is One of Emergency, and I recommend the immediate removal of the said Isabella Beattie to an Asylum accordingly.

Name, Thomas Crichton Taylor Surgeon

Place of Abode, Newcastleton

DATED this 23 day of October One thousand eight hundred and seventy one

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Nichol Newcastleton Certificates under the hands of Thomas Crichton Taylor L.R.C.S.E. 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) Isabella Beattie, Newcastleton [illegible] and that the said Isabella Beattie 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 Isabella 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 Isabella Beattie which accompanied the said Petition.

(Signed) David Boyle Hope

DATED this twenty fifth day of October One thousand eight hundred and seventy one

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

1/653

Isabella Beattie

24th Octr 1871

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Richardson Shillingland Dunscore

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Aunt Margaret Richardson or 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 Margaret Richardson or Stewart to the Southerns Counties Asylum and to sanction her admission into the the said Asylum.

James Richardson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this First (4) day of November One thousand eight hundred and Seventy one years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Richardson or Stewart
2. Sex and Age,	widow 52 years
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	farmers wife
5. Religious Persuasion, so far as known,	established church
6. Previous Place of Abode,	Shilling-land Dunscore
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	10 months
9. Whether first Attack,	second attack
10. Age (if known) on first Attack,	52 years
11. When and where previously under Examination and Treatment,	Southern counties asylum
12. Duration of existing Attack,	10 days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	private
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Stewart husbands brother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this First day of November One thousand eight hundred and Seventy one years

(*To be signed by Party applying*) James Richardson

P. 2

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 29 Buccleuch Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Richardson or Stewart a Widow Dumfries. and that the said Margaret Richardson or Stewart is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is deeply melancholiac. Has great depression of spirits. Cannot sleep. Says she is tired of the world and inclined to commit Suicide.—

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother James Richardson says she is great downcast of late. He & friends are afraid of her injuring herself.

Name and Medical Designation, William S. Kerr M.D.

Place of Abode, Dumfries

DATED this 31st day of October One thousand eight hundred and Seventy Six Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edinburgh, and of the Faculty of Physicians and Surgeons in Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Richardson or Stewart Nelson and that the said Margaret Richardson or Stewart is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is extremely excited, is constantly screaming, and desires to destroy herself.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her nurse informs me that she was previously confined in the Asylum, and that she cannot be trusted out of sight lest she destroy herself.

Name and Medical Designation, Hugh Cunningham F.R.C.P.

Place of Abode, 32 Church Crescent Dumfries

DATED this First day of November One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr
being (1) Fellow of Surgeons Edinburgh &c
hereby certify, on soul and conscience, that I have this day, at (2) Buccleuch St, Dumfries
in the County of Dumfries, seen and personally examined
Margaret Richardson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William S. Kerr M.D &c

Dated this 31st day of October One thousand eight hundred and Seventy one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Richardson
Shillinghead Lunacare
Certificates under the hands of William Smith Kerr M.D &c
and Hugh Cunningham Physician Glasgow, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Margaret Richardson or Stewart Widow Shillinghead Lunacare &c and that the said
Margaret Richardson or Stewart is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Margaret Richardson or Stewart as a Patient into the (6) Public Asylum of Southern Counties at Dumfries and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Richardson or Stewart which accompanied the said Petition.

Dated this 3rd day of November One thousand eight hundred and Seventy one years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Marg.t Richardson or Stewart

31.st oct 1871

"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Maxwell St Dalbeattie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Johnstone Gentleman 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 the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Janet Johnstone

DATED this Fourth (4) day of Nov^r One thousand eight hundred and Seventy one

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Johnstone
2. Sex and Age,	Male - age 45
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gentleman living on his money
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Dalbeattie
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	several years
9. Whether first Attack,	no
10. Age (if known) on first Attack,	18 years
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	a few days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 residing at Greystone Cottage Dalbeattie
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of Nov^r One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Janet Johnstone

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, Robert M'Kechnie being a (1) Bachelor of Medicine Master in Surgery & Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) William Johnstone and that the said William Johnstone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) This morning got very excited, smashed all articles of furniture he could lay hold on.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been confined on similar occasion in an asylum

Name and Medical Designation, Robt M'Kechnie M.B.

Place of Abode, Dalbeattie

DATED this 2nd day of November One thousand eight hundred and seventy one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, being a (1) Alexander Thomson Doctor of Medicine of the University of Glasgow & Physician & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Victoria Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Johnston Dalbeattie - Gentleman 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) Melancholy in conversing frequently forgets what he was about to say.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Certified him of unsound mind on a previous occasion. Told by Dr Malcolm that this time he had a tendency to become excited & violent.

Name and Medical Designation, Alex Thomson M.B. &c

Place of Abode, Dumfries.

DATED this Fourth day of November One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Robert M'Kerchar of Edinburgh being (1) a Fellow of the Royal Medical Faculty hereby certify, on soul and conscience, that I have this day, at (2) Dalbeattie in the County of Kirkcudbright, seen and personally examined William Johnstone, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robt M'Kerchar

DATED this Second day of November One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Brown (3) Sheriff Substitute, of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) Janet Johnstone, Maxwell Street Dalbeattie, Certificates under the hands of Robert M'Kerchar, M.B. &c., and Alexander Thomson, M.B. &c., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) William Johnstone, (Petitioners Husband) and that the said William Johnstone, is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Johnstone 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 William Johnstone which accompanied the said Petition.

DATED this Fourth day of November One thousand eight hundred and Seventy one.

James Brown

To the Superintendent of the (9) Asylum of Public Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1223.

William Johnstone

Novemb. 2/91

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Stewart Gladstone of Capenoch humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Muncie Penpont your Petitioner's (3) Ward is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Muncie to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

T Gladstone

DATED this twenty (4) day of Nov One thousand eight hundred and Seventy one

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Muncie
2. Sex and Age,	Female age 62
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Washerwoman
5. Religious Persuasion, so far as known,	Protestant,
6. Previous Place of Abode,	Penpont
7. Place where Found and Examined,	Southern Counties Asylum
8. Length of time Insane,	some years
9. Whether first Attack,	no - has had several
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	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,	Sarah Muncie or Martin Braca Cottage Keir — sister
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.

DATED this twenty day of Nov One thousand eight hundred and 71

(*To be signed by Party applying*) T Gladstone

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Jonathan Rearden being a (1) Doctor of Medicine of the University of St. Andrews and a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Muncie, of Penpont and that the said Helen Muncie is a (5) person of unsound mind and a proper person to be detained 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 dejected & melancholic in appearance, confused & partially incoherent in conversation, dwelling continually on her hypochondriacal state of sinfulness; states that she feels unable to return home on account of her "clutch & confused" mental state.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, George J. Rearden M.B., L.R.C.P.E.

