Sheriff's Warrants

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DGHI/5/1/1/47

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

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway
and his Substitutes,—

The Petition of Jane F. Hamilton, Thankerton Farm, Holytown Lanark.
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Laurie Hamilton Thankerton Farm, Holytown
your Petitioner's (1) 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 authorise the transmission of the said James Laurie Hamilton to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Jane F. Hamilton

DATED this the First (2) day of July One thousand eight hundred and Ninty-five.

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

STATEMENT.

If any 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 Laurie Hamilton
2. Sex and Age,	Male. 47 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any).	Farmer
5. Religious persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Foulsett, Holytown
7. Place where Found and Examined,	Thankerton Farm, Holytown
8. Length of Time Insane,	Three months.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	Forty years.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	—
12. Duration of Existing Attack,	Three months.
13. Supposed Cause,	No cause.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and place of Abode of nearest known 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 F. Hamilton, Sister, Thankerton Farm, Brother has been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this First day of July One thousand eight hundred and ninty-five

(To be signed by party applying) Jane F. Hamilton

MEDICAL CERTIFICATE No. I.

I, the undersigned James Muir
being a (1) M.D of Glasgow University
and being in actual practice as a (2) Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Thankerton Farm Roleytown in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) James Laurie Hamilton Thankerton Farm, Roleytown, Farmer and that the said James Laurie Hamilton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
There is a vacant expression of countenance: he speaks incoherently: has no faith that the crops will grow: has evidently that some conspiracy has been formed against him.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
his uncle says that he sent men out to cow the cattle when ordered them in vain, and otherwise has no mind of his own for amounts.

Name and Medical Designation, James Muir, M.D.
Place of abode, Moffat

DATED this the first day of July One thousand eight hundred and ninety-five

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Thomson
being a (1) Doctor of Medicine of Glasgow University 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) the Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Laurie Hamilton, Farmer, Thankerton Farm, Roleytown, Lanarkshire and that the said James Laurie Hamilton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Depressed appearance: talks in an incoherent manner about himself and his affairs: thinks something is going against him, and that there is a conspiracy to ruin him.

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

Name and Medical Designation, Alex. Thomson M.D.
Place of abode, 2 Castle St. Dumfries

DATED this Tenth day of July One thousand eight hundred and ninety five years.

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned James Muir
being (1) MD of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Thankerton Farm Holytown
in the County of Lanark, seen and personally examined James Laurie Hamilton, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

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

James Muir MD

DATED, this fourth day of July One thousand eight hundred and ninety-four

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein James Laurie Hamilton to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Sister

Signature and Address, Jessie J Hamilton

Date, 1st July 1895

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

I, George Campion Esquire, Sheriff Substitute of ~~the the County of~~ Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (1) Jane H Hamilton Thankerton Farm, Holytown, Lanark, Certificates under the hands of James Muir 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 (2) James Laurie Hamilton, Thankerton Farm, Holytown, Lanark, (her Bro:) and that the said James Laurie Hamilton is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said James Laurie Hamilton as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Laurie Hamilton which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a [illegible]
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Second day of July One thousand eight hundred and ninety five years.

Geo: Campion

4 four words deleted.

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7056

Name, James Laurie Hamilton

Date of Admission, 1 July 1895

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

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway

and his Substitutes,—

The Petition of Patrick Mc Dowall, Manyport Farm, Kirkmaiden Wigtownshire.
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Marion Galloway Mc Dowall Manyport Farm, Kirkmaiden
your Petitioner's (1) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Manon Galloway Mc Dowall to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Patrick Mc Dowall

DATED this first (2) day of July One thousand eight hundred and ninety five years

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Manon Galloway Mc Dowall
2. Sex and Age,	Female 55 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any).	Lady -
5. Religious persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Manyport Farm, Kirkmaiden.
7. Place where Found and Examined,	20 Castle Street & Crichton Royal Institn.
8. Length of Time Insane,	6 Months
9. Whether First Attack,	No
10. Age (if known) on First Attack,	35 years
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Royal Edinburgh Asylum about January last
12. Duration of Existing Attack,	6 Months
13. Supposed Cause,	Sudden death of Brother
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,	Patrick Mc Dowall Esq Manyport Kirkmaiden (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 July One thousand eight hundred and ninety five years.

(To be signed by party applying) Patrick Mc Dowall

No. 1576

MEDICAL CERTIFICATE No. I.

I, the undersigned Peter Murray Kerr
being a (1) Bachelor of Medicine and Master in Surg
of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 20
Castle Street Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Marion Galloway McDowall
Maryport Farm Kirkmaiden Wigtonshire and that
the said Marion Galloway McDowall is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She is very depressed: is incoherent in
speech & goes on muttering to herself: cannot
answer any reasonable question
& is very restless: always moving.

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

Name and Medical Designation, Peter Murray Kerr MBCh
Place of abode, 20 Castle Street Dumfries

DATED this First day of July One thousand
eight hundred and ninety-five years.

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

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

1. Facts indicating Insanity observed by myself: (6) Her insane
appearance, & incoherent conversation; Cannot
answer questions of the most simple kind

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

Name and Medical Designation, John Smith MB
Place of abode, 47 Castle St Dumfries

DATED this First day of July One thousand
eight hundred and ninety five.

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

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

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

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

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

(6) *State the facts*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned Peter Murray Kerr being (1) Bachelor of Medicine and Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) 20 Castle Street Dumfries in the County of Dumfries, seen and personally examined Marion Galloway McDowall, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

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

Peter Murray Kerr

DATED, this First day of July One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Marion Galloway McDowall to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address, Patrick McDowall

Date, 1st July 1895

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

I, George Campion, Esquire, Sheriff Substitute of ~~the the County of~~ Dumfries & Galloway, at Dumfries having had produced to me, with a Petition at the instance of (1) Patrick McDowall, Maryport Farm Kirkmaiden Certificates under the hands of Peter Murray 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 (2) Marion Galloway McDowall, Maryport Farm, Kirkmaiden, Wigtownshire, (Parish District) and that the said Marion Galloway McDowall is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Marion Galloway McDowall as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marion Galloway McDowall which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

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

DATED this Second day of July One thousand eight hundred and ninety five years.

Four words deleted.

Geo: Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7657

Name, Marion Galloway McDowell

Date of Admission, 1st July 1895

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

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of MILES MᶜINNES, Inspector of Poor for the Parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James McGahan, your Petitioner's Pauper is at present in a state of Mental Derangement, and a proper Person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James McGahan to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(To be signed by the Party applying) Miles McInnes

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

DATED this Second (*) day of July One thousand eight hundred and Ninety Five Years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James McGahan
2. Sex and age,	Male 69 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Storeman
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous place of abode,	Bay Horse Close Dumfries.
7. Place where found and examined,	about 3 Months
8. Length of time Insane,	Yrs
9. Whether First Attack,	Another
10. Age (if known) on First Attack,	about 3 Months
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	— Depression after loss of Work
12. Duration of Existing Attack,	No
13. Supposed Cause,	Yes
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Dumfries
16. Whether Dangerous to others,	1st July 1895
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable	Isabella Connon, Wife, resides
18. Date of becoming Chargeable	Bay Horse Close. Dumfries
19. Christian Name and Surname, and Place of Abode of nearest known 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
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 July One thousand eight hundred and Ninety Five Years.

(To be signed by the party applying) Miles McInnes

No. 165

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 Physician and Surgeons Glasgow College of St Andrews and being in actual practice as a (2) Physician and do hereby certify, on Soul and Conscience, that I have this day, at (3) Bay Horse Close High St Dumfries in the County of Dumfries separately from any other Medical practitioner, visited and personally examined (4) James McGahan Labourer and that the said James McGahan is a (5) person of unsound mind and a proper person to be detained 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 he is excommunicated from the Church and in the same way with his God. etc etc

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His friends state that he is addicted to tearing off his clothes and revels himself frequently nude and etc

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

Place of Abode, 27 Buccleuch St Dumfries

DATED this 10th day of July One thousand eight hundred and ninety three years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Smith being a (1) Graduate in medicine of Edinburgh University and being in actual practice as a (2) Physician and Surgeon do hereby certify, on Soul and Conscience, that I have this day, at (3) Bay Horse Close High St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James McGahan Labourer and that the said James McGahan is a (5) person of unsound mind and a proper person to be detained 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 insane appearance. incoherent conversations & delusions. States that he has been ordered not to take food & won't take it, also that he has been ordered to be killed today.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he is incurable. tearing off his clothes & refuses to take food

Name and Medical Designation, } John Smith M.D.

Place of Abode, 4 Castle St Dumfries

DATED this first day of July One thousand eight hundred and ninety three years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith
being (1) a Graduate in Medicine of Edinburgh University
hereby certify on soul and Conscience, that I have this day, at (2) Bay Horse Close. Dumfries
in the County of Dumfries, seen and personally examined James Mc Gahan, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State Medical qualification.
(2) State place of Examination.

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

John Smith MD

DATED this First day of July One thousand eight hundred and ninety five Years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein James Mc Gahan to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. —

Signature and Address, Miles Mc Innes, Insp of Poor Dumfries

Date, 1st July 1895

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

I, George Campion Sheriff-Substitute ~~of the County~~ of Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles Mc Innes, 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 (2) James Mc Gahan Bay Horse Close, Dumfries (a pauper) and that the said James Mc Gahan is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Mc Gahan as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said James Mc Gahan which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, if a Pauper, state
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Second day of July One thousand eight hundred and ninety five years.

Geo Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7658

Name, James McGahan
Dumfries

Date of Admission, 1st July 1895

I, George Campion, Esquire, Advocate, Sheriff-Substitute of Dumfries and Galloway, at Dumfries, having this day, on a Petition at the instance of Charles Stewart Rhyn, Pro-curator-Fiscal of Court for the public interest, under the provisions of the fifteenth section of the act 25 and 26 Vic., cap. 54, inquired into the condition of Charles Jenkins, presently in custody in the Prison of Maxwelltown, who, as stated in said Petition, had been apprehended in the Village of Enterkinfoot, Durisdeer Parish, Dumfriesshire, on the Twentieth day of June, last; and being satis-fied, upon the evidence adduced, that the said Charles Jenkins is a Lunatic, and in a state of threatening danger to the lieges, I granted warrant to

G. Campion

to commit him to the Crichton Royal Institution, Dumfries, therein to be detained until cured, or until caution should be found for his safe custody; therefore, and in respect of said commitment, I hereby authorise the transmission of the said Charles Jenkins to said Institution, and authorise you to receive the said Charles Jenkins, as a patient into said Institution, and therein to detain him until cured, or until caution shall be found for his safe custody — all in terms of the provisions of said section.

Dated this Second day of July, One thousand eight hundred and ninety five years. -

Jno. Thomson

To the Superintendent
of the Crichton Royal Institution,
Dumfries.

Sheriff's Court, Dumfries.

Warrant
authorising
Transmission of
Charles Jenkins,
to
Criechton Royal Institution,
Dumfries,
under
Provisions of S. 15 of the
Act 25 & 26. Vict: C54.

Dated 2nd July, 1895.

No 7659
Charles Jenkins
P.F. case
Adm. 2 July 1895

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

[Form A]

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

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

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

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

The Petition of Adam Robson, Closeburn Hall, Dumfriesshire,

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

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

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 Robson to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Adam Robson

(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 July One thousand eight hundred and ninety five years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Robson.
2. Sex and Age,	Male — 68.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Labourer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Dunscore Village, Kirkmahoe
7. Place where Found and Examined,	Dunscore Village, Kirkmahoe.
8. Length of time Insane,	about nine months
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	48 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	
12. Duration of Existing Attack,	about nine months.
13. Supposed Cause,	not known.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	yes.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Adam Robson, Closeburn Hall, Dumfriesshire. Son.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Eighth day of July — One thousand eight hundred and ninety five years.

(To be signed by the Party applying) Adam Robson

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, Robert B. Shaw.
being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Dumcow Village Kirkmahoe in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Robson
and that the said John Robson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is constantly talking of being killed every day at a certain hour says the Butcher will do it suffers from delusions seeing people & devils &c &c. Suffers from depression sitting in the house most of the day. Says he is lost that the Almighty has cast him off.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife tells me she caught him once in a shed with a rope in his pocket which he pulled out & adjusted but before doing anything further she came out from her hiding place & stopped him. However he says he wont do it, as he is afraid. Tells constantly of his sins & is constantly talking. His wife also tells me that he says

Name and Medical Designation, Robert B. Shaw
Place of Abode, East Pavilion Kirkmahoe [illegible]

DATED this 8th day of July One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Peter Murray Kerr.
being a (2) Bachelor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) ~~Do~~ General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Royal Infirmary Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Robson, Duncow Village Kirkmahoe Dumfries and that the said John Robson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is very depressed and miserable He says he is going to die and that he has committed an unpardonable sin that he is doomed to perdition He has refused food for [illegible] days.

(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, Peter Murray Kerr MB
Place of Abode 20 Castle Street Dumfries

DATED this Eighth day of July One thousand eight hundred and ninety five years.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, George Campion, Sheriff Substitute of the (2) Dumfries and Galloway at Dumfries.
having had produced to me, with a Petition at the instance of (3) Adam Robson, Closeburn Hall, Dumfriesshire,
Certificates under the hands of Robert B. Shaw
and Peter Murray 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 Robson, Dunrow Village, Kirkmahoe (Parish Hotel)
and that the said John Robson is a (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 Robson 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 Robson which accompanied the said Petition.

DATED this Eighth day of July One thousand eight hundred and ninety five years.

Geo Campion

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

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

No 7660

John Robson

Adm. 8 July 1895

12049

[FORM B²]

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

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

I, the undersigned Alexander Bain Bews.
being desirous to transfer Barbara Gardner Bews
at present a Patient in Marischal Asylum Peterhead and (¹) detained at my instance
from the said Asylum to the Crichton Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Barbara Gardner Bews and a Medical Certificate with respect to her mental and bodily condition.

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

Alexander B Bews
(²) Husband

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

DATED at Glasgow this 4th day of July.
One thousand eight hundred and ninety five.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Barbara Gardner Bews
2. Sex and Age,	Female 50
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,	16th July 1888
7. Length of time Insane,	25 years
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	25
10. Duration of existing Attack,	25 years
11. Supposed Cause,	Chlabaremia
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no sign
14. Whether Dangerous to others,	occasionally
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of her Family known to be, or to have been Insane,	Husband. Alex' B. Bews 219 Argyle Street Glasgow

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

(*To be signed by the Applicant*) Alexander B. Bews.

DATED this 4th day of July. One thousand eight hundred and ninety five.

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

MEDICAL CERTIFICATE.

I, the undersigned George R. Wilson being,(1) M.B. C.M. hereby certify that I have this day at (2) Mavisbank, Polton personally examined Barbara Gardner Bews at present a Patient in said Asylum, and with respect to his Mental State that she is of weak mind with occasional outbursts of violence in which she shouts and screams as if under delusions of persecution, and becomes destructive ; and with respect to his Bodily Health and Condition that they are fairly good

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

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

George R. Wilson M.B.

DATED this 3rd day of July One thousand eight hundred and 95.

SANCTION BY THE BOARD OF LUNACY.

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

The foregoing Application having been made to the Board to authorize the transfer of Miss ~~Bews~~ Barbara Gardner Bews from ~~Polton Asylum~~ Mavisbank Private Asylum to ~~Crichton Royal Institution~~ Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 4th day of July One thousand eight hundred and ninety-five.

No 7691
Barbara Gardner Bews
Adm. 8 July 1895.

Date of Sheriff's Order.

16th July 1888.