Place of Abode, Catmastern.

DATED this ninth day of November One thousand eight hundred and seventy-one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians & Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Muncie, Washerwoman of Penpont and that the said Helen Muncie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is dejection of spirits, confused discourse, and the view original sin with unfounded apprehension and extreme depression.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin. L.F.P.S.Glas.

Place of Abode, 32 Church Crescent. Dumfries

DATED this Ninth day of November One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a graduate 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 Helen Muncie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. Gilchrist M.D.

Dated this Seventh day of November One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Thomas Stewart Gladstone Esq of Capenoch Certificates under the hands of George Jonathan Hearder, and Lloyd Cumming Kane, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Muncie, Pauper, (Patients name) and that the said Helen Muncie, is a (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 Muncie 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 Helen Muncie which accompanied the said Petition.

Dated this Seventh day of November One thousand eight hundred and Seventy one years. one thousand eight

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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v. Helen Muncie

7th Nov 1871

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Robert Armstrong 17 Abbey Street Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Blamire - Carlisle your Petitioner's (3) Brother in law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Blamire to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

J R Armstrong.

Dated this 24th (4) day of November One thousand eight hundred and Twenty one

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Blamire
2. Sex and Age,	male age 42
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Grocer
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Carlisle
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	about six months
9. Whether first Attack,	
10. Age (if known) on first Attack,	42
11. When and where previously under Examination and Treatment,	nowhere
12. Duration of existing Attack,	about 6 months
13. Supposed Cause,	unknown -
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	[redacted] two months ago there was a slight tendency
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 Blamire Ellerslee Dalston Cumberland no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 24th day of November One thousand eight hundred and Twenty one

J R Armstrong

(To be signed by Party applying)

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Peter Alfred Sullivan being a (1) Licentiate of the Royal College of Physicians of Edinburgh & of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Cumberland Royal Institution. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Blamire of Carlisle Groom Market Place and the said John Blamire is a (5) now of unsound mind and a proper person to be detained 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 Sullen. He has been excited & screaming. He thinks he is doomed to eternal punishment that he is a man of Sin spoken of in the Scriptures. Refuses food for days & states that the voices calumnies which he hears

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His attendant has seen him move his arms violently and heard say that the Queens illness was caused by his sins, that the cattle plague was the result of his doings

Name and Medical Designation, Peter Alfred Sullivan L.R.C.P. L.R.C.S.

Place of Abode, 90 Lowther st Carlisle

DATED this 24th day of November One thousand eight hundred and Seventy one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, George Jonathan Hearder being a (1) Doctor of Medicine of the St Andrews University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) John Blamire, Groom, of Carlisle and that the said John Blamire is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) he is depressed melancholic. Has hallucinations of sight & hearing states that he saw the Devil about there must & heard his voice commanding several persons to bring John Blamire to him.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, George J. Hearder M.D.

Place of Abode, Carmarthen

DATED this Ninth day of November One thousand eight hundred and seventy one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Peter Alfred Sullivan being (1) Licentiate of the Royal Colleges of Physicians and Surgeons hereby certify, on soul and conscience, that I have this day, at (2) the Crichton Institution in the County of Dumfries, seen and personally examined John Blamire grocer, Market Place, Carlisle, and that the said John Blamire person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Peter A. Sullivan L.R.C.P. L.R.C.S.

DATED this eighth day of November One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope of the (3) County of Dumfries, (4) Sheriff Substitute having had produced to me, with a Petition at the instance of (5) John Robert Armstrong 14 Abbey Street Carlisle Certificates under the hands of Peter Alfred Sullivan and George Jonathan Harker ; being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) John Blamire Grocer Carlisle Market Place and that the said John Blamire is a (7) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Blamire 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 John Blamire which accompanied the said Petition.

DATED this 24th day of September One thousand eight hundred and Seventy one years. One and 28/30.

David Boyle Hope

To the Superintendant of the (9) 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.

1224.

John Blamire

Novemb 8/11

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N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) County *of* Wigtown *and his Substitutes,—*

The Petition of Alexander Stewart Inspector of Poor of the Parish of Glasserton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Dodds your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Dodds to the Crichton Royal Institution, Dumfries, and to sanction his admission into the the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alexander Stewart, Insp^r.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Third (4) day of November One thousand eight hundred and Seventy one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Dodds
2. Sex and Age,	Male - 52 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Presbytrian
6. Previous Place of Abode,	Doon Farm, Glasserton.
7. Place where Found and Examined,	Doon Farm. Glasserton
8. Length of time Insane,	About two Months.
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	About two Months
12. Duration of existing Attack,	Religious Melancholy
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Glasserton Parish
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	2nd Sept. 1871
18. Date of becoming Chargeable,	William Dodds his son,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Place of abode, Doon, Glasserton. Father & sister 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 Third day of November One thousand eight hundred and 71 years.

(To be signed by Party applying) Alexander Stewart, Inspector.

P. F

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Dunbar White
being a (1) Graduate in Medicine of Edinburgh University and a Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Doon of Pen
in the Parish of Glasserton in the County of Wigton
visited and personally examined (4) Alexander Dodds, Labourer
residing at the Doon of Ruskie Parish of Glasserton and that
the said Alexander Dodds is a (5) person of
unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) On the 24th of August last he made a desperate effort to destroy himself by cutting his throat. He has since been more or less nervous & depressed especially in the night. He sleeps badly, and states that in the night he is oppressed by visions of fears about his Salvation —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His sister Mary & his Neighbour James Fulton inform me that for some weeks before he cut his throat he was at times very nervous & despondent — sometimes off his work — but more frequently agitated & depressed under the notion of his unfortunate state of being lost — his own words like one he is depressed mentally at times & seems to be in the fields of the shape of Salvation

Name and Medical Designation, Dunbar White M.D

Place of Abode, Whithorn

Dated this thirtieth day of October One thousand eight hundred and seventy one —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Charles Douglas.
being a (1) Graduate in Medicine of Glasgow University & a Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Physician & Surgeon.
hereby certify, on soul and conscience, that I have this day, at (3) Doon James in the Parish of Glasserton in the County of Wigtown
visited and personally examined (4) Alexander Dodds. Labourer.
Doon. Pauper
and that
the said Alexander Dodds — is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Very low spirited & nervous. thinks his soul will be lost. because there is no salvation for him - will not read the Bible because it condemns him.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mary Dodds his sister says he does not sleep at night unless under the influence of an hypnotic - is very dull at times both on account of his salvation & of his stomach trouble

Name and Medical Designation, John C. Douglas M.D. L.R.C.P. Ed.