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

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Lanarkshire
and his Substitutes,—

The Petition of Mrs Agnes McKay or Paul, Widow, 446 Victoria Road Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Thomas Paul, Clerk ~~Clerk~~ 88 North Hanover street Glasgow your Petitioner's (1) 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 authorise the transmission of the said Thomas Paul to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Agnes Paul

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

DATED this tenth (2) day of July One thousand eight hundred and ninety five

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Thomas Paul,
2. Sex and Age,	Male 26
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any).	Nothing at present previously clerk
5. Religious persuasion, so far as known,	Protestant
6. Previous Place of Abode,	446 Victoria Road Glasgow
7. Place where Found and Examined,	88 North Hanover street Glasgow
8. Length of Time Insane,	several months,
9. Whether First Attack,	cant say
10. Age (if known) on First Attack,	do
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	None
12. Duration of Existing Attack,	Uncertain ~~ty~~
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether dangerous to others,	Threatening
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	None
18. Date of becoming Chargeable,	None
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	The Petitioner is mother & nearest relative of the Patient 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 Tenth day of July One thousand eight hundred and ninety five

(To be signed by party applying) Agnes Paul

MEDICAL CERTIFICATE No. I.

I, the undersigned John Carmichael being a (1) Licentiate of the Royal College of Physicians Edinburgh and of the Faculty of Physicians & Surgeons, Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 2 Lansdowne Crescent, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Thomas Paul, residing at 88 North Hanover Street, Glasgow, Clerk, and that the said Thomas Paul, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is dull, listless, and somewhat stupid in manner and appearance, and he labours under the influence of and delusive ideas, such as that his relatives are against and in particular that his mother & sisters grossly ill use him

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother states that his conduct has been and foolish for several years, that he cannot keep situations, that he leaves his home, remaining away for months without letting his relatives know where he is, and that occasionally, when out, he is very excited and threatens violence.

Name and Medical Designation, J. Carmichael M.B.C.M. Ed. & Gl.

Place of abode, 2 Lansdowne Crescent Glasgow

DATED this Fourth day of July One thousand eight hundred and 95.

MEDICAL CERTIFICATE No. II.

I, the undersigned George Marshall being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 126 Dumbarton Road Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Thomas Paul, residing at 88 North Hanover Street, Glasgow, Clerk, and that the said Thomas Paul is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is stupid in appearance and manner and has delusive ideas regarding religion and that his relations especially his sisters are very much against him and try all they can to injure him.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother states that for some years his conduct has been very strange, that he frequently becomes very excited and violent and that on two occasions he has left home and remained away for several months without letting his relatives know where

Name and Medical Designation, George Marshall M.B. CM.

Place of abode, 20 Westminster Terrace W. Glasgow

DATED this Sixth day of July One thousand eight hundred and Ninety five.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)

in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

DATED, this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address, _____

Date, _____

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

I, Robert Urquhart Strachan Sheriff Substitute
of the the County of Lanark
having had produced to me, with a Petition at the instance of (1) Mrs Agnes McKay or Paul 446 Victoria Road Glasgow
Certificates under the hands of John Caswell.
and George 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 (2) Thomas Paul 86 North Hanover Street Glasgow Petitioners son
and that the said Thomas Paul is a (3) person of unsound mind
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Thomas Paul as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize Yes Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Paul
which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

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

DATED this tenth day of July One thousand eight hundred and ninety five

R H Strachan

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7662

Name, Thomas Paul

Date of Admission, 10 July 1895

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

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway —
and his Substitutes,—

The Petition of Agnes Gibb Shaw, St Margarets, Great Malvern, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Gibb Shaw, Shipowner late of Montreal, your Petitioner's (1) Husband, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said James Gibb Shaw, to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Agnes Gibb Shaw.

DATED this Eighth (2) day of July, — One thousand eight hundred and ninety five years.

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

STATEMENT.

If any 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 Gibb Shaw.
2. Sex and Age,	Male. 62.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Shipowner.
5. Religious persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Montreal.
7. Place where Found and Examined,	St Margarets, Great Malvern.
8. Length of Time Insane,	Two years.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	60.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	
12. Duration of Existing Attack,	Two years.
13. Supposed Cause,	Influenza following upon mental strain of a busy life.
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,	Agnes Gibb Shaw, wife, St Margarets St Malvern.
20. Special circumstances (if any) preventing the 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 July, — One thousand eight hundred and ninety five years —

(To be signed by party applying) Agnes Gibb Shaw.

No. 1602

MEDICAL CERTIFICATE No. I.

I, the undersigned Charles Harry East,

being a (1) Doctor of Medicine,

and being in actual practice as a (2) General Practitioner

do hereby certify, on soul and conscience, that I have this day, at (3) St Margarets, Malvern, in the County of Worcester separately from any other Medical Practitioner, visited and personally examined (4) James Gibb Shaw, Shipowner. St Margarets, Malvern, and that the said James Gibb Shaw, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Childishness loss of memory - Capricious as to dates & places Slowness of intelligence - False ideas as to Events & places, & imagines he is in Montreal & Quebec -

2. Other facts (if any) indicating Insanity communicated to me by others: (7) by Nurse Edwards - St Margarets. Going into Corners & pretending to make water - using abusive language attacking & striking Nurse & threatening because she refused & let him go out of house - often runs away from Nurse for 2 or 3 different people

Name and Medical Designation, Charles H. East. M.B. B.S. Lond.

Place of abode, St Clere - Great Malvern

DATED this Seventh day of July, — One thousand eight hundred and Ninety five

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned Tom Bates,

being a (1) Surgeon,

and being in actual practice as a (2) General Practitioner

hereby certify, on soul and conscience, that I have this day, at (3) St Margarets, Malvern, Worcestershire — in the County of Worcester separately from any other Medical Practitioner, visited and personally examined (4) James Gibb Shaw, Shipowner, St Margarets, Malvern, Worcestershire and that the said James Gibb Shaw is a (5) person of unsound mind, and a proper person to be detained 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 insane expression of face
his speech is incoherent & irrelevant & slow, & blundering
he says he has three nurses to look after him; he having only one

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Amelia St Clair Edwards, the Nurse attending on James Gibb Shaw, says:— he flies into a passion without any apparent cause Three days ago he tried to strangle me.

He often thinks he is in places different from the one in which he really is

Name and Medical Designation, Tom Bates

Place of abode, Surgeon, MRCS & LRCP 44 Foregate St. Worcester Worcestershire

DATED this Seventh day of July — One thousand eight hundred and Ninety five.

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned Charles Harry East being (1) a Doctor of Medicine, hereby certify, on soul and conscience, that I have this day, at (2) St. Margarets, Malvern, in the County of Worcester, seen and personally examined James Gibb Shaw, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

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

Charles Harry East

DATED, this Seventh day of July, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein James Gibb Shaw to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Wife

Signature and Address, Agnes Gibb Shaw

Date, 8th July 1895.

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

I, George Campion, Sheriff Substitute ~~of the the County~~ of Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Agnes Gibb Shaw, St. Margarets, Great Malvern, Certificates under the hands of Charles Harry East, and Tom Bates, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) James Gibb Shaw, St. Margarets, Great Malvern, (Petitioners Husband) and that the said James Gibb Shaw is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said James Gibb Shaw, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Gibb Shaw, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

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

DATED this Eighth day of July One thousand eight hundred and ninety five years.

Geo: Campion

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7663

Name, James Gibb Shaw

Date of Admission, 10 July 1895

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

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway

and his Substitutes,—

The Petition of General Sir Edward Bulwer K.C.B., The Grange, Heydon, Norfolk, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Hugh Earle Bulwer The Grange, Heydon, Norfolk your Petitioner's (1) 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 authorise the transmission of the said Hugh Earle Bulwer to the Crichton Royal Institution at Dumfries, and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Ed Bulwer Genl X1

DATED this Thirteenth (2) day of July One thousand eight hundred and ninety five years.

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

STATEMENT.

If any 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 Earle Bulwer
2 Sex and Age,	Male - 28 years of age
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	Has no occupation
5 Religious persuasion, so far as known,	Protestant Church of England
6 Previous Place of Abode,	Dr Bowes Herne Bay Kent
7 Place where Found and Examined,	Herne Bay Kent
8 Length of Time Insane,	about 4 years
9 Whether First Attack,	Yes
10 Age (if known) on First Attack,	24 years of age
11 When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Dr Bowes Herne Bay Kent
12 Duration of Existing Attack,	4 years
13 Supposed Cause,	Overwork & Influenza Supervening
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,	Genl Sir Edward Bulwer (Father) The Grange Heydon Norfolk No Member, so far as known to have been insane
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	- None.

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

DATED this Thirteenth day of July One thousand eight hundred and ninety five years.

(To be signed by party applying) Ed Bulwer Genl X2

No. 1603

MEDICAL CERTIFICATE No. I.

I, the undersigned Charles Keswick Bowes ——
being a (1) Bachelor of Medicine & Bachelor of Surgery of Oxford Univ
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Percy Villa
Station Road, Herne Bay — in the County of
Kent —— separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Earle Bulwer
and that
the said Hugh Earle Bulwer —— is a (5)
Person of Unsound Mind — and a proper person to be
detained 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 very restless,
Constantly twitching his face about — Could not Carry on a
Connected Conversation — Has delusions about his
ailments —

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) By James Chapman — attendant — says he is
Constantly talking incoherently to himself — Gesticulates wildly
When out walking — is generally very restless & excitable

Name and Medical Designation, C. K Bowes MB. B.C.
Place of abode, Station Road — Herne Bay —

DATED this 12th day of July One thousand
eight hundred and Ninety five

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned Richard B. Lorraine ——
being a (1) graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Medical practitioner —
hereby certify, on soul and conscience, that I have this day, at (3) Crichton R
Institution ——— in the County of
Dumfries — separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Earle Bulwer
The Grange Heydon, Norfolk ——— and that
the said Hugh Earle Bulwer ——— is a (5)
person of Unsound Mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is very
restless and excited, talks incoherently
looks suspicious. Has delusions. He being
a stranger here to assist Dr Rutherford

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

Name and Medical Designation, Richard B. Lorraine
Place of abode, 26 Castle St. Dumfries

DATED this thirteenth day of July — One thousand
eight hundred and ninety five 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 Charles Kessick Bowes being (1) Bachelor of Medicine & Surgery & Oxford University hereby certify, on soul and conscience, that I have this day, at (2) Percy Villa Station Road - Herne Bay in the County of Kent, seen and personally examined Hugh Earle Bulwer, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

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

Charles Kessick Bowes MB. BCL

DATED, this 12th day of July One thousand eight hundred and Ninety five

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Hugh Earle Bulwer to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address, Ed Bulwer Capt The Grange Heydon Norfolk

Date, 12 July 1895

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

I, George Campion, Esquire Sheriff Substitute of the ~~the County of~~ Dumfries & Galloway, at Dumfries having had produced to me, with a Petition at the instance of (1) General Sir Edward Bulwer, K.C.B. The Grange Heydon Norfolk. Certificates under the hands of Charles Kessick Bowes and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) ~~Hugh Earle Bulwer, The Grange Heydon, Norfolk,~~ Percy Villa, Station Road, Herne Bay Kent and that the said Hugh Earle Bulwer is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Hugh Earle Bulwer as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Earle Bulwer which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a pauper state so
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this thirteenth day of July One thousand eight hundred and ninety five Years.

Eight words deleted.

Jd Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7664

Name, Hugh Carre Bulwer

Date of Admission, 12 July 1895

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

[FORM A

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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* Rumpser and Bute *and his Substitutes,—*

The Petition of

Edwin Bendell, Engineer Thirty six Newton Street Greenock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Margaret Pope Bendell or Buchanan — 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 Margaret Pope Bendell or Buchanan — to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) Edwin Bendell

(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 July — One thousand eight hundred and ninety five —

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mrs Margaret Pope Bendell or Buchanan —
2. Sex and Age,	Female Thirty six
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	26 Newton Street Greenock
7. Place where Found and Examined,	26 Newton Street Greenock
8. Length of time Insane,	Since Sixth Instant
9. Whether First Attack,	Third attack
10. Age (if known) on First Attack,	Thirty
11. When and where previously under Examination and Treatment (5)	Brisbane and Queensland
12. Duration of Existing Attack,	as above
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,	William Norman Bendell; Paul Horton Bendell. James Bendell; the petitioner; Brothers and Emma Bendell or Blair Sister — also Norman Hart Bendell a Brother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has been previously in an Establishment, state the, and date of latest admission or approximation thereto. If not previously under examination or treatment, state fact.

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

DATED this Twelfth day of July One thousand eight hundred and ninety five

(To be signed by the party applying) Edwin Bendell

T. & A. C.—May 1895. P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, James Paton being a (1) Doctor of Medicine Master of Surgery (Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 26 Newton St Greenock in the County of Renfrewshire separately from any other Medical Practitioner, visited and personally examined (4) Mrs Margaret Pope Bendell or Buchanan and that the said Mrs Margaret Pope Bendell or Buchanan is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4) On 6th July, I found her very outrageous, swearing, and intensely excited. She has somewhat quietened down, but incessantly talking loudly, and still swearing.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (5) Mrs Doig, a neighbour, & Mrs Wilson, also a neighbour tells me that she got out into the street shouting & screaming; and was pulling down the pictures in the room, and otherwise in a very excited condition

Name and Medical Designation, James Paton MD

Place of Abode, Greenock

DATED this 12th day of July One thousand eight hundred and Ninety four years.

MEDICAL CERTIFICATE. No. II.

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

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

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

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

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

I, the undersigned, Alexander Prentice being a (1) Bachelor of Medicine & Master of Surgery (Univ and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 26 Newton St Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Mrs Margaret Pope Bendell or Buchanan and that the said Mrs Margt Pope Bendell or Buchanan is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4) She is in an excited condition, talks continually & Cou in a disconnected manner, swears frequently especially when contradicted when she becomes almost vio her conversation is entirely without reason

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (5) Her sister informs me that she at an earlier period smashed several vases & pictures

Name and Medical Designation, Alexander Prentice MB

Place of Abode Greenock

DATED this 12th day of July One thousand eight hundred and Ninety four years

CERTIFICATE OF EMERGENCY.

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

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

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

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

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, }

Signature and Address

Date

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

I, Colin Stewart Caird (1) Sheriff Substitute
of ~~the~~ (2) Renfrew and Bute ~~of~~
having had produced to me, with a Petition at the instance of (3) Edwin Bendell Engineer, Thirty six Newton Street, Greenock
Certificates under the hands of James Paton, M.D. Greenock,
and Alexander Prentice Surgeon there, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Margaret Pope Bendell or Buchanan and that the said
Margaret Pope Bendell or Buchanan is a (5) insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Pope Bendell or Buchanan as a Patient into ~~the~~ (6) Crichton Royal ~~Asylum of~~ Institution Dumfries and I authorize ~~her~~ Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

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

DATED this Thirteenth day of July One thousand eight hundred and ninety five

Colin Stewart Caird

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

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

No 7665

Margaret Pope Bendell v Buchanan

Adm. 13th July 1895

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

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway, —

and his Substitutes.

The Petition of Sarah Elizabeth Smith, 2 Grafton Terrace, Cheltenham;

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Samuel Wagstaff Smith, your Petitioner's (1) husband, is at present in a state of Mental Derangement, and a proper Person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Samuel Wagstaff Smith, to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

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

(To be signed by the Party applying). Sarah Elizabeth Smith

DATED this fourteenth (2) day of July, One thousand eight hundred and ninety five.

(2) 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 Wagstaff Smith.
2. Sex and age,	Male ~~55~~ 60 S.E.S.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Doctor of Medicine.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	2 Grafton Terrace, Cheltenham.
7. Place where found and examined,	2 Grafton Terrace, Cheltenham.
8. Length of time Insane,	3 months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	~~55~~ 60 S.E.S.
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	—
12. Duration of Existing Attack,	3 months.
13. Supposed Cause,	anxiety about money matters.
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,	Sarah Elizabeth Smith. 2 Grafton Terrace, Cheltenham. wife. no member of family has been insane to our knowledge.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this fourteenth day of July, One thousand eight hundred and ninety five.