Place of Abode, Port William

Dated this Fifth day of November One thousand eight hundred and seventy one years —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Alexander Stewart Inspector of Poor of the Parish of Glasserton and
Certificates under the hands of Dunbar White
and John Charles Douglas , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Alexander Dodds, Pauper and that the said
Alexander Dodds 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 Alexander Dodds 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 Alexander Dodds which accompanied the said Petition.

DATED this fourth day of November One thousand eight hundred and seventy one years.

Wm Mackie

To the Superintendent of the (7)
Southern Counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, as if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/658

r Alexander Dodds.

9th & Nov: 1871

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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.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,—

The Petition of James Hoggan residing Gillbrae in the parish of Dalton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rebecca Hoggan (Petitioners 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 Rebecca Hoggan to the Southern Counties Asylum at Dumfries and to sanction his admission into the said Asylum.

(Signed) Jas Hoggan

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this eighth (*) day of November one thousand eight hundred and Seventy one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rebecca Hoggan
2. Sex and Age,	Female 33 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Gillbrae, Dalton.
7. Place where Found and Examined,	
8. Length of time Insane,	Six months
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	32
11. When and where previously under Examination and Treatment,	not before
12. Duration of existing Attack,	Six months
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	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,	Mr James Hoggan Farmer Gillbrae, Dalton, Father No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signed)* Name, Jas Hoggan

Dated this 8 day of November one thousand eight hundred and 71

* To be Signed by the Party applying.

Lunacy Board.—Dec.—37.—1864.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, *as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Burnet Portious being a (1) Bachelor of Medicine Licentiate of the Royal College of Surgeons, Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Gilbrae, Dalton in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Rebecca Hoggan of Gilbrae and that the said Rebecca Hoggan is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

1. Raves talking of the ordinary events daily transpiring at her residence. 2. Her unintelligent expression, and conversation. 3. Her filthy appearance.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Is violent at times and accuses her relations of giving her medicines &c to do her harm. She will not attend to her clothing or personal ap

(Signed) *Name and Medical Designation,* R B Portious M.B.-Ch

Place of Abode, Holland College — Dalt

DATED this 8th day of November One thousand eight hundred and seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, *as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Geor Johnston Gossling being a (1) Member Royal College Surgeons Lond and Licentiate Apothecaries Hall and being in actual practice as a (2) general Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Gilbrae Dalton in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Rebecca Hoggan and that the said Rebecca Hoggan of Gilbrae is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Pays no attention to domestic affairs. Most filthy in her person appearance & at meals

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Wanders about the yard talks incoherently most frequently at visitors the two Fathers & Brothers

(Signed) *Name and Medical Designation,* G. J. Gossling Surg

Place of Abode Whale Croft Dal

DATED this Eighth day of November one thousand eight hundred and Seventy one Years

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (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, James Gordon (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Hoggan Farmer, Kilbrae, Dalton
Certificates under the hands of Robert Barnet Porteous
and George ~~Johnstone~~ Johnson Easling, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hoggan, Kilbrae, Dalton (Her daughter,) and that the said
Rebecca Hoggan is a (5) insane person, and
a person of unsound mine,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rebecca Hoggan as a Patient into the (6) ~~Southern Counties~~ Asylum of Southern Counties and I authorize Public
her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Rebecca Hoggan which accompanied the said Petition. Three words delete.

(Signed) James Gordon

DATED this eighth day of November one thousand eight hundred and Seventy one.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District or Private.

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v Rebecca Hoggan,

9th & Nov. 1871

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Shennan Insp[r] of Poor Kirkgunzeon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Boyle a Pauper your Petitioner's (3) ~~Inspector of Poor~~ pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Boyle a Pauper to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Shennan

(4) This date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Tenth~~ X (4) day of November One thousand eight hundred and Seventy one - Four word delete

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Boyle
2. Sex and Age,	Male 29
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Congeith Cottage
7. Place where Found and Examined,	Village Kirkgunzeon
8. Length of time Insane,	4 days
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	22
11. When and where previously under Examination and Treatment,	Congeith Cottage
12. Duration of existing Attack,	Still going on
13. Supposed Cause,	Owing to his Aunt getting her arm broken
14. Whether subject to Epilepsy,	Rather
15. Whether Suicidal,	Kirkgunzeon
16. Whether Dangerous to others,	10th November 1871
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	William Carmechan Uncle
18. Date of becoming Chargeable,	Congeith Cottage
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother weak minded
20. Special circumstances (if any) preventing the 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~~ X day of November One thousand eight hundred and Seventy one - one word delete.

(To be signed by Party applying) ~~Robert Shennan~~

Robert Shennan

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert M'Kechnie
being a (1) Bachelor in Medicine & Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkgunzeon
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) William Boyle, A pauper
and that the said William 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) He has of late turned very restless & despondent, Does not sleep at nights and did two days ago rise out of bed and left the house and wandered away for a distance of three m

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has been confined before in an asylum

Name and Medical Designation, } Rob^t Kechnie) M.B. &

Place of Abode, Dalbeattie

DATED this Tenth day of November One thousand eight hundred and seventy one

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Murray M'Cullach
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician in Dumfries
hereby certify, on soul and conscience, that I have this day, at (3) my own hou
Dumfries in the County of
visited and personally examined (4) William Boyle separately from any other Medical Practitioner,
and that the said William Boyle is a (5) 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 the eye of a Lunatic. Says that a spirit haunts him, te him things & wont allow him to rest or sle

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Does not sleep & wanders away, dangerou himself & more especially by his proximity to w on the Railway

Name and Medical Designation, } James M^c. M^cCullach M^c.

Place of Abode, Dumfries

DATED this 11th day of November One thousand eight hundred and seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Shennan Inspector of Poor Kirkgunzeon
Certificates under the hands of Robert McKerchar
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)
William Boyle, Kirkgunzeon, a Pauper and that the said
William Boyle is a (5) person of unsound mind
and a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Boyle 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 William Boyle which accompanied the said Petition.