(To be signed by the Party applying). Sarah Elizabeth Smith

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Renton
being a (1) Bachelor of Medicine of Edinburgh University, RR
and being in actual practice as a (2) General Practitioner,
do hereby certify, on Soul and Conscience, that I have this day, at (3) 2 Grafton Terrace Cheltenham,
in the County of Gloucester,
separately from any other Medical Practitioner, visited and personally examined (4) Samuel Wagstaff Smith, 2 Grafton Terrace Cheltenham,
and that the said Samuel Wagstaff Smith, is a (5) Lunatic
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is much depressed - Says that some money has mysteriously disappeared from his banking account & that his investments have been swept away - which is a delusion - Says that he suspects a secret society called "Mafia" is ruining him - So that nothing is left for him to live upon - He asked me to kill him.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Smith - his wife tells me she he has lately shown a suicidal tendency - & has been so restless and irritable that it was necessary to have him under the supervision of an attendant.

Name and Medical Designation, R. Renton M.B. Cm.

Place of Abode, Montague Lawn Cheltenham

DATED this Fourteenth day of July, One thousand eight hundred and Ninety-five.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Alexander Bower,
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University,
and being in actual practice as a (2) Surgeon
do hereby certify, on Soul and Conscience, that I have this day, at (3) 2 Grafton Terrace Cheltenham
in the County of Gloucester,
separately from any other Medical Practitioner, visited and personally examined (4) Samuel Wagstaff Smith, of 2 Grafton Terrace
and that the said Samuel Wagstaff Smith, is a (5) Lunatic
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He thinks that all his property is being taken from him & that tomorrow he & his family will be paupers. This is a delusion & that this robbery is being brought about by a secret society called Mafia

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Charles Smith the son informs me that he tried to drive a fork into his head & will not eat his meals as he says he cannot afford them

Name and Medical Designation, John A. Bower M.B. Cm

Place of Abode, Cotland House Cheltenham

DATED this Fourteenth day of July, One thousand eight hundred and Ninety five.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Robert Renton, ——— being (1) a Bachelor of Medicine of Edinburgh University, hereby certify, on Soul and Conscience, that I have this day, at (2) 2 Grafton Terrace, Cheltenham, ——— in the County of Gloucester, ——— , seen and personally examined Samuel Waystaff 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.

(1) State medical qualification.

(2) State place of examination.

R. Renton MB. Cm.

DATED this fourteenth day of July ——— One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Samuel Waystaff Smith ——— to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, wife -

Signature and Address, Sarah Elizabeth Smith

Date, July fourteenth 1895.

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

I, George Campion ——— Sheriff-Substitute of ~~the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Sarah Elizabeth Smith, 2 Grafton Terrace, Cheltenham, Certificates under the hands of Robert Renton, ——— and John Alexander Bowes ——— , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (1) (Her Husband) Samuel Waystaff Smith, 2 Grafton Terrace, Cheltenham, and that the said Samuel Waystaff Smith, is a (2) Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel Waystaff Smith — as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Samuel Waystaff Smith, ——— which accompanied the said Petition.

(1) Insert Name and Designation.

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

DATED this Sixteenth day of July, ——— One thousand eight hundred and ninety five years.

Geo: Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7666

Name, Samuel Wagstaff Smith

Date of Admission, 15th July 1895

GENERAL BOARD OF LUNACY
16 JUL 95
SCOTLAND

12076

[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 Sophia Murdoch being desirous to transfer Robert Douglas Murdoch at present a Patient in Marie auck Asylum, Bolton, and (¹) detained at my instance from the said Asylum to the Crichton Royal Institution, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Robert Douglas Murdoch 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.

Sophia Murdoch

(²) wife

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

DATED at Fairfield Lodge, Ayr this 13th day of July One thousand eight hundred and ninety five.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Robert Douglas Murdoch
2. Sex and Age,	Male 51 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Procurator Fiscal
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	7th April 1894
7. Length of time Insane,	About three years
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	
10. Duration of existing Attack,	About three years
11. Supposed Cause,	Influenza
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	Yes
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Ann Cunningham Murdoch - mother Fairfield Lodge, Ayr. None 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*) Sophia Murdoch

DATED this 13th day of July One thousand eight hundred and ninety five

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

No. 1696

MEDICAL CERTIFICATE.

I, the undersigned George R. Wilson being,(1) M.B. C.M. Ed. hereby certify that I have this day at (2) Mavisbank Asylum, Pol personally examined Robert Douglas Murdoch at present a Patient in said Asylum, and with respect to his Mental State that he labours under Melancholia, with delusions of immor and with suicidal tendencies

; and with respect to his Bodily Health and Condition that he is emaciated, and rather weak. His skin shows several slig surface abrasions, chiefly in the scalp, from scratching;

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.

George R. Wilson

Dated this 12th day of July One thousand eight hundred and 95.

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

SANCTION BY THE BOARD OF LUNACY.

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

The foregoing Application having been made to the Board to authorize the transfer of Robert Douglas Murdoch from Mavisbank Private Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald Commissioner.

Dated at Edinburgh, this 16th day of July, One thousand eight hundred and ninety five

No 7967
Robert Douglas Murdoch
Adm. 15 July 1895

Date of Sheriff's Order.

11th April 1894.

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

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of MILES MCINNES, Inspector of Poor for the Parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Graham ——— 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 Graham ——— to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

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

DATED this Twenty Second (*) day of July ——— One thousand eight hundred and Ninety Five years

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Graham
2. Sex and age,	Male 54 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,	Dumfries Lodgehouse
7. Place where found and examined,	Do Do
8. Length of time Insane,	Some months
9. Whether First Attack,	Yes so far as known
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Crichton
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	St Bungo
18. Date of becoming Chargeable	21st June 1895
19. Christian Name and Surname, and Place of Abode of nearest known 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 Twenty Second day of July ——— One thousand eight hundred and Ninety Five years

(To be signed by the party applying) Miles Mc Innes

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Joseph Gaibaldi Marcus
being a (1) Graduate in Medicine Edinburgh
and being in actual practice as a (2) Physician and Surg
do hereby certify, on Soul and Conscience, that I have this day, at (3) The Poorhouse
Dumfries — in the County of
Dumfries — separately from any other Medical practitioner,
visited and personally examined (5) John Graham a pauper
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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He speaks at
times in an incoherent manner
that people are attempting to
in his ears & reels badly at

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The Gate Keeper corroborates
& states he is at times
during the night

Name and Medical Designation. —

Place of Abode, 27 Buccleuch St Dm

DATED this 22 day of July One
thousand eight hundred and Ninety five —

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on Soul and Conscience, that I have this day, at (3) The Poorhouse
Dumfries. — in the County of
Dumfries — separately from any other Medical Practitioner,
visited and personally examined (5) John Graham. Upon
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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) ~~He~~ Speaks in
a rambling incoherent manner & has
delusions, tells me that by night & day
is annoyed by people attempting to shoot
in to his ears & cannot rest —

(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 Insp

Place of Abode, 43 Castle St. Dumfries

DATED this 22 day of July One
thousand eight hundred and ninety one.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Joseph Garibaldi Marshall being (1) a graduate in medicine (1) State Medical Qualification. hereby certify, on Soul and Conscience, that I have this day, at (2) The Poorhouse (2) State place of Examination. Dumfries in the County of Dumfries, seen and personally examined John Graham a pauper and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

J. Marshall M B &c

Dated this 22 day of July One thousand eight hundred and ninety five years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein John Graham to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. —

Signature and Address, Miles Mc Innes Insp of Poor, Dumfries

Date, 22nd July 1895

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

I, George Campion Esquire Sheriff Substitute of ~~the County of~~ Dumfries & Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) Miles Mc Innes Inspector of Poor, Dumfries. (3) Insert Name and Designation. Certificates under the hands of Joseph Garibaldi Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Graham Poorhouse Dumfries (a pauper) (4) Describe him, and if a Pauper, state the fact. and that the said John 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 John Graham as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said John Graham which accompanied the said Petition. (5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated this Twenty second day of July One thousand eight hundred and ninety five years.

G. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7668

Name, John Graham
Dumfries

Date of Admission, 22 July 1895

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

[Form A]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of Miles McInnes, Inspector of Poor for the Parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jane Strong or Laurie 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 Jane Strong or Laurie to the Crichton Royal Institution at Dumfries, and to sanction the admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

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

Dated this Twenty Fourth (*) day of July One thousand eight hundred and Ninety Fifth 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 Strong or Laurie
2. Sex and age,	Female 65 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Charwoman
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Dumfries Poorhouse
7. Place where found and examined,	Do Do
8. Length of time Insane,	One day
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Crichton
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	do
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Dumfries
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable	5th July 1895.
18. Date of becoming Chargeable	None 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 so per as known
20. Special Circumstances (if any) preventing the insertion of any of the above particulars,	None

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

Dated this Twenty Third day of July One thousand eight hundred and Ninety Five years

(To be signed by the party applying) Miles Mc Innes

1895. 7606

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Joseph Garibaldi Marsh
being a (1) Graduate in Medicine of the
University
and being in actual practice as a (2) Physician and Sur
do hereby certify, on Soul and Conscience, that I have this day, at (3) The Poor
Dumfries
in the County of
Dumfries
separately from any other Medical practitioner,
visited and personally examined (4) Jane Strong or Laurie a
and that
the said Jane Strong or Laurie is a (5) person of unso
mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She has a very excited appearance
talks incoherently at times & thinks
devils are about to take her away

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Inmates of the Poorhouse living in
same ward state at times she is ver
during the night & they get no peace on

Name and Medical Designation, J J Marshall Mb Ch

Place of Abode, Buccleuch St Dumfries

DATED this 23 day of July One
thousand eight hundred and ninety first years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh Un
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on Soul and Conscience, that I have this day, at (3) Dumfries Poor House
Dumfries
in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Strong or Laurie, a pa
and that
the said Jane Strong or Laurie is a (5) person of
unsound mind.
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her excited ma
appearance & delusions. Tells me that d
have been ordered to kill her by three fortune
& that they put poison into her tea this
morning

(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

Place of Abode, 47 Castle St Dumfries

DATED this 23 day of July One
thousand eight hundred and ninety five years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith
being (1) a Graduate in Medicine of Edinburgh
hereby certify, on Soul and Conscience, that I have this day, at (2) The Poor-house Dumfries,
in the County of Dumfries, seen and personally examined Jane Strong or Laurie, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State Medical qualification.
(2) State place of Examination.

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

John Smith M.D. &c

DATED this 23 day of July One thousand eight hundred and ninety five Years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein Jane Strong or Laurie to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. —

Signature and Address, Miles Mc. Innes, Dispg Opt. Dumfries.

Date, 23rd July 1895

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

I, George Campion Sheriff-Substitute of ~~the County of~~ Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles Mc Innes Inspector of Poor, Dumfries. Certificates under the hands of Joseph Garibaldi 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 (2) Jane Strong or Laurie, Poorhouse, Dumfries. and that the said Jane Strong or Laurie is a (3) Person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Strong or Laurie as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Jane Strong or Laurie which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty Fourth day of July One thousand eight hundred and ninety five years.

Jo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7669

Name. Jane Strong or Laurie
Dumfries

Date of Admission. 23 July 1895

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

[FORM A]

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

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

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

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

The Petition of John Mitchell. Assistant Inspector of Govan Combination, 7 Carlton Place Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Barker or Bainbridge, Govan police office your Petitioner's (3) Pauper Lunatic is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Barker or Bainbridge to the Crichton Royal Institution Dumfries, to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) John Mitchell

(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 July One thousand eight hundred and Ninety five years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Barker or Bainbridge
2. Sex and Age,	Female, 41 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,	38 Logie Street Govan
7. Place where Found and Examined,	Govan police office.
8. Length of time Insane,	A few days.
9. Whether First Attack,	No
10. Age (if known) on First Attack,	39 yrs.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Govan Parochial Asylum 13/8/1894 till Oct 1894
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Drink.
14. Whether subject to Epilepsy,	Unknown
15. Whether Suicidal,	Unknown
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination
18. Date of becoming Chargeable,	24/7/1895
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husband Daniel Bainbridge Carpenter 38 Logie St Govan
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

DATED this Twenty fourth day of July One thousand eight hundred and Ninety five years

(To be signed by the Party applying) John Mitchell

P. F.

No. 1604

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Carnac
being a (1) Doctor of Medicine of Saint Andrews University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Police Office, Albert Stud in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mary Barker or Bainbridge, Pauper, Govan Police Office, Albert Stud and that the said Mary Barker or Bainbridge is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is very delusive And incoherent Speaks of Napoleon And calls me Father. Keeps talking a lot of nonsense.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The Police Superintendent has for Assaul And otherwise conducting herself in an Indecent Manner.

Name and Medical Designation, James Carnac M.B.
Place of Abode, Eastbourne, Govan

DATED this 24th day of July One thousand eight hundred and Ninety five Years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Robert Davis Taylor
being a (1) M. D. University of Glasgow
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Govan Police Office, Albert Dr in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mary Barker or Bainbridge Pauper, Govan Police Office, Albert Dr and that the said Mary Barker or Bainbridge is a (5) Pauper of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Incoherent and delusive; fancies she is a Queen and calls upon me to do her homage.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Police State that she was up for disorderly conduct and acting insane by this Surgeon.

Name and Medical Designation, Robert Davis Taylor
Place of Abode Beechwood, Dumbarton

DATED this 24th day of July One thousand eight hundred and Ninety five years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Barras
being (1) Doctor of Medicine of Saint Andrews University (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) Poors. Stlm. Office (2) State place of examination.
in the County of Lanark, seen and personally examined Mary Barker or Bainbridge, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

James Barras M.D.

Dated this 24th day of July One thousand eight hundred and Ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution ~~Asylum~~ to receive therein Mary Barker or Bainbridge to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Assistant Inspector of Poor

Signature and Address John Mitchell

Date 24/7/1895

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

I, Robert Ogilvie Sheriff Substitute (1) Sheriff Substitute
of the (2) County of Lanark (1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
having had produced to me, with a Petition at the instance of (3) John Mitchell (2) State whether a County or Stewartry.
Assistant Inspector of Poor for the Combination Lanark (3) Insert Name and Designation.
Certificates under the hands of James Barras
and Robert Dale Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Barker or Bainbridge from whose Petition the said Certificates bear, and that the said Mary Barker or Bainbridge is a (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 Barker or Bainbridge as a Patient into the (6) Crichton Royal Asylum at Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates and a Statement regarding the said Mary Barker which accompanied the said Petition. (4) Describe him, or if a Pauper, state name. (5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind. (6) Public, District, Parochial, or Private.

Dated this twenty fifth day of July One thousand eight hundred and ninety five

R. A. Sheriff

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

No 7670

Mary Barker or Bainbridge

Errant

Adm. 24 July 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum for the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway,

_____ *and his Substitutes,—*

The Petition of Henry Watson, 8 Victoria Crescent, Dowanhill, Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jane Anderson Watson, 8 Victoria Crescent, Dowanhill, _____ your Petitioner's (1) daughter, _____ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Jane Anderson Watson, _____ to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Henry Watson

DATED this Twenty seventh (2) day of July, — One thousand eight hundred and ninety five years. -

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

STATEMENT.

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

1	Christian Name and Surname of Patient at length,	Jane Anderson Watson.
2	Sex and Age,	Female. 33.
3	Married, Single, or Widowed,	Single.
4	Condition of Life, and previous Occupation (if any).	Lady.
5	Religious persuasion, so far as known,	Protestant.
6	Previous Place of Abode,	8 Victoria Crescent, Dowanhill.
7	Place where Found and Examined,	Dumfries.
8	Length of Time Insane,	Twelve years.
9	Whether First Attack,	Yes.
10	Age (if known) on First Attack,	21.
11	When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Treated at home
12	Duration of Existing Attack,	12 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,	Henry Watson, Father, 8 Victoria Crescent Dowanhill.
20	Special circumstances (if any) preventing the 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 ninety five years.

(To be signed by party applying) Henry Watson

MEDICAL CERTIFICATE No. I.

I, the undersigned Peter Murray Kerr being a (1) Bachelor of Medicine and Master in Surg
the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Railway
Station, Dumfries, in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Jane Anderson Watson
8 Victoria Crescent, Dowanhill, Glasgow, and that
the said Jane Anderson Watson, is a (5)
person of unsound mind, and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

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

She is continually talking incoherently
to herself smiles and laughs immoderately
without reason. Cant answer any question
reasonably

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

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

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

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

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

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

(6) *State the facts.*

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

Name and Medical Designation, Peter Murray Kerr MB
Place of abode, 20 Castle Street Dumfries

DATED this twenty seventh day of July — One thousand
eight hundred and ninety-five years.

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Thomson
being a (1) Doctor of Medicine of Glasgow
University and Surgeon
and being in actual practice as a (2) Physician & 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) Jane Anderson Watson,
Lady, 8 Victoria Crescent Dowanhill, Glasgow, and that
the said Jane Anderson Watson, is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks
very incoherently: smiles and laughs
in a meaningless manner: Can get no
rational answer to Questions.

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

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

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

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

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

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

(6) *State the facts.*

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

Name and Medical Designation, Alex Thomson M.D. &c.
Place of abode, 27 Castle Street, Dumfries

DATED this Twenty seventh day of July — One thousand
eight hundred and ninety five years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned Peter Murray Kerr
being (1) Bachelor of Medicine & Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Railway Station Dumfries,
in the County of Dumfries, seen and personally examined Jane Anderson Watson, ——, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

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

Peter Murray Kerr

DATED, this Twenty-seventh day of July One thousand eight hundred and ninety-five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Jane Anderson Watson ——
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father.

Signature and Address, Henry Watson

Date, 27 July 1895.

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

I, George Campion Esquire, Sheriff Substitute of ~~the the County of~~ Dumfries & Galloway at Dumfries,
having had produced to me, with a Petition at the instance of (1) Henry Watson, 8 Victoria Crescent, Dowanhill, Glasgow.
Certificates under the hands of Peter Murray Kerr,
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 (2) Jane Anderson Watson (Patient's Daughter), 8 Victoria Crescent, Dowanhill, Glasgow, and that the said Jane Anderson Watson is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Jane Anderson Watson as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Anderson Watson, which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty-ninth day of July One thousand eight hundred and ninety five years.

Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7671

Name, Jane Anderson Watson

Date of Admission, 27 July 1895

N.B.—*This Form shall remain in the keeping of the superintendent of the Asylum or the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway

and his Substitutes,—

The Petition of Thomas Lumsden, 4 Gladstone Terrace, Gateshead on Tyne humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William James Lumsden your Petitioner's (1) 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 authorise the transmission of the said William James Lumsden ——— to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Thomas Lumsden

DATED this first (2) day of August One thousand eight hundred and ninety five

(2) The date of the Petition is to be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

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

1	Christian Name and Surname of Patient at length,	William James Lumsden
2	Sex and Age,	Male 19 single
3	Married, Single, or Widowed,	
4	Condition of Life, and previous Occupation (if any).	Student of Medicine
5	Religious persuasion, so far as known,	Methodist
6	Previous Place of Abode,	4 Gladstone Terrace Gateshead
7	Place where Found and Examined,	do
8	Length of Time Insane,	six months
9	Whether First Attack,	First attack
10	Age (if known) on First Attack,	
11	When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	—
12	Duration of Existing Attack,	6 months
13	Supposed Cause,	Over Study
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 Lumsden, 4 Gladstone Terrace, Gateshead. 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 first day of August One thousand eight hundred and ninety five

(To be signed by party applying) Thomas Lumsden

No. 1671

MEDICAL CERTIFICATE No. I.

I, the undersigned Robert Purdie,

being a (1) Bachelor of Medicine, Edinburgh University

and being in actual practice as a (2) Surgeon, in Gateshead

do hereby certify, on soul and conscience, that I have this day, at (3) 4 Gladstone Terrace Gateshead on Tyne in the County of Durham separately from any other Medical Practitioner, visited and personally examined (4) William James Lumsden Medical Student, 4 Gladstone Terrace, Gateshead and that the said William James Lumsden is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Imagines himself to be Sherlock Holmes,
Imagines himself to be followed by spies

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
attacked a fellow passenger on train with pencil, spoke to himself

Name and Medical Designation, Robert Purdie MB Edin
Place of abode, Gateshead on Tyne

DATED this 31st day of July — One thousand eight hundred and 95

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

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

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

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

(5) *Lunatic, or 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 Francis Thomson —

being a (1) Licentiate of the Royal College of Physicians Edinburgh

and being in actual practice as a (2) Physician & Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) 4 Gladstone Terrace Gateshead-on-Tyne — in the County of Durham separately from any other Medical Practitioner, visited and personally examined (4) William James Lumsden Medical Student 4 Gladstone Terrace — and that the said William James Lumsden — is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Had shut himself in his room and was growling like a dog. Wild and excited in appearance

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Attacked a fellow passenger in train alleging he was a Japanese.

Name and Medical Designation, John F. Thomson LRCP LRCS
Place of abode, 42 Berwick Road Gateshead

DATED this 1st — day of August — One thousand eight hundred and 95.

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

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

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

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

(5) *Lunatic, or 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 Robert Purdie
being (1) Bachelor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2)
4 Gladstone Terrace
in the County of Durham, seen and personally examined
William James Lumsden, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

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

Robert Purdie

DATED, this 31st day of July One thousand eight hundred and 95

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein William James Lumsden
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address, Thomas Lumsden, 4 Gladstone Terrace Gateshead

Date, 1st August 1895

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

I, George Campion - Sheriff Substitute
of ~~the~~ the County of Dumfries & Galloway, at Dumfries
having had produced to me, with a Petition at the instance of (1) Thomas Lumsden, 4 Gladstone Terrace, Gateshead on Tyne
Certificates under the hands of Robert Purdie
and John Francis 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 (2) William James Lumsden, 4 Gladstone Terrace, Gateshead-on-Tyne. (Pet'r Son) and that the said William James Lumsden is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said William James Lumsden as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William James Lumsden which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Second day of August One thousand eight hundred and ninety five years.

Geo. Campion

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7672

Name, William James Lumsden

Date of Admission, 1 August 1895

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

[FORM A.

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

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

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

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

The Petition of Disney Leith Maitland, 6 Victoria Drive West Glasgow

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

(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 Elizabeth Drummond Maitland to the Crichton Royal Asylum, Dumfries and to sanction Her admission into the said Asylum.

(*To be signed by the Party applying*) Disney Leith Maitland

(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 August One thousand eight hundred and Twenty Five Years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Elizabeth Drummond Maitland
2. Sex and Age,	Female 43 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,	6 Victoria Drive, W. Flonia, Glasgow.
7. Place where Found and Examined,	Town's Hospital Parlour, Glasgow.
8. Length of time Insane,	Six days.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	6 Days.
13. Supposed Cause,	Hereditary Predisposition
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,	Disney Leith Maitland (husband) 6 Victoria Drive, W. Flonia, Glasgow. Her father died insane. Sister at present in Asylum.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

DATED this 21st day of August One thousand eight hundred and Twenty-Five Years. (*To be signed by the party applying*) Disney Leith Maitland

T & A. C.—Dec. 1893. P. p.

No. 1072

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John H. C. Johnston M. D. of Glasgow University being a (1) Physician and being in actual practice as a (2) Town's Hospital do hereby certify, on soul and conscience, that I have this day, at (3) Parliamentary Road, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Drummond Maitland from 6 Victoria Drive, Mount Florida, Glasgow and that the said Elizabeth Drummond Maitland is a (5) person of unsound mind and a proper Person to be detained 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 harsh and excited expression. Her actions are at times violent spasmodic and uncontrolled. Her speech is incoherent, rambling and shews many fleeting delusions. She is indifferent to her surroundings, is intrinsically helpless & in a

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Letters from Acute hy She has been excited, incoherent in speech, sleepless, & violent at times for the past six days. At times she alarms the whole neighbourhood. — Information per him

Name and Medical Designation, John H. C. Johnston M. D.

Place of Abode, 120 N. Hanover Street, Glasgow

Dated this 1st day of August One thousand eight hundred and Ninety-Five 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, Alex Robertson being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 326 Parliamentary Road, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Drummond Maitland from 6 Victoria Drive, Mount Florida, Glasgow and that the said Elizabeth Drummond Maitland 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) Talks incessantly & incoherently except singing now and again. Refuses the floor, requires to be held on account of violence. Is acutely maniacal.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mind has been deranged for near a week. Information from her husband

Name and Medical Designation, Alex Robertson M.

Place of Abode 16 Newton Terrace, Glasgow

Dated this 1st day of August One thousand eight hundred and 93

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Mc C. Johnston
being (1) M.D. of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Town Hospital, Glasgow
in the County of Lanark, seen and personally examined Elizabeth Drummond Maitland, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

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

John Mc C. Johnston M.D.

DATED this 1st day of August One thousand eight hundred and ninety-five Years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Elizabeth Drummond Maitland to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address Disney Leith Maitland
6 Victoria Drive
Mount Florida
Glasgow

Date 1st August 1895.

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

I, George Campion, Sheriff-Substitute of ~~the~~ (1) Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (2) Disney Leith Maitland, 6 Victoria Drive, Mount Florida, Glasgow. Certificates under the hands of John Mc C. Johnston, and Alex: Robertson, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Elizabeth Drummond Maitland, 6 Victoria Drive Mt. Florida Glasgow, and that the said Elizabeth Drummond Maitland is a (4) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Drummond Maitland as a Patient into the (5) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Drummond Maitland which accompanied the said Petition.

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

DATED this Second day of August One thousand eight hundred and ninety five years.

Geo: Campion

To the Superintendent of the (5) Public
Asylum of Crichton Royal Institution,
Dumfries.

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

No 7673

Elizabeth Drummond Maitland

Adm. 1 August 1895

12135

[FORM B.]

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 Adam Semple being desirous to transfer James Clelland at present a Patient in Woodilee Asylum Lenzie, 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 James Clelland 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.

(*To be signed by the Applicant*) Adam Semple

(2) Inspector of Poor, Glencairn

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

DATED at Thornhill this 31 day of July One thousand eight hundred and Ninety five years

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Clelland.
2. Sex and Age,	Male - 68 years.
3. Married, Single, or Widowed,	Widower.
4. Condition of Life, and Previous Occupation (if any),	Groom.
5. Religious Persuasion, so far as known,	Protestant.
6. Date of Admission into Asylum,	11th July 95.
7. Length of time Insane,	about a month
8. Whether first Attack,	No
9. Age (if known) on first Attack,	65 years
10. Duration of existing Attack,	about a month
11. Supposed Cause,	Intemperance
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,	Glencairn
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Daughter Mrs Quinn at 244 Nuneaton Street, Bridgeton,

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

(*To be signed by the Applicant*) Adam Semple

DATED this 31 day of July One thousand eight hundred and Ninety five 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 Robert Blair being (1) graduate in Medicine & Surgery, Glasgow Univ^y hereby certify that I have this day at (2) Woodilee Asylum, Lenzie personally examined James Clelland at present a Patient in said Asylum, and with respect to his Mental State that * he is insane. Is reckless, continually roaming about without purpose, talks incessantly and incoherently; is foolish in conduct, & threatening in manner and morbidly suspicious and irritable. Has the delusion that others are always planning against him ; and with respect to his Bodily Health and Condition that they are fairly good

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

11676 74
James Clelland
Lunacy
Adm. to August 1895.

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.B.

DATED this 29th day of July One thousand eight hundred and ninety-five.

SANCTION BY THE BOARD OF LUNACY.

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

The foregoing Application having been made to the Board to authorize the transfer of James Clelland from Barony Parochial Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald *Commissioner.*

DATED at Edinburgh, this 1st day of August One thousand eight hundred and ninety-five.

Date of Sheriff's Order.

12 July 1895

* In filling up this Certificate, the Board's Circular No. 95, regarding the Transfer of Suicidal Patients, should be kept in view.

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

[FORM A.

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

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

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

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

The Petition of John Laurie, Inspector of Poor, for the Parish of Annan,

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

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

(To be signed by the Party applying) John Laurie

(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 August, One thousand eight hundred and ninety five.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Kelly.
2. Sex and Age,	Male aged 50.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and previous Occupation (if any),	Protestant.
5. Religious Persuasion, so far as known,	Watchhill.
6. Previous Place of Abode,	Watchhill.
7. Place where Found and Examined,	about one week.
8. Length of time Insane,	Yes so far as known;
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	about one week.
12. Duration of Existing Attack,	unknown.
13. Supposed Cause,	no doubtful. —
14. Whether subject to Epilepsy,	Annan.
15. Whether Suicidal,	4th August 1895.
16. Whether Dangerous to others,	William Smith, Farm Servant, Hoddom-Cleprew.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none -

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

DATED this fifth day of August, One thousand eight hundred and ninety five.

(To be signed by the party applying) John Laurie

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Lindsay Howie, being a (1) Bachelor in Medicine & Master in Surgery of Glasgow and being in actual practice as a (2) Physician & Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) Watchhill, Annan, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Alexander Haffy, Pauper, Stonebreaker, Watchhill, Annan, and that the said Alexander Haffy is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 said party labours under delusions, believing that certain individuals wish to treat him with violence &c. He also labours under delusions relative to the condition of his health.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His neighbours & others corroborate the above statement

Name and Medical Designation, J. Lindsay Howie M.B. C

Place of Abode, 25 Port St. Annan

DATED this fifth day of August, One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Crawford Blair Rucus being a (1) Licentiate of the Faculty of Physicians & Surgeons, Edinburgh and being in actual practice as a (2) physician & Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) Watchhill Annan, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Alexander Haffy, pauper, and that the said Alexander Haffy, is a (5) 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) Hallucinations, Hears men plotting to drown him, bury him in a coffin which is kept in stable behind his house delusions as regard 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, C. B. Rucus L.R.C.P.E.

Place of Abode, Greenmyre Annan

DATED this fifth day of August, One thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Lindsay Howie, ——
being (1) a Bachelor in Medicine Master in Surgery of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Wetchhill, Annan
in the County of Dumfries, ——, seen and personally examined Alexander Haffy before designed —, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

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

J. Lindsay Howie,

DATED this fifth day of August, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties, Asylum to receive therein Alexander Haffy, —— to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Wm Laurie Annan

Date 6th August 1895.

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

I, George Campion, Sheriff-Substitute, of ~~the~~ (1) Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (2) John Laurie, Inspector of Poor, Annan, Certificates under the hands of John Lindsay Howie, — and Crawford Blair Lucas, ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Alexander Haffy, Wetchhill, Annan (a pauper), and that the said Alexander Haffy —— is a (4) 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 Alexander Haffy —— as a Patient into the (5) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical ~~Certificates, and a~~ Statement regarding the said Alexander Haffy, which accompanied the said Petition.

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

DATED this Eighth — day of August, One thousand eight hundred and ninety five years.

Geo. Campion

To the Superintendent of the (5) Public *Asylum of* Southern Counties, Dumfries.