DATED this Eleventh day of November One thousand eight hundred and Seventy one

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/60

William Boyle

11th Nov 1871

N.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 & Kirkcudbright and his Substitutes,—

The Petition of Colin Christian Inspector of Poor Kirkinner humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Campbell, Pauper, residing at Whauphill is at present in a state of Mental Derangement and 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 Campbell to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(Signature) Colin Christian Inspector of Poor Kirkinner Parish

(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 Seventy one 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,	Ann Campbell
2. Sex and Age,	Female aged 63 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Out door Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Resided all her life in Kirkinner Parish
7. Place where Found and Examined,	at Whauphill Kirkinner
8. Length of time Insane,	about 4 Weeks
9. Whether First Attack,	No
10. Age (if known) on First Attack,	61 years
11. When and where previously under Examination and Treatment,	at Whauphill, Kirkinner
12. Duration of Existing Attack,	about 4 weeks
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Can't tell
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkinner Parish
18. Date of becoming Chargeable,	1858
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Elizabeth Kinnear residing at Whauphill Kirkinner, Cousin, 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 Colin Christian Inspector of Poor Kirkinner Parish

Dated this Twentieth day of November one thousand eight hundred and Seventy one

* To be Signed by the Party applying

P. T.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Cumming
being a (1) Doctor in Medicine & Master of Surgery
of the University of Glasgow
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Thanphill
in the Parish of Kirkinner in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Ann Campbell - Thanp
a pauper, and that
the said Ann 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) She is restless -
irritable suspicious - talks incessantly &
incoherently - says she has been struck wi
a stick - and shows a boil on hand as
proof -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Janet McCracken, who lives in same house, says sh
on several occasions she has been struck or pushed by
patient - considers - that she is in fear of her life -
patient has repeatedly been up the house - that she
kept up the noise all night last night, said it seldom
her bed -

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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 Cumming M.D.

Place of Abode, Wigtown

DATED this Nineteenth day of November One thousand eight hundred and Seventy one -

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Charles Douglas.
being a (1) Graduate of Glasgow University and Licentiate of the
Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Physicians & Surgeon -
hereby certify, on soul and conscience, that I have this day, at (3) Thanphill, in
the Parish of Kirkinner in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Ann Campbell - outdoor inmate
Thanphill - Pauper. and that
the said Ann 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) Talks incessantly
and without purpose. her sentences being unconnected -
Bursts out crying without cause & says she cannot let any-
one see her tongue, & that her name is not Ann Campbell -
Says Margaret Armstrong struck her with a pair of tongs yesterday
which is untrue. - says she will get a man to shoot those who disturb her -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Janet McCracken, who lives under the same roof. says she
talks continually & cannot get sleep for her. raves at everyone.
& says her neighbours are going to kill her. & that they abuse
her often -

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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 C. Douglas. M.D. L.R.C.P.S.

Place of Abode P. to Williams

DATED this Nineteenth day of November one thousand eight hundred and seventy one years

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire(2) Sheriff Substitute of the (3) County of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Christison Inspector of Poor of the parish of Kirkmaiden Certificates under the hands of William Cumming and John Charles Douglas, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann Campbell, Whauphill, a Pauper and that the said Ann Campbell is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Campbell as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize [illegible] Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Campbell which accompanied the said Petition.

(SIGNATURE) Wm Mackie

DATED this twentieth day of November one thousand eight hundred and seventy one years.

To the Superintendent of the (6) Southern Counties
Asylum of Dumfries

(2) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

1/
663

Ann Campbell
20th Nov 1871

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (†) County of Dumfries *and his Substitutes,—*

The Petition of James Drummond Town Bailie High Street

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Drummond your Petitioner's (‡) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Drummond to the Crichton Institution Dumfries and to sanction his admission into the the said Asylum.

(‡) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Drummond

Dated this 23 (§) day of November One thousand eight hundred and Seventy Six

(§) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Drummond
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Architect
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	36 High Street Paisley
7. Place where Found and Examined,	36 High Street Paisley
8. Length of time Insane,	Since January 1st 1871
9. Whether first Attack,	First
10. Age (if known) on first Attack,	72 years just
11. When and where previously under Examination and Treatment,	36 High Street Paisley 10 months
12. Duration of existing Attack,	Advancing years
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Drummond, Assessor Town Corporation Buildings Greenock. Son
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 23 day of November One thousand eight hundred and Seventy Six

James Drummond

(*To be signed by Party applying.*)

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Daniel McMmond Doctory Me
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 36 High
Street Paisley in the County o
Renfrew separately from any other Medical Practitioner
visited and personally examined (4) Mr James Drummond
Architect 36 High Street Paisley and tha
the said Mr James Drummond is a (5) person
of unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Loss of Memory. Insomnia. Distrust
of Friends

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Impatient of necessary Controll. Strong
desire to go out at night at unreasonable
hours without being able to give this way

Name and Medical Designation, Daniel McMmond

Place of Abode, 32 New Street Paisley

DATED this 22nd day of November One thousand eight
hundred and Seventy One

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Hugh Colleran
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 36 High
Paisley Renfrew in the County of
visited and personally examined (4) Mr James Drummond separately from any other Medical Practitioner,
Architect and that
the said Mr James Drummond is a (5) Person of
Insound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Incoherency in speech — Vacant Childish
expression of Countenance — altho' perfectly
fit for work & Constantly moving from
[illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Bell (his daughter) says that he ma
Goes & wander during the night age and
of Proper or Incoherency Clothes

Name and Medical Designation, Hugh Colleran Phy

Place of Abode, 84 High St Paisley

DATED this 22nd day of November One thousand eight
hundred and Seventy one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Daniel Richmond Doctor of Medicine being (1) [illegible] of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) 36 High Street Paisley in the County of Renfrew, seen and personally examined James Drummond, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Daniel Richmond M.D.

DATED this 23d day of November One thousand eight hundred and Seventy One

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Brown (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Drummond, Iron Buildings, Greenock, Certificates under the hands of Daniel Richmond, and Hugh Colligan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Drummond Prohibited Paisley (Petitioner's father) and that the said James Drummond, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Drummond, as a Patient into the (6) Public Asylum of Crichton Institution Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Drummond which accompanied the said Petition.

DATED this Twenty fifth day of November One thousand eight hundred and seventy one.

James Brown

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.

1226.

James Drummond

Novemb. 23/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 David Stevenson 5 Glen Lane Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Young Stevenson 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 Mary Young Stevenson to the Crichton Royal Institution Dumfries and to sanction her admission into the the said Asylum

David Stevenson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this twenty eighth (4) day of November One thousand eight hundred and Seventy one.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Young Stevenson
2. Sex and Age,	Female — 43 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,	— Glen Lane Paisley
7. Place where Found and Examined,	— Paisley
8. Length of time Insane,	— Seven days
9. Whether first Attack,	— First attack.
10. Age (if known) on first Attack,	— 43 years
11. When and where previously under Examination and Treatment,	— — — — — — — —
12. Duration of existing Attack,	— — — — — —
13. Supposed Cause,	— — — —
14. Whether subject to Epilepsy,	— no
15. Whether Suicidal,	— no
16. Whether Dangerous to others,	— 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,	David Stevenson - Husband 5. Glen Lane. Paisley
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty eighth day of November One thousand eight hundred and seventy one

(*To be signed by Party applying*) David Stevenson

P. 2

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, David Taylor
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Glen Lane
Paisley
Renfrew
in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Mrs David Stevenson.
and that
the said Mrs David Stevenson is a (5) person of
unsound Mind.
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Maniacal excitement. Shouting and Singing — requiring personal restraint.