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

No 7675

Alexander Haffy

aman

Adm. 6 August 1895

Stranraer
7th August 1895

Unto the Honourable
the Sheriff of Dumfries
and Galloway at
Stranraer

The
Petition of John
Marquis Rankin,
Solicitor, Stranraer,
Procurator Fiscal
of Court for the
public interest,

Humbly Sheweth,

That Martha Kilty,
Spinster, prisoner in the prison
of Maxwelltown was on 3d
August 1895 apprehended on
the farm of Barmkinnan,
parish of New Luce, Wigtown-
shire on a charge of breach
of the peace.

That the said Martha
Kilty has been found on
examination to be of unsound
mind and in a state ~~threatening~~
Dangerous

No. 1675

2

Offensive to public decency ~~danger to the liges~~ Conformd to Certificate by Dr. John Dale Thawrar dated 6th August current, herewith produced

The said lunatic accordingly falls to be dealt with under and in terms the Act 25 and 26 Victoria, chapter 54, section 15.

May it therefore please your Lordship to direct and authorise the Petitioner to give the notices required by the Statute: to fix a day and place for enquiring into the condition of the said Martha Kilty, and to grant Warrant to cite witnesses for that purpose; and upon your Lordship being satisfied that the said Martha Kilty is a lunatic and in a state ~~threatening danger~~ Offensive to

95.

Offensive to public decency
~~to the Magis~~, to
grant warrant for
committing her to
an Asylum. and
to find the amount
of the Expenses con-
nected with this
application, inquiry
and procedure as
the same shall be
taxed, and to grant
decree against the
said Parish of
New Luce and in
favour of the Petitioner
or of the Superintendent
or Keeper of the Asylum
to which the said
lunatic shall be
committed as afor-
said for such sum
as may be necessary
for the maintenance
of the said lunatic
all in terms of the
foresaid

therefor, and also to
grant decree against
the said Parish of
New Luce and in
favour of the Petitioner

foresaid Statute or to do farther and other: ways in the premises as to your Lordships shall seem meet and Accordingly to Justice &c.

(signed) Alex: Aitken
Deputy P.F.

Stranraer 7th August 1875. Having Considered the foregoing Petition with Medical certificate produced grants warrant forthwith to transmit to and lodge the therein named Martha Kilby in the Dumfries Counties Asylum at Dumfries as a place of safe custody pending the inquiry herein; and appoints Thursday, twenty ninth day of August current at twelve o'clock noon within the Court House of Stranraer as the time and place for enquiring into the condition of the said Martha Kilby and directs and

(signed) John Cameron.

5

and authorises the Petitioner to give notice of this application to the Inspectors of Poor of the Parish of Wemyss and also in the Galloway Advertiser and Wigtownshire Free Press newspaper or any other Newspaper in circulation in the County of Wigtown: further grants Warrant to cite witnesses for the said diet of inquiry.

(Init.) M.J.

Signed John Cameron.

I Certify that the foregoing is a true Copy of the Principal Petition and Warrant following thereon -

Wm Lessels
Sheriff Clerk depute
of Wigtownshire

Certified Copy

Petition

Rankin, P. J.

under Act 25 & 26 Victoria
cap 54 Section 15.

as to

Martha Kilty

a lunatic.

1895

Petition

No 76/76

Martha Kilty

Inverness

Admr. 8 August 1895

12161

[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 Smail, being desirous to transfer at present a Patient in James Smail, Sunnyside Hall Private Asylum, and (1) detained at my instance from the said Asylum to the Crichton, Royal Asylum. hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James Smail, 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 Smail
(2) Brother

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

DATED at Sunnyside Hall this 7th day of August One thousand eight hundred and 95.

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Smail
2. Sex and Age,	Male 45.
3. Married, Single, or Widowed,	married
4. Condition of Life, and Previous Occupation (if any),	Iron moulder.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Date of Admission into Asylum,	April 16th 1892.
7. Length of time Insane,	4 Years.
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	41.
10. Duration of existing Attack,	4 Years.
11. Supposed Cause,	Heredity.
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	Yes, at one time must attempt.
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,	Wm P. Smail. 34 South Methven St. Perth. Brother.

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

(*To be signed by the Applicant*) Robert Smail

DATED this 7th day of August One thousand eight hundred and 95.

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

MEDICAL CERTIFICATE.

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

I, the undersigned Batty Tuke jr
being (1) MD. FRCPEd.
hereby certify that I have this day at (2) Saughton Hall Edin.
personally examined James Smail at present a
Patient in said Asylum, and with respect to his Mental State that Through the Sta
Mental Emotional tendency has gradually diminished
his complete stamina of Self control and great on
instability - showing itself by alternating fits of excitem
and depression, I can see [illegible] ; and with respect to his
Bodily Health and Condition that,

Very 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.

Dated this 7th Instant day of August One thousand eight hundred and 95.

J Batty Tuke jr MD. FRCPEd

SANCTION BY THE BOARD OF LUNACY.

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

The foregoing Application having been made to the Board to authorize the transfer of James Smail from Saughton Hall Private Asylum, to Crichton Royal Institution Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald Commissioner.

Dated at Edinburgh, this 7th day of August One thousand eight hundred and ninety-five.

No 1677
James Smail
Adm. 10 August 1895

Date of Sheriff's Order.

21st December 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.

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

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

The Petition of J. A. M. Lazarus, Inspector of Poor, Galloway

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Hope, ——— your Petitioner's (3) admitted pauper, ——— is at present in a state of Mental Derangement, and 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 Hope, ——— to the Crichton Royal Institution, and to sanction her admission into the said Asylum.

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

J. A. M. Lazarus

DATED this Tenth —(4) day of August,— One thousand eight hundred and Ninety five.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Isabella Hope.
2. Sex and Age,	Female. 53 years.
3. Married, Single, or Widowed,	single.
4. Condition of Life, and previous Occupation (if any),	Domestic service.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Kirtleside. Gretna.
7. Place where Found and Examined,	Kirtleside.
8. Length of time Insane,	
9. Whether First Attack,	Fifth time sent to Asylum
10. Age (if known) on First Attack,	30 years.
11. When and where previously under Examination and Treatment,	Crichton Royal Asylum.
12. Duration of Existing Attack,	about two months.
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	—
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Gretna
18. Date of becoming Chargeable,	First on 11th Oct 1892.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hope. Kirtleside Gretna. Brother. None of this family but some distant relations 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 Tenth day of August,— One thousand eight hundred and Ninety five

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

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Cummeching,
being a (1) Licentiate of the Royal College of Physicians Edinr.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkbride, in the Parish of Eskdale, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Isabella Hope, Kirkbride Eskdale, and that the said Isabella 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient is restless & excited, at times much depressed, says she is miserable & cannot attend to herself & work,

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister says patient is sleepless & most despondent & the family are in great anxiety lest patient should do harm to herself.

Name and Medical Designation, William Cummeching L.R.C.P.E. &

Place of Abode, Kirkpatrick Fleming

DATED this ninth day of August, One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Daniel Mackenzie,
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University, General Medical Practitioner
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Kirkbride, Eskdale, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Isabella Hope,
and that the said Isabella Hope, is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Delusions about ordinary circumstances of life, Restlessness, & general insane look.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Suicidal tendency, previous confinement in an asylum.

Name and Medical Designation, D. Mackenzie. M.B. &c.

Place of Abode Annan

DATED this tenth day of August, One thousand eight hundred and ninety five years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, William Carruthers
being (1) Lic. Roy. Coll. Phys. Edin. hereby certify, on soul and conscience, that I have this day, at (2) Kirkbride in the County of Dumfries, seen and personally examined Isabella Hope, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

William Carruthers

DATED this ninth day of August, One thousand eight hundred and ninety five.

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

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

I, William Young Herries Short, Hy. Sheriff-Substitute of ~~the~~ (3) Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (3) J. H. M'Taggart, Inspector of Poor, Gretna Certificates under the hands of William Carruthers, and Daniel Mackenzie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Hope, Kirkbride, Gretna, (separately) and that the said Isabella Hope 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 Hope, as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Hope, which accompanied the said Petition.

DATED this Twelfth day of August, One thousand eight hundred and ninety five years.

W. H. Short

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

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

I hereby request the Superintendent of the Crichton Royal Institution, at Dumfries to receive therein Isabella Hope to whom the forgoing Certificate of Emergency refers

W. H. W. Lapsley
Inspector of Poor
Gretna
10th August 18[illegible]

No 7078
Isabella Hope
Female
Admr. 10 August 1895

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

[FORM A.

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

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

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

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

The Petition of Andrew Thomson Day
Asst Inspector of Poor. City Parish Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Mc Dougall. Docherty (Pauper) your Petitioner's (3) lately residing at 376 Gallowgate Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Mc Dougall, Docherty Pauper to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

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

(*To be signed by the Party applying*) Andrew Thomson Day

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

DATED this 14th (4) day of August One thousand eight hundred and 95

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Elizabeth Mc Dougall. Docherty
2. Sex and Age,	Female 45 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	376 Gallowgate Glasgow
7. Place where Found and Examined,	322 Parliamentary Road Glasgow
8. Length of time Insane,	A few days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	45 Years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not Previously
12. Duration of Existing Attack,	A few days
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Unknown
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	City Parish Glasgow
18. Date of becoming Chargeable,	12th August 1895
19. Christian Name and Surname, and Place of Abode of nearest known 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 Docherty at 376 Gallowgate Glasgow
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 14th day of August One thousand eight hundred and 95

(*To be signed by the party applying*) Andrew Thomson Day
Asst Inspector of Poor. City Parish Glasgow

T & A. C.—Dec. 1893.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 A. Mackay being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 322 Parliamentary Road Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McDougall Docherty pauper late of 376 Gallowgate Street Glasgow and that the said Elizabeth McDougall Docherty is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is under the impression that she has been visited by the Devil yesterday & also this morning; but that he has now been roasted to death.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Nurse Fleming Warder. Says that this afternoon ~~(illegible)~~ her conduct has been outrageous & that she struck one of the assistants without provocation.

Name and Medical Designation, William A. Mackay M.B. Ch.

Place of Abode, Town's Hospital Glasgow

DATED this twelfth day of August One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alex Robertson being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify on soul and conscience, that I have this day, at (3) the City Parochial Asylum Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McDougall Docherty pauper and that the said Elizabeth McDougall Docherty is a lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Sings and dances and laughs in an insane manner, fancies I am a priest, talks incoherently is maniacal.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She has been excited and violent since her admission into the asylum. Information from Miss Patrick, Official

Name and Medical Designation, Alex Robertson M.B.

Place of Abode 16 Newton Terrace Glasgow

DATED this 14 day of August One thousand eight hundred and 95

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 A. Mackay being (1) a Graduate of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 322 Parliamentary Road Glasgow in the County of Lanark, seen and personally examined Elizabeth or Isabella McDougall Beckett, pauper and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State Place of Examination.

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

William A. Mackay MB CM.

Dated this twelfth day of August One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the City Parish Asylum to receive therein Elizabeth McDougall Beckett Pauper to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Assistant Inspector of Poor

Signature and Address James Simmers Day 318 Parliamentary Road Glasgow

Date 12 August 1895.

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

I, David Sandeman Balfour (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Andrew Simmers Day Assistant Inspector of Poor Glasgow Certificates under the hands of William A. Mackay and Alex Robertson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth or Isabella McDougall Beckett 37 Allison Place Govan Glasgow and that the said Elizabeth or Isabella McDougall Beckett is an insane person and a lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth or Isabella McDougall Beckett as a Patient into the (5) Parish Asylum at Dumfries and I authorize Transmission to the said Asylum accordingly, and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth or Isabella McDougall Beckett which accompanied the said Petition.

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

Dated this fourteenth day of August One thousand eight hundred and ninety five.

D B Balfour

To the Superintendent of the (6) Parish Asylum at Dumfries Crichton

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

No 7679

Elizabeth Mc Dougall Docherty

City Pt Surg.

Adm. 14 August 1895

GENERAL BOARD OF LUNACY
-8 AUG 95
SCOTLAND

12154

[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 W. R. Patrick Esq., 3 North St. Andrew Street Edinburgh, being desirous to transfer Christina Armet or Murray at present a Patient in the Royal Edinburgh Asylum, and (¹) whose Curator I am; from the said Asylum to the Dickson Royal Institution, Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Christina Armet or Murray 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.

(*To be signed by the Applicant*) W. R. Patrick

(²) Curator Bonis

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

DATED at Edinburgh this 4th day of August One thousand eight hundred and ninety five

STATEMENT.

1. Christian Name and Surname of Patient at length,	Christina Armet or Murray
2. Sex and Age,	Female, 53.
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and Previous Occupation (if any),	Housekeeper before Marriage
5. Religious Persuasion, so far as known,	Established Church
6. Date of Admission into Asylum,	13 October 1893
7. Length of time Insane,	Several months
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	53
10. Duration of existing Attack,	Several months
11. Supposed Cause,	Drink
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of her Family known to be, or to have been Insane,	George Meston Legs, 7 Leven Terrace, Edinburgh — Cousin No

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

(*To be signed by the Applicant*) W. R. Patrick

DATED this 4th day of August One thousand eight hundred and ninety five

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

MEDICAL CERTIFICATE.

I, the undersigned James Middlemass
being (1) a Member of the Royal College of Physicians of Edin
hereby certify that I have this day at (2) Craig House, Plenelands
personally examined Christina Armet or Murray at present a
Patient in said Asylum, and with respect to her Mental State that * she labours
under delusions of suspicion, e.g. that her
food is poisoned, and that plots are
being formed against her.

; and with respect to her
Bodily Health and Condition that they are average.

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

No 7080
Christina Armet or Murray
Adm. 16 August 1895.

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

Jas. Middlemass M.R.C.P.E

DATED this 2nd day of August One thousand eight
hundred and 95.

SANCTION BY THE BOARD OF LUNACY.

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

The foregoing Application having been made to the Board to authorize the transfer of
Christina Armet or Murray
from Royal ~~Edinburgh~~ Asylum
to Crichton Royal Institution
, and the Board having considered such application and
the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen
days from the date hereof, of the said patient as requested.

John Sibbald *Commissioner.*

DATED at Edinburgh, this Fifth day of August One
thousand eight hundred and ninety-five.

Date of Sheriff's Order.

14 October 1893.

* In filling up this Certificate, the Board's Circular No. 95, regarding the Transfer of Suicidal Patients, should be kept in view.

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

[FORM A.

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

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

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

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

The Petition of Helen Muir, residing at Caldow, Corsock

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

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

(To be signed by the Party applying) Helen Muir

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

DATED this 19 (4) day of August One thousand eight hundred and 95

STATEMENT.

If any 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 Muir
2. Sex and Age,	Male 52 yrs.
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,	Caldow
7. Place where Found and Examined,	At Caldow
8. Length of time Insane,	Over 1 yr.
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	"
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	—
12. Duration of Existing Attack,	1 year
13. Supposed Cause,	anxiety about his work
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 Family known to be or to have been Insane,	Mrs Helen Muir, wife. 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 19 day of August One thousand eight hundred and 95

(To be signed by the party applying) Helen Muir

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Meggat
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Caldon Farm
Corsock Bridge District
in the County of Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Thos: Muir Farmer
and that
the said Thos: Muir is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He says he is compelled to himself Satan is driving him either to his own hurt or his friend's. He is frightened he will do hurt to himself or his

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He warns his relations where a constable watch over him to prevent his hurting himself. In morning he removes from to keep him from hurting of his friends

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

Place of Abode, Kirkpatrick Durham Dalbeattie

DATED this Eighteenth day of August One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He says that that he cannot get rid of the darkness, as he terms it, which surrounds him. He believes he is deserted by God and taken ruled of by Satan.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife says he is altered from an energetic and industrious man to be quite careless about his employment. He is suicidal and requires constant watching

Name and Medical Designation, Walter Lorraine M.B. Edin

Place of Abode Castle Douglas

DATED this 18th day of Aug. One thousand eight hundred and 95

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the 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.

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

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

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

I, Robert Francis Dudgeon (1) Sheriff Substitute
of the (2) Dumfries and Galloway at Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Helen Muir,
Caldow, Crieck
Certificates under the hands of John Heggie, M.B. CM, Kirkpatrick
and Walter Lorraine, M.D. Clerk 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)
Thomas Muir and that the said
Thomas Muir is a (5) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Muir as a Patient into the (6) Crichton Royal Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Muir which accompanied the said Petition.

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

DATED this nineteenth day of August One thousand eight hundred and ninety five

Rob. F. Dudgeon S.S.

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

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

No 7681

Thomas Muir

Adm. 20 August 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum or the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway

and his Substitutes,—

The Petition of Constance Ann Calverley the Revarge Aspatria humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Slater Calverley Vicar of Aspatria Cumberland your Petitioner's (1) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said William Slater Calverley to the Crichton Royal Institution at Dumfries, and to Sanction his admission into the said Institution.

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

(To be signed by the Party applying) Constance Ann Calverley

DATED this Twenty first (2) day of August One thousand eight hundred and ninety five years.

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

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 Slater Calverley.
Sex and Age,	Male. 48 years.
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any).	Clerk in Holy Orders.
Religious persuasion, so far as known,	Church of England.
Previous Place of Abode,	Aspatria Cumberland.
Place where Found and Examined,	Skinburness. "
Length of Time Insane,	Three days
Whether First Attack,	No.
Age (if known) on First Attack,	35.
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	13 years ago at Dereham Cumberland never in any Establishment.
Duration of Existing Attack,	3 days.
Supposed Cause,	Overwork and excitement.
Whether subject to Epilepsy,	No.
Whether Suicidal,	No.
Whether dangerous to others,	Yes.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of said Family known to be or to have been Insane,	No near relation alive
Special circumstances (if any) preventing the insertion of any of the above particulars,	No connection on either side insane

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

DATED this Twenty first day of August One thousand eight hundred and ninety five years.

(To be signed by party applying) Constance Ann Calverley

MEDICAL CERTIFICATE No. I.

I, the undersigned John Leitch
being a (1) M.B. & C.M. of the University of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Skinburness Hotel in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) William Slater Calverley Clerk in Holy Orders of the Diocese Asaphia and that the said William Slater Calverley is a (5) person of unsound mind and a proper person to be detained 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 - 3 men can hardly restrain him. Tried to strangle me with a towel to
Restless - constantly moving about room in nightgown, waving a towel and trying
smash articles. Showed me a spittle on paper with a screw nail
in it which he called the tree of life in full growth.
Incoherent - Ideas mixed up; swears and talks obscenely for a clergyman.

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

Name and Medical Designation, John Leitch M.B. & C.M.
Place of abode, Silloth, Cumberland

DATED this Twentieth day of August One thousand eight hundred and ninety five years.

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned James Little
being a (1) M.B. Edin; M.R.C.S.; L.S.A.L.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Skinburness Marine Hotel in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) William Slater Calverley clerk in Holy Orders of the Diocese Asaphia and that the said William Slater Calverley is a (5) person of unsound mind and a proper person to be detained 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 violently excited and his whole behaviour is altered - attempts to smash crockery &c.

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

Name and Medical Designation, James Little M.B.
Place of abode, 18 Fleming Square, Maryport

DATED this Twentieth day of August One thousand eight hundred and ninety five 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 John Leitch
being (1) M.B. & C.M. University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Skinburness Hotel
in the County of Cumberland, seen and personally examined William Slater Calverley, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

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

John Leitch M.B. C.M. Edin.

DATED, this Twentieth day of August One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein William Slater Calverley to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Wife

Signature and Address, Constance Ann Calverley

Date, 20th August 1895

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

I, William Young Harries Shortt, Honorary Sheriff Substitute of ~~the the County of~~ Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Constance Ann Calverley, the Vicarage, Aspatria, Cumberland, Certificates under the hands of John Leitch 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 (2) William Slater Calverley, Vicar of Aspatria, Cumberland (Peter's Husband) and that the said William Slater Calverley is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said William Slater Calverley as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Slater Calverley which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

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

DATED this Twenty third day of August One thousand eight hundred and ninety five years.

W H Shortt

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7082

Name, William Slater Calverley

Date of Admission, 20 August 1895

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

[FORM A]

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

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

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

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

The Petition of Louisa Henrietta Banton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Banton - Petitioner,

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

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

(To be signed by the Party applying) Louisa Henrietta Banton

(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 ninety five.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Banton.
2. Sex and Age,	Male. 54 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Pensioner.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Mill Street. Leith.
7. Place where Found and Examined,	Mill Street. Leith.
8. Length of time Insane,	Two days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	54 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	
12. Duration of Existing Attack,	Two days.
13. Supposed Cause,	Mountain.
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,	22nd August 1894.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Louisa Henrietta Banton. Wife. 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 22nd day of August One thousand eight hundred and ninety five

(To be signed by the Party applying) Louisa Henrietta Banton

P. P.

No. 1082

MEDICAL CERTIFICATE, No. I.

I, the undersigned, David Anshie
being a (1) Graduate of Edinburgh
Universy,
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Well
Street. Moffat,
in the County of
Dumfries,
separately from any other Medical Practitioner,
visited and personally examined (4) James Banton
Pensioner Well Street. Moffat
and that
the said James Banton is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
very restless & excited. Cant sit still.
believes he is being followed &
that the house is watched. Says
his wife is trying to poison him.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Wife says he wanders up & down the
house - keeps going to the door &
to the window looking for people who
are following him.

Name and Medical Designation, David Anshie MB CM

Place of Abode, Moffat

DATED this twenty second day of August One thousand eight
hundred and ninety five.

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Munro
being a (1) Doctor of Medicine and a Licentiate of
the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Well Street
Moffat
in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) James Banton. Pensioner
Well Street. Moffat
and that
the said James Banton 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)
Very restless and excited - Wandering up &
down. That he being watched by people trying to
do him harm. Says his wife or someone else
is trying to poison him. Scared look

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Wife says he is constantly wandering up
& down the house - watches the door and
window for people She are watching him to do him
bodily harm

Name and Medical Designation, James Munro. M.D. L.R.C.P.

Place of Abode Moffat

DATED this Twenty second day of August One thousand eight
hundred and ninety five

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, David Hutton;
being (1) a Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Well Street, Moffat
in the County of Dumfries, seen and personally examined
James Banton, Penicuik, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

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

David Hutton M.B.C.M. (Edin.)

DATED this twenty second day of August One thousand eight hundred and ninety four.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties
Asylum to receive therein James Banton - my husband
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Wife

Signature and Address Louisa Henrietta Banton, Moffat

Date 23rd August 1894

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

I, William Young Harries Shortt, (1) Hy: Sheriff Substitute
of ~~the~~ (2) Dumfries & Galloway at Dumfries —
having had produced to me, with a Petition at the instance of (3) Louisa Henrietta
Banton, Well Street, Moffat —
Certificates under the hands of David Hutton —
and James Munro —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James
Banton, Pensioner, Well Street, Moffat (Petr's Husband) and that the said
James Banton is a (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 Banton — as a Patient into the
(6) Public — Asylum of Southern Counties, Dumfries and I authorize
this Transmission to the said Asylum accordingly; and I transmit you herewith
the said Medical Certificates, and a Statement regarding the said James Banton
which accompanied the said Petition.

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

DATED this Twenty third day of August One thousand eight hundred and ninety four years.

W. H. Shortt

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

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

No 7683

James Banton

Adm. 22 August 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum for the Order of the Sheriff obtained.*

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of

and his Substitutes,—

The Petition of

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

your Petitioner's (1) is at present in a state of Mental Derangement, and a proper Person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said to the Crichton Royal Institution at Dumfries, and to sanction admission into the said Institution.

(1) State Degree of Relationship, or other capacity which Petitioner stands Lunatic.

(To be signed by the Party applying) Archibald Galbraith

DATED this (2) day of

One thousand eight hundred and

(2) 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 Welsh
2. Sex and age,	Male. 37 years.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Bricklayer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous place of abode,	Reston
7. Place where found and examined,	Hardgrave Dalton Parish
8. Length of time Insane,	perhaps a fortnight
9. Whether First Attack,	not known
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	
12. Duration of Existing Attack,	about a fortnight
13. Supposed Cause,	perhaps drink
14. Whether subject to Epilepsy,	not known
15. Whether Suicidal,	not shown any tendency to;
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dalton meanwhile
18. Date of becoming Chargeable,	25th August 1895
19. Christian Name and Surname, and place of Abode of nearest known 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 Welsh. Mother. 153 Hammond Street Preston Lancashire.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	not a stranger found wandering.

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

DATED this 25th day of August One thousand eight hundred and Ninety Five

(To be signed by the Party applying) Archibald Galbraith

Inspector of Poor

No. 1083

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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) Bachelor of Medicine & master of Surgery Aber.
and being in actual practice as a (2) General practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3)
Hardgrave. Dalton Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) George Welsh
and that
the said George Welsh is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Excited nervous appearance.
Keeps talking to imaginary persons.
Cannot give a satisfactory account of himself, or
where he is or how he came here.
Sorry about half naked, having thrown away his clothes.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
~~George~~ John McGaw. says that he came to his
house this morning seeking protection as the train
was going after him. He acted very strangely.
and as a man not sane

Name and Medical Designation, William Scott MB CM

Place of Abode, Rutherwell

DATED this Twenty fifth day of August One
thousand eight hundred and ninety five

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned,
being a (1)
and being in actual practice as a (2)
do 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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, William Scott
being (1) an MB CM.
hereby certify, on Soul and Conscience, that I have this day, at (2) Hardgrave Salton
in the County of Dumfries, seen and personally examined George Welsh, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

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

William Scott MB CM

DATED this Twenty fifth day of August One thousand eight hundred and Ninety five

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein George Welsh to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address, Archibald Galbraith

Date, 25th August 1895

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

I, Sheriff-Substitute
of the County of
having had produced to me, with a Petition at the instance of (1)

(1) Insert Name and Designation.

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 (2)

(2) Describe him, and if a Pauper, state so.

and that the said is a (3)

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

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize Transmission to the said Institution 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 Crichton Royal Institution for Lunatics, at Dumfries.

No. 7084

Name, George Welsh
Dalton

Date of Admission, 25th August 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum or the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries ~~Scotland~~ and Galloway, at Dumfries, —*and his Substitutes,*—

The Petition of Mary A. Raymond, Queen's Hotel Queenstown, Cork humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Raymond, husband, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said William Raymond, ——— to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relation or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Mary A. Raymond

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

DATED this 25th (2) day of August One thousand eight hundred and Sixty Nine.

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 Raymond.
Sex and Age,	male. sixty three.
Married, Single, or Widowed,	married.
Condition of Life, and previous Occupation (if any).	Hotel keeper.
Religious persuasion, so far as known,	Church of Ireland
Previous Place of Abode,	Queen's Hotel Queenstown Co/C.
Place where Found and Examined,	Queen's Hotel, Queenstown, Co/C,
Length of Time Insane,	two months.
Whether First Attack,	not - second attack.
Age (if known) on First Attack,	about fifty six.
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Cork District Lunatic Asylum. seven years ago.
Duration of Existing Attack,	about two months
Supposed Cause,	Intemperance & previous attack predisposing
Whether subject to Epilepsy,	no.
Whether Suicidal,	yes decided.
Whether dangerous to others,	yes has frequently threatened injury.
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. Mary A. Raymond. Queen's Hotel Queenstown. Co. Cork.
Special circumstances (if any) preventing the insertion of any of the above particulars,	no.

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

DATED this 25th day of August, One thousand eight hundred and sixty nine.

(To be signed by party applying) Mary A. Raymond

No. 1084

MEDICAL CERTIFICATE No. I.

I, the undersigned being a (1) Doctor of Medicine of Royal Univ Ireland and being in actual practice as a (2) Physician, do hereby certify, on soul and conscience, that I have this day, at (3) Lunatic Asylum in the County of Cork separately from any other Medical Practitioner, visited and personally examined (4) William Raymond and that the said William Raymond is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He talks in manner, though he is a pauper - must go to prison.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Maryann Raymond states that he said that "they would use in within measure of sinning."

Name and Medical Designation, Place of abode, Sa Quirke MD District Asylum, Cork

DATED this 25th day of Augt, One thousand eight hundred and Ninety five.

MEDICAL CERTIFICATE No. II.

I, the undersigned David O'Mahony, being a (1) Doctor of Medicine, and being in actual practice as a (2) Physician Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Innesterra in the County of Cork separately from any other Medical Practitioner, visited and personally examined (4) William Raymond and that the said William Raymond is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Utterly took Wife is imprisoning improvement and tendencies.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr Allman & daughter. stated that he threatened murder & suicide

Name and Medical Designation, Place of abode, Daniel O'Mahony M.D. 17 Patrick Hill Cork

DATED this 26th day of August One thousand eight hundred and 95

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Albert Cakshott being (1) a M D of the Royal University of Ireland hereby certify, on soul and conscience, that I have this day, at (2) the Queen's Hotel, Queenstown in the County of Cork, seen and personally examined William Raymond, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

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

J A Cakshott

DATED, this Twenty fifth day of August One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein William Raymond to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Wife

Signature and Address, Mary A. Raymond Queen's Hotel Queenstown

Date, 25th August 1895

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

I, William Young Harries Scott, Esq: Sheriff Substitute of ~~the the County of~~ Dumfries & Galloway, at Dumfries; having had produced to me, with a Petition at the instance of (1) Mary A. Raymond, Queens Hotel, Queenstown, Cork, Certificates under the hands of James Albert Cakshott and Daniel J. O'Mahony — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) William Raymond, Queens Hotel, Queenstown, Cork, (Petnr's Husband) — and that the said William Raymond is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said William Raymond as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Raymond, which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty seventh day of August, One thousand eight hundred and ninety five years. W. H. Scott

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7685

Name, William Raymond

Date of Admission, 26 August 1895

12224

[FORM B.]

GENERAL BOARD OF LUNACY
23 AUG 95
SCOTLAND

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

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

I, the undersigned Robert Alexander Wyman, Claremont, Guest Road Cambridge, being desirous to transfer Frederick Charles Robert Wyman at present a Patient in Stirling Council Asylum, Larbert, and (1) detained at my instance. from the said Asylum to the Crichton Royal Institution, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Frederick Charles Robert Wyman 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.

(*To be signed by the Applicant*) Robert Alexander Wyman.

(2) Brother.

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

DATED at Cambridge this 20th day of August One thousand eight hundred and five

STATEMENT.

1. Christian Name and Surname of Patient at length,	Frederick Charles Robert Wyman
2. Sex and Age,	Male, 35 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	11th May 1895
7. Length of time Insane,	two years
8. Whether first Attack,	No
9. Age (if known) on first Attack,	33 years
10. Duration of existing Attack,	unknown
11. Supposed Cause,	Immorality
12. Whether subject to Epilepsy,	not to my knowledge
13. Whether Suicidal,	Cannot say
14. Whether Dangerous to others,	Cannot say
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,	Reginald Percy Wyman, 30 Chalmers Street, Edinburgh, brother no

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

(*To be signed by the Applicant*) Robert Alexander Wyman.

DATED this 20th day of August. One thousand eight hundred and ninety five

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

MEDICAL CERTIFICATE.