(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 Taylor M.D.

Place of Abode, St James' Place Paisley

DATED this Twenty Eight day of November One thousand eight hundred and Seventy one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Thomas Graham
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 5 Glen Lane
Paisley
Renfrew
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs David Stevenson, wife of David Stevenson, residing there
and that
the said Mrs David Stevenson is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Excitement. Delusions, as that she is being suffocated by poisonous vapours and that various animals are running through the walls of the house; incoherent.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her husband states that she has been in the same state for about a week, sometimes exceedingly violent smashing furniture &c. and requiring restraint.

Name and Medical Designation, Thomas Graham M.D.

Place of Abode, 34 Gauze Street. Paisley

DATED this ~~twenty~~ twenty fifth day of November One thousand eight hundred and seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, David Taylor M.D. of Glasgow University & being (1) Graduate in Medicine & Glasgow University & hereby certify, on soul and conscience, that I have this day, at (2) Glen Lane Paisley in the County of Renfrew, seen and personally examined Wm David Stevenson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

David Taylor M.D. &c.

DATED this Twenty Eight day of November One thousand eight hundred and Seventy One years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) David Stevenson 5 Glen Lane, Paisley, Certificates under the hands of David Taylor, and Thomas Graham, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs David Stevenson, (Petitioner's wife) and that the said Mrs David Stevenson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs David Stevenson — as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs David Stevenson — which accompanied the said Petition.

DATED this Twenty Ninth day of November One thousand eight hundred and Seventy one.

David Boyle Hope.

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1227

Mary Young Stevenson

Novemb. 28/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Robert Sherman Inspr of Poor Kirk-punzeon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret McGinley or Menzies 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 authorise the transmission of the said Margaret McGinley or Menzies to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Sherman Inspector

DATED this Fifth (4) day of December One thousand eight hundred and Seventy one

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret McGinley or Menzies
2. Sex and Age,	Female 24
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Floors Penpont
7. Place where Found and Examined,	Alleyford, Kirkpunzeon
8. Length of time Insane,	3 days
9. Whether first Attack,	Third
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,	Still going on
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Morelon Dumfriesshire
18. Date of becoming Chargeable,	1st December 1871
19. Christian Name and Surname, and Place of Abode of nearest known 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 McGinley, Father Floors, Penpont. Not Known whether any Member of Family have ban insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	A Stranger, come into the Parish at Martinmas

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of December One thousand eight hundred and Seventy one

(*To be signed by Party applying*) Robert Sherman Inspector

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Robert McKechnie Buchd Cr being a (1) Medicine and Master in Surgery and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Alexandra Kirkgunzeon in the County of separately from any other Medical Practitioner, visited and personally examined (4) Margaret McGinley or Menzies a pauper and that the said Margaret McGinley or 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Very excited & Sings loudly, Cackles incoherently & has become careless of her personal appearance & dress—

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Endeavoured to commit Suicide by Cutting her throat with a Knife and poisonous fluid in possession of Fellow Servant— Has been confined in a Lock-up-house

Name and Medical Designation, Rob.t Kerchead M.B. C.M.

Place of Abode, Dalbeattie

DATED this fifth day of December One thousand eight hundred and seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Hugh Cunningham being a (2) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 15 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret McGinley or Menzies Pauper and that the said Margaret McGinley or 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is excited Sings loudly, and is very restless.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Rob.t Sherman Inspector of Poor Kirkgunzeon informs me that she wanted to get poisonous Liniment to drink and a Knife, by which she would not say what she was going to do with it, also that she was confined in the Lock-up House.

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin L.F.P.S.Glas.

Place of Abode, 32 Church Crescent Dumfries

DATED this Fifth day of December One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Robert McKerchar being (1) a Bachelor in Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Moffat in the County of Kirkcudbright, seen and personally examined Margaret Mc Guiley or Menzies, and that the said Mc G. or Menzies is a person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Rob Kerchar MB. &c

DATED this fifth day of December One thousand eight hundred and twenty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stobo Esqr (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Thomson Inspector of Poor Kirkmichael, Certificates under the hands of Robt. McKerchar, and Hugh Cunningham, ., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret McGuiley or Menzies, Moffat, Kirkmichael, (a Pauper) and that the said Margaret McGuiley or 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 Margaret McGuiley or Menzies as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret McGuiley or Menzies, which accompanied the said Petition.

DATED this Fifth day of December One thousand eight hundred and twenty one

David Boyle Stobo

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/664

Marg.t McGinnis or Morris

5th December 1871

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 D. Clapperton, Insp: of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Sinclair or Edgar your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Sinclair or Edgar to the Sol:co: Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

D. Clapperton.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (4) day of December One thousand eight hundred and Seventy one

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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 Sinclair or Edgar.
2. Sex and Age,	Female. 40 years
3. Married, Single, or Widowed,	Married,
4. Condition of Life, and previous Occupation (if any),	Seamstress
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Asylum
7. Place where Found and Examined,	Newton, Kirkpatrick N.B.
8. Length of time Insane,	3 weeks.
9. Whether first Attack,	Second.
10. Age (if known) on first Attack,	36 years.
11. When and where previously under Examination and Treatment,	Sol:co: Asylum.
12. Duration of existing Attack,	3 weeks.
13. Supposed Cause,	Not Known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Sometimes threatens.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Date of becoming Chargeable,	14 November 1871.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Edgar, Newton Kirkpatrick N.B. Father 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 Seventh day of December One thousand eight hundred and 71.

(*To be signed by Party applying*) D. Clapperton Insp: of Poor.

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Carruthers
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Surgeon & General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Newton
in the Parish of Kirkpatrick Fleming in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Helen Sinclair or Edgar, needleworker Newton, pauper,
and that the said Helen Sinclair or Edgar is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her temper is very excitable & variable, sometimes violent and sometimes subdued & frowns and is discontented and will not work, the parish becomes her father is bound to maintain her

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her father & stepmother told me she has threatened to break the things in their house and has used bad language to her & has gone out upon the highway screaming and for days successively would not leave her bed except to take her victuals

Name and Medical Designation, James Carruthers, L.R.C.S.E.

Place of Abode, Kirkpatrick Fleming

DATED this Seventh day of December One thousand eight hundred and Seventy One

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson
being a (1) Bachelor in Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Sinclair or Edgar Newton. pauper and that the said Helen ~~Edgar~~ Sinclair or Edgar is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) That she is very Melancholic & is easily excited, bursts into tears when questioned, complains of ill usage from her friends. She has been in the Asylum before

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The inspector informs me that she persists in lying in bed all day & whenever she did get up she wandered about the Court

Name and Medical Designation, Thomas Anderson M.B.

Place of Abode, Southern Counties Asylum

DATED this Seventh day of December One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Carruthers being (1) a Licentiate of the Royal College of Surgeons of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Newton, Kirkpatrick Fleming, in the County of Dumfries, seen and personally examined Helen Sinclair or Edgar, and that the said Helen Sinclair or Edgar is a person of unsound mind, and 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 Carruthers L.R.C.S.E

Dated this Seventh day of December One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) D. Clapperton, Inspector of Poor Annan Certificates under the hands of James Carruthers and Thomas Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Sinclair or Edgar, Newton, Kirk. Fleming and that the said Helen Sinclair 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 Helen Sinclair or Edgar as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Sinclair or Edgar which accompanied the said Petition.

Dated this Eighth day of December One thousand eight hundred and Seventy one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
665
Helen Sinclair or Edgar
7th December
1871

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 McGeorge 27 Green St Grosvenor Square London

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Ponsonby Steel your Petitioner's (3) Brother in Law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Joseph Ponsonby Steel to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William MacGeorge

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twelfth (4) day of December One thousand eight hundred and Seventy one

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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,	Joseph Ponsonby Steel
2. Sex and Age,	Male
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,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	More or less for about seven years
9. Whether first Attack,	From over-study at Oxford
10. Age (if known) on first Attack,	about thirty five years
11. When and where previously under Examination and Treatment,	at Dumfries, at Mr Burnside's
12. Duration of existing Attack,	I do not know
13. Supposed Cause,	I do not know
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	I do not know
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	His mother Adelaide Steel, His sister is now 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 December One thousand eight hundred and Seventy one

(*To be signed by Party applying*) W. MacGeorge Lt Colonel

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians & Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Ponsonby Steel Clergyman and that the said Joseph Ponsonby Steel is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is great dejection of spirits, strange delusions regarding the sight of broken chamber utensils, and incoherent, and impure discourse.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham M.R.C.P.E.

Place of Abode, 32 Church Crescent Dumfries

DATED this Ninth day of December One thousand eight hundred and seventyone.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith Graduate of Edinburgh Univ. being a (1) Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Ponsonby Steel Clergyman. Dumfries and that the said Joseph Ponsonby Steel is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His delusions connected incoherent conversation, his imagines that washing with urine has the power to cure his maybe attacks made on him by

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M.B.

Place of Abode, Dumfries

DATED this 9th day of December One thousand eight hundred and 71.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 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 Joseph P. Steel, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. Gilchrist M.D.

DATED this Eleventh day of Dec. One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (3) Sheriff Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) William M'George 21 Green Street, Grosvenor Square London, Certificates under the hands of Hugh Cunningham, and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Joseph Ponsonby Steel, Clergyman, Dumfries, and that the said Joseph Ponsonby Steel is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Joseph Ponsonby Steel as a Patient into the (8) Public Asylum of Crichton Royal Institution 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 Joseph Ponsonby Steel which accompanied the said Petition.

DATED this Ninth day of December One thousand eight hundred and seventy one.

To the Superintendent of the (4) Public *Asylum of* Crichton Royal Institution Dumfries

James Gordon

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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.

1229.

Joseph Ponsonby Steel

Decemb. 1/31.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes*—

The Petition of John Irving, Inspector of Poor Cummertrees humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Rae Graham or Rae your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Rae Graham or Rae to the Southern Counties Asylum at Dumfries and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Irving

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Ninth (*) day of December One thousand eight hundred and Seventy one years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Rae Graham or Rae
2. Sex and Age,	Female - 53 years.
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Domestic
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Highmoor Kirkpatrick Fleming
7. Place where Found and Examined,	Southern Counties Asylum Dumfries
8. Length of time Insane,	Six weeks
9. Whether first Attack,	Fourth attack
10. Age (if known) on first Attack,	46.
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries.
12. Duration of existing Attack,	Six weeks
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Cummertrees
18. Date of becoming Chargeable,	9th December 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Son William Rae Farm Servant Brantelk, Kirkpatrick-Fleming.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Ninth day of December One thousand eight hundred and Seventy one

(*To be signed by Party applying*) John Irving

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Thomas Anderson being a (1) Bachelor in Medicine & Master in S[urgery] & Member of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Graham or Rae a Pauper and that the said Margaret Graham or Rae is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That she is being depressed & silent, She complains of not being right in her own mind & desires of remaining in the Asylum

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The inspector informs me that she has shewn signs of wandering & has attempted to leave the asylum

Name and Medical Designation, Thomas Anderson M.

Place of Abode, Southern Counties Asylum

DATED this Ninth day of December One thousand eight hundred and seventy one years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Graham or Rae Pauper and that the said Margaret Graham or Rae is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her dishevelled appearance & manner & refusal to answer questions,

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Attendants inform me that she has at times attempted to wander from the Asylum,

Name and Medical Designation, John Smith M.B.

Place of Abode, Dumfries

DATED this 9th day of December One thousand eight hundred and 71,

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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
being (1) a graduate 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
Margaret Rae, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. Gilchrist M.D.

DATED this Seventh day of December One thousand eight hundred and Seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) John Irving
Inspector of Poor, Dumfries,
Certificates under the hands of Thomas Anderson M.B. & C.M.
and John Smith M.B. & C.M., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6)
Margaret Graham or Rae (a Pauper) and that the said
Margaret Graham or Rae 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 Graham or Rae as a Patient into the (8) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Graham or Rae which accompanied the said Petition.

DATED this ninth day of December One thousand eight hundred and Seventy one years.