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

I, the undersigned John Macpherson
being (1) a Fellow of the Royal College of Physicians
hereby certify that I have this day at (2) the Stirling District Asylum
personally examined Frederick Chas. Robert Wyman at present a
Patient in said Asylum, and with respect to his Mental State that * he labours under
mania with delusions of power and self importance and
some confusion of ideas; he is demented to a slight degree
his conduct is peculiar and eccentric and he is occasionally
irritable and impulsive ; and with respect to his
Bodily Health and Condition that they are very 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 Macpherson

Dated this twenty first day of August One thousand eight hundred and ninety five.

SANCTION BY THE BOARD OF LUNACY.

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

The foregoing Application having been made to the Board to authorize the transfer of
Frederick Charles Robert Wyman
from Stirling District Asylum
to Crichton Royal Institution,
, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald *Commissioner.*

Dated at Edinburgh, this 23rd day of August One thousand eight hundred and ninety-five.

Date of Sheriff's Order.

14 May 1895.

* In filling up this Certificate, the Board's Circular No. 95, regarding the Transfer of Suicidal Patients, should be kept in view.

No 7686
Frederick Charles Robert Wyman
Adm. 28 August 1895.

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum under the order of the Sheriff granted.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway, _____ *and his Substitutes,—*

The Petition of Henry Gustavus Cooper, Solicitor, 9 Clare Street, Dublin, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Miss Anna Cooper, formerly residing at Bloomfield, Donnybrook, Dublin, —

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) sister, _____ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Anna Cooper _____ _____ to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(To be signed by the Party applying) H. G. Cooper

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

DATED this 24th (2) day of August, —One thousand eight hundred and ninety five.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Anna Cooper.
2. Sex and Age,	Female. 58.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any).	Daughter of a Solicitor. No occupation.
5. Religious persuasion, so far as known,	Church of Ireland. Presbyterian.
6. Previous Place of Abode,	Kingstown near Dublin. Donnybrook.
7. Place where Found and Examined,	Bloomfield, Manchamptown Road, Dublin
8. Length of Time Insane,	More or less of unsound mind for upwards of thirty years.
9. Whether First Attack,	
10. Age (if known) on First Attack,	About 26
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Bloomfield aforesaid, 1895,
12. Duration of Existing Attack,	See answer to 8 and 9
13. Supposed Cause,	A fever which she had when about 25 years of 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,	Not a pauper. Supported by me
18. Date of becoming Chargeable,	See last answer
19. Christian Name 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,	The Petitioner Henry Gustavus Cooper M.A. Solicitor 9 Clare Street, Dublin. Brother and Agent, since deceased for upwards of 4 years and unmarried. Was for a few months after 2 years in Asylum completely, and better for many years after without any return of the derangement.
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 August, — One thousand eight hundred and ninety five.

(To be signed by party applying) H. G. Cooper

MEDICAL CERTIFICATE No. I.

I, the undersigned Henry T. Bewley. M.D. ——
being a (1) Fellow R.C.P.I. ——
and being in actual practice as a (2) Physician ——
do hereby certify, on soul and conscience, that I have this day, at (3) Bloomfield - Donnybrook, —— in the County of Dublin, — separately from any other Medical Practitioner, visited and personally examined (4) Miss Anna Cooper, an inmate in Bloomfield Asylum, — and that the said Miss Anna Cooper —— is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She screams & shouts without special cause for long periods. She curses & uses unladylike language: she will not converse rationally, but shouts at me continuously when I saw visited her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Miss Sarah Shields, attendant. Bloomfield tells me she has broken windows & crockery. Mr. Cooper (her brother) tells me she has been before in Asylums

Name and Medical Designation, Henry T. Bewley M.D
Place of abode, 26 Lr Dawson St Dublin

DATED this twenty fourth day of August, One thousand eight hundred and ninety five ——

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned William R. Evans ——
being a (1) Doctor of Medicine Univ. Dublin ——
and being in actual practice as a (2) Physician ——
hereby certify, on soul and conscience, that I have this day, at (3) Bloomfield - Donnybrook —— in the County of Dublin, — separately from any other Medical Practitioner, visited and personally examined (4) Miss Anna Cooper, an inmate of Bloomfield Asylum - —— and that the said Miss Anna Cooper, —— is a (5) person of unsound mind —— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Extreme violence of manner & language, causeless complaints of ill treatment.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) her brother M. Cooper informs me, that she has been under restraint on several previous occasions & that owing to violence of language he could not keep her in private families

Name and Medical Designation, W. R. Evans M.D
Place of abode, 19 Merrion Sq. Dublin

DATED this 24th day of August, One thousand eight hundred and ninety five (1895).

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

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

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

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

(5) *Lunatic, or 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.

(1) State medical qualification.

(2) State place of examination.

DATED, this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient,)

Signature and Address,

Date,

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

I, Colonel William Young Dennis ~~Sheriff~~ Substitute of the the County of Dumfries having had produced to me, with a Petition at the instance of (1) Henry Fustamus Porter, Solicitor 9 Clare Street, Dublin Certificates under the hands of Stoddy F. Bewley and William R. Evans being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Anna Cooper, Bloomfield Donnybrook, Dublin Certificates dated [illegible] and that the said Anna Cooper is a (3) Lunatic of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Anna Cooper as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Anna Cooper which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

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

DATED this 26th day of August One thousand eight hundred and ninety five years.

W. H. Smith

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7087

Name, Anna Cooper

Date of Admission, 28 August 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the order of the Sheriff is received.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway, ——— *and his Substitutes,*—

The Petition of William Mc Cartney, Jubilee Buildings, Largs: humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Ann Bruce or Mc Cartney, Jubilee Buildings, Largs, ——— your Petitioner's (1) Wife, ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Ann Bruce or Mc Cartney, ——— to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which the petitioner stands to Lunatic.

(To be signed by the Party applying) William McCartney

DATED this Twenty ninth (2) day of August, —One thousand eight hundred and ninety five years.

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

STATEMENT.

If any 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 Bruce or Mc Cartney.
2. Sex and Age,	Female. 66.
3. Married, Single, or Widowed,	Maried.
4. Condition of Life, and previous Occupation (if any).	Winder.
5. Religious persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Jubilee Buildings, Largs.
7. Place where Found and Examined,	Dumfries.
8. Length of Time Insane,	about 23 years.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	44
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Woodilee Asylum + Crichton Royal Institution. 25 Nov: 1889 & 26 July 1895.
12. Duration of Existing Attack,	23 years.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Date of becoming Chargeable,	———
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husband Wm. Mc Cartney. Spirit Merchant. Jubilee Buildings. Largs.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Twenty ninth day of August, —One thousand eight hundred and ninety five years.

(To be signed by party applying) William McCartney

MEDICAL CERTIFICATE No. I.

I, the undersigned Alexander Thompson —
being a (1) Doctor of Medicine of Glasgow
University and Physician and Surgeon
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 27
Castle Street, Dumfries, — in the County of
Dumfries, —separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Anne Bruce or McCartney
Jubilee Building Lags, Lanarkshire, and that
the said Anne Bruce or McCartney, — is a (5)
person of unsound mind, —and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Hears voices,
and sees people, when there are none present.

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) Mr Wm McCartney, her husband tells
me she is continually talking to people that are
not present, and has been in this state over 20 years

Name and Medical Designation, Alex Thomson M.D. &c
Place of abode, 27, Castle St Dumfries

DATED this twenty eighth day of August One thousand
eight hundred and ninety five 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 Peter Murray Kerr —
being a (1) Bachelor of Medicine and Master in Su
the University of Edinburgh and Licentiate —
and being in actual practice as a (2) Medical Practitioner —
hereby certify, on soul and conscience, that I have this day, at (3) Second Flo
Crichton Royal Institution, — in the County of
Dumfries —separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Anne Bruce or McCartney
Jubilee Buildings Lags, Anyshire, — and that
the said Anne Bruce or McCartney, — is a (5)
person of unsound mind and a proper person to be
detained 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 ~~incessantly~~ continually to herself
says she hears people speaking to her
and hears her husband moved amongst those
speaking

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

Name and Medical Designation, Peter Murray Kerr MB
Place of abode, 20 Castle Street Dumfries

DATED this Twentyninth day of August — One thousand
eight hundred and ninety five 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
being (1) a Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) 27
Castle Street, Dumfries,
in the County of Dumfries, seen and personally examined
Mrs Ann Bruce or McCartney, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

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

Alex Thomson M.D. &c.

DATED, this 28th day of August, One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Ann Bruce or McCartney
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address, William McCartney Jubilee Buildg Largo.

Date, 28th August 1895

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

I, William Young Harries Shortt, Sheriff Substitute
of ~~the the County of~~ Dumfries & Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (1) William
McCartney, Jubilee Buildings, Largs,
Certificates under the hands of Alex: Thomson M.D.,
and Peter Murray Herr, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Ann Bruce or McCartney,
Jubilee Buildings, Largs, (Petnr's Wife) — and that the said
Ann Bruce or McCartney is a (3) person of unsound mind
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Ann Bruce or McCartney as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Bruce or McCartney,
which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

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

DATED this Thirtieth day of August, One thousand eight hundred and ninety five years.

W. H. Shortt

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7088

Name, Ann Bruce or McCartney

Date of Admission, 28 August 1895

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

[FORM A.

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

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

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

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

The Petition of John Laurie, Inspector of Poor for the Parish of Annan: ——

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Cowan 6 Rose Street Annan, your Petitioner's (3) Pauper ——

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

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

(*To be signed by the Party applying*) John Laurie

(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 August, — One thousand eight hundred and Ninety five. ——

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Cowan.
2. Sex and Age,	Fed Female. age 66 years.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and previous Occupation (if any),	Cowkeeper.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	26 Butts Yard, Annan.
7. Place where Found and Examined,	6 Rose Street, Annan.
8. Length of time Insane,	about one week.
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	age. 63 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Southern Counties Asylum + January 1892.
12. Duration of Existing Attack,	about one week.
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	doubtful.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Date of becoming Chargeable,	29th August 1895.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Cowan. Labourer. 26 Butts St. Annan. - 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 twenty ninth day of August, — One thousand eight hundred and ninety five.

(*To be signed by the party applying*) John Laurie

P. p.

MEDICAL CERTIFICATE, No. 1.

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

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

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

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

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

I, the undersigned, Crawford Blair Lucas, Licentiate being a (1) Licentiate of Faculty of Physicians & Surgeons & and being in actual practice as a (2) Medical practitioner, do hereby certify, on soul and conscience, that I have this day, at (3) 6 Rose Street, Annan, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mary Cowan, 26 Butts St Pauper, and that the said Mary Cowan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Hears whispering suffers from delusions, thinks she has no place of abode: been in asylum before.

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

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

Name and Medical Designation, C. B. Lucas L.R.C.P.S.E.

Place of Abode, Grancrop-Annan

DATED this 29th day of August, One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE. No. II.

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

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

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

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

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

I, the undersigned, John Lindsay Howie being a (1) Bachelor in medicine & master in Surgery of Glasgow University, and being in actual practice as a (2) Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 6 Rose Street Annan, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mary Cowan 26 Butts St— pauper, and that the said Mary Cowan, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She suffers from Melancholia, mental depression & also from delusions about her domestic affairs. She conducts herself in a characteristic way, relative to her condition.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I have in charge of her state that she is quite outrageous at times & at other times wanders up & down in an aimless fashion: also that there is clear evidence of her mind being impaired.

Name and Medical Designation, J. Lindsay Howie. M.B.

Place of Abode 25 Pott St. Annan

DATED this twenty-ninth day of August, One thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Lindsay Howie
being (1) Bachelor in Medicine & Master in Surgery, Glasgow
hereby certify, on soul and conscience, that I have this day, at (2) 16 Rose St, Annan
in the County of Dumfries, seen and personally examined
Mary Cowan, 26 Mats St, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

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

J Lindsay Howie.

DATED this twenty-ninth day of August, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Mary Cowan, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor.

Signature and Address John Laurie Annan.

Date 29 August 1895.

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

I, William Young Herries Shortt (1) Hy. Sheriff Substitute of ~~the~~ (2) Dumfries & Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (3) John Laurie, Inspector of Poor, Annan
Certificates under the hands of Crawford Blair Lucas,
and John Lindsay Howie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Cowan, 6 Rose Street, Annan, (a pauper); and that the said Mary Cowan, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Cowan, 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 Cowan, which accompanied the said Petition.

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

DATED this thirty-first day of August, One thousand eight hundred and ninety five.

W H S Shortt

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

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

No 7689

Mary Govan

aman

Adm. 30 August 1895

B.—This Form shall remain in the keeping of the Superintendent of the Asylum and the order of the Sheriff be obtained.

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Renfrewshire

and his Substitutes,—

The Petition of William McConnell Thread Mill Manager X

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

your Petitioner's (1) 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 authorise the transmission of the said James Barr to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Wm McConnell

DATED this 29th (2) day of August One thousand eight hundred and ninety five

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

STATEMENT.

If any 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 Barr
2. Sex and Age,	43
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any).	Mechanical Engineer
5. Religious persuasion, so far as known,	church of Scotland
6. Previous Place of Abode,	Thames New Zealand
7. Place where Found and Examined,	Underwood House Pairley
8. Length of Time Insane,	In this State to my knowledge 8 Months (Since his return from New Zealand)
9. Whether First Attack,	First
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	—
12. Duration of Existing Attack,	8 Months to my knowledge
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,	Mary Barr or McConnell his Sister (myself) Underwood House Pairley no one 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 29 day of August One thousand eight hundred and ninety five

(To be signed by party applying) Wm McConnell

MEDICAL CERTIFICATE No. I.

I, the undersigned Donald Fraser being a (1) Graduate in Medicine of the University of Glas
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Underwood House Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) James Barr Underwood House Paisley and that the said James Barr is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) though I have se
repeatedly, within the last few months, he does not know me to d
. He is content to sit before the fire all day smoking, apparently
indifferent to what goes on about him. He remembers old incidents of
few years back. Cannot tell me the name or situation of the work
in which he was recently employed which he left about two months ago.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr McConnell brother in Law states that he is so afra
that he will lie in bed all day unless asked to rise

Name and Medical Designation, D. Fraser M.D.
Place of abode, Paisley

DATED this twenty-ninth day of August One thousand eight hundred and ninety-five years.

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned James Parker, being a (1) M.B. C.M. of Glasgow University and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Underwood House Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) James Barr, Underwood House, Paisley and that the said James Barr is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6). He talks incessantly about his life in New Zealand where he resided for 9 years. Has no memory for recent events. Cannot tell how long he has been ablow. Cannot tell what month this is, or what day of the week this is although residing with his sister a week or two ago does not remember

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr McConnell brother-in-law states that after staying at Skelmorlie he wandered from home & could find his way back.

Name and Medical Designation, James Parker. M
Place of abode, 8 Great Georg St Hillhead Glas
formerly of 91 Hyndland St, Pa

DATED this 29th day of August One thousand eight hundred and 95.

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

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

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

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

(5) *Lunatic, or 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.

(1) State medical qualification.

(2) State place of examination.

DATED, this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address,

Date,

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

I, James Hamilton Dunn Sheriff Substitute of ~~the the County of~~ Renfrew and Bute having had produced to me, with a Petition at the instance of (1) William McConnell, Thread Mill Manager, Underwood House Paisley Certificates under the hands of Donald Frazer M.D. Paisley and James Parker M.B.C.M. 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 (2) James Barr, Underwood House Paisley and that the said James Barr is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said James Barr as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Barr which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

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

DATED this twenty ninth day of August One thousand eight hundred and ninety five

Jas H Dunn

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7690

Name, James Barr

Date of Admission, 31 August 1895

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

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway, at Dumfries, — *and his Substitutes,*

The Petition of James Morrison, Inspector of Poor of Dryfesdale, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William McKinnon, residing at No 14 Union Street, Lochorbie, your Petitioner's (1) Pauper, — is at present in 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 to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) James Morrison

DATED this 2nd (2) day of September, One thousand eight hundred and ninety five.