James Gordon

To the Superintendent of the (9) Public
Asylum of Southern Counties
Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

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666

Marg.t Graham or Rae

14th December

1871

"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Wigton & Kirkcudbright *and his Substitutes,—*

The Petition of Matthew Gray - Bank St. Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gray your Petitioner's (3) brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Gray to the Crieghton Asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Matthew Gray

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 5th (4) day of December One thousand eight hundred and Seventy one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Gray
2. Sex and Age,	Forty five Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Grocer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Muirkirk Ayrshire
7. Place where Found and Examined,	Gatehouse
8. Length of time Insane,	His mind has been more or less unsettled
9. Whether first Attack,	for about four years
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Medical treatment was several times attempted at home, but without any satisfactory result
12. Duration of existing Attack,	
13. Supposed Cause,	Principally fealousy of his wife
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No to his wife principally
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,	Matthew Gray Bank Street 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.

DATED this 5th day of Decr One thousand eight hundred and Seventy One.

(*To be signed by Party applying*) Matthew Gray

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Moffat, M.B., C.M.
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High Street Gatehouse in the County of Kirkcudbright
separately from any other Medical Practitioner, visited and personally examined (4) James Gray, Late Grocer High Street Gatehouse and that
the said James Gray is a (5) person
of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) 1. His excited manner his rambling conversation, and the exalted ideas he entertains regarding himself. For example he believes & affirms that he is the only sane and only just and righteous man in Gatehouse - that all others are inhuman and ~~utterly~~ beneath his notice.

~~2. Other facts (if any) indicating Insanity communicated to me by others:~~ (7)

2. His Delusions regarding his wife:- These are that she has been unfaithful to him; that she puts some drugs or other abomination into his food to send him asleep in order to get her paramour into the house; that she has sold herself to, and is completely under the influence of, two other persons; and that notwithstanding all he has preaching to her, and the opportunities he has given her to reform she still remains impenitent.

3. He has threatened and actually used personal violence towards her. Yesterday morning at 2 o'clk she had to flee the house in her night dress &c.

4. He is foolishly squandering his means &c.

Name and Medical Designation, James Moffat M.B. C.M.

Place of Abode, Laurel Bank - Gatehouse

DATED this Sixth day of December One thousand eight hundred and Seventy-one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, J. Nicholl M.D.
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Gatehouse of Fleet in the County of Kirkcudbright
separately from any other Medical Practitioner, visited and personally examined (4) James Gray and that
the said James Gray is a (5) person
of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Incoherence of speech & seems much excited, & quite unable to converse with any degree of rationality on any subject.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been abusing his wife without cause & will do her an injury if not restrained. She has had to leave the house for night & seek refuge on account of his violence.

Name and Medical Designation, J. Nicholl M.D. Surgeon

Place of Abode, Gatehouse of Fleet

DATED this Sixth day of December One thousand eight hundred and Seventy One

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, being (1) ~~a Licentiate of the Royal College of Surgeons of Edinburgh~~ hereby certify, on soul and conscience, that I have this day, at (2) ~~High Street, Gatehouse-of-Fleet~~ in the County of ~~Kirkcudbright~~, ~~seen and~~ personally examined ~~James Gray~~, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the 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 Sheriff Substitute of the (2) County of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Matthew Gray Certificates under the hands of James Moffat and James Neilson Cook, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gray and that the said James Gray is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Gray as a Patient into the (6) Crichton Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Gray which accompanied the said Petition.

DATED this Seventh day of December One thousand eight hundred and Seventy one

W H Dunbar

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.

1230.

James Gray

Decemb. 8/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,

The Petition of John Dinwoodie, Inspector of the Poor for the Parish of Dumfries—
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Helen Murdoch or Carrie residing at Grangers Close, Dumfries your Petitioner's (*) Pauper.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Murdoch or Carrie to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

John Dinwoodie

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twelfth (*) day of December One thousand eight hundred and Seventyone.

STATEMENT.

If any 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—age 55 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	do Seamstress
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 a week—
9. Whether first Attack,	no
10. Age (if known) on first Attack,	about 46 years—
11. When and where previously under Examination and Treatment,	January last. Dumfries & S.C. Asylum
12. Duration of existing Attack,	about a week—
13. Supposed Cause,	cause not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	She is becoming so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries—
18. Date of becoming Chargeable,	12th Decr 1871.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of December One thousand eight hundred and Seventyone

(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 Marshall being a (1) graduate of the Faculty of Physicians & Surgeons Glasgow and College of Physicians Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Grangers close Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Corrie (a pauper) and that the said Helen Corrie is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently sings laughs cries to the same tune says she hates to see anybody about the house and refuses food as she is all right and not dying

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the neighbours state that they have heard her singing these words and that she has not slept for a fortnight

Name and Medical Designation, Wm Marshall MD &c

Place of Abode, Dumfries

DATED this 6th day of Dec One thousand eight hundred and Seventy one years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Grangers close High Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Murdoch or Corrie - Pauper and that the said Helen Murdoch Corrie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 discourse, and a delusion that her son in law is killing her daughter by putting rabbits into her inside.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The person who lives underneath informs me that she wanders about the floor during the night, and abuses all with whom she comes in contact.

Name and Medical Designation, Hugh Cunningham LRCP&S Edin

Place of Abode, 32 Church Crescent Dumfries

DATED this Twelfth day of December One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Marshall
being (1) a Physician
hereby certify, on soul and conscience, that I have this day, at (2) Stranger's House Dumfries
in the County of Dumfries, seen and personally examined
Helen Murdoch or Corrie, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Marshall M.D.

DATED this 12th day of December One thousand eight hundred and seventy one year

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries, —
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor, Dumfries, —
Certificates under the hands of William Marshall, —
and Hugh Cunningham —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Murdoch or Corrie Grainger's Close Dumfries a pauper and that the said
Helen Murdoch or Corrie 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 Murdoch or Corrie 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 Helen Murdoch or Corrie — which accompanied the said Petition.

DATED this Thirteenth day of December One thousand eight hundred and seventy one

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Helen Murdoch or Corrie

12th " December

1871

"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Adamson Searbrae Speddoch humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Kirkwood Adamson your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Kirkwood Adamson to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Samuel Adamson

Dated this Thirteenth (4) day of December One thousand eight hundred and Seventy one Years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Kirkwood Adamson
2. Sex and Age,	30 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Mason
5. Religious Persuasion, so far as known,	Established Church of Scotland.
6. Previous Place of Abode,	Searbrae
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	3 days
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	24 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	3 days
13. Supposed Cause,	Disappointment in business
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private patient
18. Date of becoming Chargeable,	13th December 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Samuel Adamson His father. Searbrae Speddoch
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Thirteenth day of December One thousand eight hundred and Seventy one Years.

(To be signed by Party applying) Samuel Adamson

Searbrae Speddoch P. O.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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 Smith being a (1) Graduate of Edinburgh Univ and Licentiate of Edinburgh Royal College and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Castle Street Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Robert Kirkwood Adamson Mason - Shedlock and that the said Robert Kirkwood 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) His wild excited manner & appearance & incoherent speech.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His attendant informs me that owing to his violence he had to be tied with ropes before he could be brought to Dumfries, also that he was previously an inmate of the Southern Counties Asylum

Name and Medical Designation, John Smith MB

Place of Abode, Dumfries

DATED this 13 day of December One thousand eight hundred and 71.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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 Thompson being a (1) Doctor of Medicine of the University of Edinburgh and 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) Castle Street Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Robert Kirkwood Adamson Mason - Shedlock and that the said Robert Kirkwood 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) Acute Maniacal Excitement - raving and shouting.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) attendant who brought him here tells he found him tied with ropes: also that he was on a previous occasion in Southern Counties Asylum

Name and Medical Designation, Alex Thomson MB

Place of Abode, Dumfries

DATED this Thirteenth day of December One thousand eight hundred and Seventy one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate of Edinburgh Univ. 1st Dumfries
hereby certify, on soul and conscience, that I, have this day, at (2) Castle Street Dumfries
in the County of Dumfries, seen and personally examined Robert Kirkwood Adamson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MB &c

DATED this 13th day of December One thousand eight hundred and 11

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Samuel Adamson
Scarbrae Beddoch,
Certificates under the hands of John Smith
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)
Robert Kirkwood Adamson (Petitioners Son) and that the said
Robert Kirkwood Adamson is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Kirkwood Adamson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Kirkwood Adamson which accompanied the said Petition.

DATED this Fourteenth day of December One thousand eight hundred and twenty one

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe how, and if a Pauper, state so.
(5) Lunatic, or 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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Robert Hartwood Adamson

13th December 1871

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APPLICATI

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[FORM B²]

25 & 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 Rowland Reed Inspector of Poor Camnbee being desirous to transfer Andrew Mc Naughton at present a Patient in the Royal Edinburgh Asylum and (1) a Pauper Lunatic of the Parish of which I am Inspector of the 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 Andrew Mc Naughton 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.

Rowland Reed

(2) Inspector of Poor Cammbee

(2) State degree of Relationship, or other capacity in which applicant stands to Patient.

DATED at Cammbee this 23rd day of December One thousand eight hundred and 71

STATEMENT.

1. Christian Name and Surname of Patient at length,	Andrew Mc Naughton
2. Sex and Age,	Male, 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Printer
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	12 Sept 1871
7. Length of time Insane,	Has been in present Asylum & also at Dumfries Asylum for a considerable period
8. Whether first Attack,	No
9. Age (if known) on first Attack,	—
10. Duration of existing Attack,	from 12 Sept 1871
11. Supposed Cause,	—
12. Whether subject to Epilepsy,	
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Cammbee
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Armstrong 49 Falcon Street Liverpool Sis mother

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Rowland Reed

DATED this 23rd day of December One thousand eight hundred and 71

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned, John Wilkinson
being (1) a Licentiate of the College of Physician Edinr
hereby certify that I have this day at (2) Morningside Asylum
personally examined Andrew McNaughton at present a
Patient in said Asylum, and with respect to his Mental State that he is unsound
& imbecile in his understanding

; and with respect to his
Bodily Health and Condition that he is in fair average health

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

John Wilkinson M D

DATED this 26th day of December One thousand eight hundred and seventy one

(1) State Medical Qualification.

(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) the Inspectors of Lunacy for Canonbie
to authorize the transfer of Andrew M'Naughton
from Edinburgh Royal Asylum to Dumfries Royal Asylum and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Andrew M'Naughton as requested.

James Coxe Commissioner.

DATED at Edinburgh, this 28th day of December One thousand eight hundred and seventy one

Date of Sheriff's Order 12 Sept. 1871

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

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Andrew Mc Naughton
31/12/71

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,—*

The Petition of John G. McCallum, Douchlage, Moffat, Dumfriesshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella ~~McCallum~~ Williamina Harvey McCallum your Petitioner's (*) 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 Williamina McCallum to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John G McCallum

DATED this Second (*) day of January One thousand eight hundred and seventy two —

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Williamina Harvey McCallum
2. Sex and Age,	Female - age 32 -
3. Married, Single, or Widowed,	Single -
4. Condition of Life, and previous Occupation (if any),	Established
5. Religious Persuasion, so far as known,	Gartnavel Asylum Glasgow -
6. Previous Place of Abode,	Crichton Royal Institution
7. Place where Found and Examined,	Nine years
8. Length of time Insane,	no
9. Whether first Attack,	about 23
10. Age (if known) on first Attack,	Gartnavel Asylum -
11. When and where previously under Examination and Treatment,	9 years -
12. Duration of existing Attack,	not known -
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	yes -
15. Whether Suicidal,	no
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	John G. McCallum Douchlage By Balfron Stirlingshire. mother
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	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 Second day of January One thousand eight hundred and seventy two

(*To be signed by Party applying*) John G McCallum

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MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians & Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Williamina Harvey McCallum and that the said Isabella Williamina Harvey McCallum is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is great uneasiness and restlessness: there is rapid and incoherent discourse: she is continually moving about and fancies that she is surrounded by enemies.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The above confirmed by Nurse.

Name and Medical Designation, Hugh Cunningham LR.C.P.Edin. L.F.P.S.Glas.

Place of Abode, 32 Church Crescent Dumfries

DATED this First day of January One thousand eight hundred and seventy 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, Alexander Thompson being a (1) Doctor of Medicine of the University Edinburgh & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Williamina Harvey McCallum - Lafely and that the said Isabella W.H. McCallum is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Restless, in manner - Vacant wild expression of countenance - incoherent conversation -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Dr Mahon that she has been frequently from Dartmouth where she has been for several years -

Name and Medical Designation, A. McThomson M.D

Place of Abode, Dumfries -

DATED this First day of January One thousand eight hundred and Seventy two -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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
being (1) a graduate of the University of 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
Isabella McCallum, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. Gilchrist M.D.

DATED this thirty first day of December One thousand eight hundred and seventy one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Landsdale Maitland, (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John D. McCallum,
Donchlage Kirtlingshire,
Certificates under the hands of Hugh Cunningham
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)
Isabella Williamina Harvey McCallum (5) Eldest Sister and that the said
Isabella Williamina Harvey McCallum 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 Isabella Williamina Harvey McCallum 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 Isabella Williamina Harvey McCallum which accompanied the said Petition.

DATED this Second day of January One thousand eight hundred and Seventy two

L. Maitland

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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Isabella W. H. McCallum

Dec. 31/71