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

STATEMENT.

If any 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 McKinnon.
2 Sex and Age,	Male. 30 years.
3 Married, Single, or Widowed,	Married.
4 Condition of Life, and previous Occupation (if any),	A journeyman Slater, was in the Army Militia.
5 Religious persuasion, so far as known,	Protestant.
6 Previous Place of Abode,	14 Union St: Lochorbie.
7 Place where Found and Examined,	14 Union St: Lochorbie.
8 Length of Time Insane,	A few days.
9 Whether First Attack,	First attack.
10 Age (if known) on First Attack,	
11 When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	
12 Duration of Existing Attack,	A few days.
13 Supposed Cause,	
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,	Dryfesdale.
18 Date of becoming Chargeable,	2nd September 1895.
19 Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Jane Carruthers his wife resides at 14 Union St Lochorbie. None of the family 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 2nd day of Septr: — One thousand eight hundred and ninety five years.

(To be signed by party applying) James Morrison

MEDICAL CERTIFICATE No. I.

I, the undersigned James Maclachlan —
being a (1) Bachelor of Medicine & Master of Su
and being in actual practice as a (2) Physician & Surgeon —
do hereby certify, on soul and conscience, that I have this day, at (3)
14 Union Street, Lockerbie, — in the County of
Dumfries — separately from any other Medical Practitioner,
visited and personally examined (4) William McKinnon
Pauper 14 Union Street Lockerbie — and that
the said William McKinnon — is a (5)
person of unsound mind, — and a proper person to be
detained 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 bewildered & confused & seems to understand
little, if anything, of what is said to him. Altog
he is mentally much out. Speech seems much
affected.

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) His wife informed me that he frequ
says he is much disturbed & unreasonable, that he
sees imaginary objects crawling under the
bed clothes for them. —

Name and Medical Designation, James Maclachlan
Place of abode, Lockerbie

DATED this first day of September, One thousand
eight hundred and ninety five.

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned George Irving —
being a (1) Doctor 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) 14 Union
St. Lockerbie — in the County of
Dumfries — separately from any other Medical Practitioner,
visited and personally examined (4) William Mc Kinnon —
Pauper 14 Union St. Lockerbie — and that
the said Wm Mc Kinnon, Pauper — is a (5)
person of Unsound Mind — and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is dull &
Stupid & cant answer questions His gait is unsteady &
his speech, Tricty & Muttering his lips & tongue are subject to
Tremor & the pupils when shaken to Resides his whole Conduct
Demeanour & behaviour are irrational

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) His landlord informs me that he often gets out
of bed longing & seems like in a state of
mental exaltation. —

Name and Medical Designation, George Irving M.D.
Place of abode, Lockerbie

DATED this second day of September, One thousand
eight hundred and ninety five. —

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

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

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

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

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

(6) *State the facts*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned George Irving, being (1) Doctor of Medicine & Master in Surgery (Edin) hereby certify, on soul and conscience, that I have this day, at (2) 14 Union Street, in the County of Dumfries, seen and personally examined William M'Kinnon, 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.

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

George Irving M. D.

DATED, this second day of September One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein William M'Kinnon, to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address, James Morrison Lochrie

Date, 2nd September 1895.

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

I, George Campion, Sheriff Substitute ~~of the County~~ of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) James Morrison, Inspector of Poor, Dryfesdale, Certificates under the hands of James Maclachlan, and George Irving, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) William M'Kinnon, 14 Union Street, Lockerbie, (a Pauper), and that the said William M'Kinnon is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said William M'Kinnon, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William M'Kinnon which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

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

DATED this Third day of September, One thousand eight hundred and ninety five years.

Four words deleted.

Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7691

Name, William M. Kinnon

Dryfesdale

Date of Admission, 2 September 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway, at Dumfries, — *and his Substitutes,—*

The Petition of James Russell, Willesden, Bowden, Cheshire, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Christina Somerville Russell, — 250 Renfrew Street, Glasgow, ——————, your Petitioner's (1) Sister, —— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Christina Somerville Russell, —— to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which petitioner stands to Lunatic.

(To be signed by the Party applying) James Russell

DATED this Second (2) day of September, One thousand eight hundred and ninety five years.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Christina Somerville Russell.
2. Sex and Age,	Female. 57.
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,	250 Renfield ~~Renfield~~ New Street, Glasgow.
7. Place where Found and Examined,	Two weeks.
8. Length of Time Insane,	First
9. Whether First Attack,	57
10. Age (if known) on First Attack,	Miss M'Alpine's Nurses Training Home for ~~Nurses~~.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	2 weeks.
12. Duration of Existing Attack,	Two 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,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Brother James Russell, Willesden, Bowden Cheshire. A second Cousin.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Second day of September One thousand eight hundred and ninety five years.

(To be signed by party applying) James Russell

MEDICAL CERTIFICATE No. I.

I, the undersigned Alexander Wilson Russell, being a (1) Bachelor of medicine and master of Surgery 2 the universities of Aberdeen and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 250 Renfrew st, Glasgow, in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Christina Somerville Russell, 250 Renfrew St Glasgow, and that the said Christina Somerville Russell is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) "fixed melancholy, evidently grounded, as to her religious state. She constantly repeats the remark that she has grieved the Lord."

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The headnurse Miss Adie tells me that she has warned the nurse in attendance (the patient) to leave the room as she could not trust herself

Name and Medical Designation, A W Russell MB, Cm
Place of abode, 2 Royal Crescent Glasgow

DATED this second day of September, One thousand eight hundred and ninety five. . .

MEDICAL CERTIFICATE No. II.

I, the undersigned, Thomas Wall Anderson being a (1) Doctor of Medicine of the University of Glasg and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 250 Renfr Street, Glasgow, in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Christina Somerville Russe 250 Renfrew Street Glasgow, and that the said Christina Somerville Russell, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) "I ... Depressed and believes that she is lost &c. &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs M McAlpine (daughter) states that she hears the Doct were going to hang her. -

Name and Medical Designation, T Wall Anderson Ma
Place of abode, 2 Woodside

DATED this second day of September, One thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned Alexander Wilson Russell, being (1) a bachelor of medicine and master of surgery hereby certify, on soul and conscience, that I have this day, at (2) 250 Renfrew St, in the County of Lanark, seen and personally examined Christina Somerville Russell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

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

A W Russell MB Ch.

DATED, this second day of September, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Christina Somerville Russell to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address, James Russell Willesden Bowden Cheshire.

Date, 2nd September 1895.

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

I, George Campion, Sheriff Substitute ~~of the County~~ of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) James Russell, Willesden, Bowden, Cheshire. Certificates under the hands of Alexander Wilson Russell, and Thomas M'Call 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 (2) Christina Somerville Russell, 250 Renfrew Street, Glasgow (Private Asylum), and that the said Christina Somerville Russell is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Christina Somerville Russell as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Christina Somerville Russell, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

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

DATED this Third day of September, One thousand eight hundred and ninety five years. Four words deleted.

G Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7692

Name, Christina Somerville Russell

Date of Admission, 3rd September 1895

N.B.—*This Form shall vain in the keeping of the superintendent of the Asylum or the Order of the Sheriff obtained.*

[FORM A]

55 and 56 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Andrew Johnston 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 Andrew Johnston to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

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

DATED this Tenth (*) day of September One thousand eight hundred and Ninety Five years

STATEMENT.

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

Christian Name and Surname of Patient at length,	Andrew Johnstone
Sex and age,	Male 68 years.
Married, Single, or Widowed,	Widower
Condition of Life, and previous Occupation (if any),	Shoemaker
Religious Persuasion, so far as known,	Protestant
Previous place of abode,	Dumfries Poorhouse
Place where found and examined,	Do Do
Length of time Insane,	a few days
Whether First Attack,	Yes, so far as known
Age (if known) on First Attack,	—
When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Nowhere
Duration of Existing Attack,	Not known
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
Date of becoming Chargeable	10th Nov. 1894.
Christian Name and Surname, and Place of Abode of nearest known 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 Not known
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 September One thousand eight hundred and Ninety Five Years.

(To be signed by the party applying) Miles Mc Innes

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Joseph Garibaldi Marshall being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician and Surgeon do hereby certify, on Soul and Conscience, that I have this day, at (3) The Poorhouse Dumfries in the County of Dumfries separately from any other Medical practitioner, visited and personally examined (4) Andrew Johnstone aged and that the said Andrew 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) The person above named speaks in an incoherent manner. At times he is violent, and appears to be a danger to cause Suicide

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Matron (Mrs Elliot) informs me he is very restless and refuses to take food

Name and Medical Designation, J. G. Marshall M.D.

Place of Abode, 27 Buccleuch St Dumfries

DATED this fifth day of September One thousand eight hundred and ninety five years

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Smith being a (1) Graduate in Medicine & Surgeon of the University and being in actual practice as a (2) Physician & Surgeon do hereby certify on Soul and Conscience that I have this day, at (3) the Cottage Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Andrew Johnstone aged and that the said Andrew 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) His appearance & mental weakness. Tells me that he has been at work that he could not control his actions

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Elliot informs me that he has been excited & unmanageable & was compelled to have him removed from the poor house

Name and Medical Designation, John Smith MD

Place of Abode, 43 Castle St Dumfries

DATED this 6th day of September One thousand eight hundred and ninety five

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Joseph Garibaldi Marshall being (1) Graduate in Medicine of Glasgow Univ hereby certify, on Soul and Conscience, that I have this day, at (2) the Poorhouse Dumfries in the County of Dumfries, seen and personally examined Andrew Johnstone a pauper, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

J Marshall M.B.

Dated this fifth day of September One thousand eight hundred and ninety five years

(1) Qualification, Profession, or Occupation.
(2) Insert place of Examination.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein Andrew Johnston to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. ———

Signature and Address, Miles Mc Innes, Inspector Poor, Dumfries

Date, 5th Sept 1895.

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

I, George Campion, Sheriff-Substitute of the County of Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles Mc Innes Inspector of Poor, Dumfries Certificates under the hands of Joseph Garibaldi 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 (2) Andrew Johnstone, Dumfries Poorhouse, and that the said Andrew Johnstone is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew Johnstone as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Andrew Johnstone which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated this Sixth day of September One thousand eight hundred and ninety five years.

Geo. Campion S.S.

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7693

Name. Andrew Johnstone

Dumfries

Date of Admission. 5 September 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum by the order of the Sheriff detained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway

and his Substitutes,—

The Petition of Mrs Jane Burnet or Hutton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Miss Elizabeth Hutton

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Elizabeth Hutton to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(To be signed by the Party applying) J Hutton

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

DATED this Ninth (2) day of September One thousand eight hundred and ninety five.

STATEMENT.

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

1 Christian Name and Surname of Patient at length,	Elizabeth Hutton
2 Sex and Age,	Female, 40 Years
3 Married, Single, or Widowed,	Single.
4 Condition of Life, and previous Occupation (if any),	Draper and Milliner
5 Religious persuasion, so far as known,	Protestant
6 Previous Place of Abode,	12 Lindsay Road, Leith.
7 Place where Found and Examined,	do
8 Length of Time Insane,	Six or eight months
9 Whether First Attack,	Second Attack
10 Age (if known) on First Attack,	about Thirty
11 When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception or approximation thereto,	Dr Morningside Asylum Edinburgh and until the last week in Laughton House Edinburgh
12 Duration of Existing Attack,	Some eight months
13 Supposed Cause,	
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	No
16 Whether dangerous to others,	Not in the meantime
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18 Date of becoming Chargeable,	
19 Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Mrs Jane Burnet or Hutton 12 Lindsay Road Leith. No.
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Ninth day of September One thousand eight hundred and ninety five

(To be signed by party applying) J Hutton

MEDICAL CERTIFICATE No. I.

I, the undersigned Richard B. Lorraine being a (1) graduate of Edinburgh University and being in actual practice as a (2) medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Railway Station in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hutton Draper & Milliner, 12 Lindsay Rd Leith and that the said Elizabeth Hutton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks continually and incoherently. thought she knew me. and remarked upon my altered appearance. has delusions about kissing me &c

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

Name and Medical Designation, Richard B. Lorraine MB
Place of abode, 26 Castle St. Dumfries

DATED this sixth day of Sept. One thousand eight hundred and ninety five years

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Thomson being a (1) Doctor of Medicine of Glasgow University and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hutton, Draper and Milliner, 12 Lindsay Road, Leith and that the said Elizabeth Hutton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks in a very excited, and incoherent manner. seemed to think I was an old acquaintance, and that she had known me many years.

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

Name and Medical Designation, Alex Thomson MD. &c.
Place of abode, 27 Castle Street, Dumfries

DATED this Sixth day of September One thousand eight hundred and ninety five 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 Richard B. Lorraine
being (1) a graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2)
Dumfries Railway Station
in the County of Dumfries, seen and personally examined
Elizabeth Hutton 12 Lindsay Rd Leith, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

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

Richard B. Lorraine

DATED, this sixth day of Sept. One thousand eight hundred and nine teen years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Elizabeth Hutton
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address, J Hutton

Date, 6th September 1895

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

I, William Young Herries Shortt, Hy: Sheriff Substitute ~~of the the County~~ of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Mc Jane Burnet or Hutton, 12 Lindsay Road, Leith, Certificates under the hands of Richard B. Lorraine, 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 (2) Elizabeth Hutton, 12 Lindsay Road, Leith (Petitioners daughter) and that the said Elizabeth Hutton is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Elizabeth Hutton as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Hutton which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Ninth day of September One thousand eight hundred and ninety five years.

W H Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7094

Name, Elizabeth Hutton

Date of Admission, 6 September 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum for the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway

and his Substitutes,—

The Petition of Edward Kearon, Retired Mariner, Ferrybank, Arklow, Co Wicklow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Sarah Elizabeth Kearon, Ferrybank, Arklow

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Sarah Elizabeth Kearon to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(To be signed by the Party applying) Edward Kearon

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

DATED this Ninth (2) day of September One thousand eight hundred and ninety five years.

STATEMENT.

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

1 Christian Name and Surname of Patient at length,	Sarah Elizabeth Kearon.
2 Sex and Age,	Female. 25.
3 Married, Single, or Widowed,	Single.
4 Condition of Life, and previous Occupation (if any).	Nurse.
5 Religious persuasion, so far as known,	Church of Ireland
6 Previous Place of Abode,	Ferrybank, Arklow, Wicklow
7 Place where Found and Examined,	Dumfries
8 Length of Time Insane,	fifteen months.
9 Whether First Attack,	Yes.
10 Age (if known) on First Attack,	24.
11 When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	
12 Duration of Existing Attack,	fifteen 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,	Father. Edward Kearon, Retired Mariner, Ferrybank Arklow.
20 Special circumstances (if any) preventing the 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 September One thousand eight hundred and ninety five years.

(To be signed by party applying) Edward Kearon

MEDICAL CERTIFICATE. No. I.

I, the undersigned John Smith:
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 24 Castle St.
Royal Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Sarah Elizabeth Kearon
Ferrybank Arklow. Wicklow. and that
the said Sarah Elizabeth Kearon is a (5)
Person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her insane appearance & delusions. Tells me that she will not take food because it is not right to do so.

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) Her father informs me that she is much changed mentally & refuses to take food.

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

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

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

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

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

(6) *State the facts.*

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

Name and Medical Designation, Place of abode, John Smith M.D. &c
24 Castle St. Dumfries

DATED this 9 day of September One thousand
eight hundred and ninety five.

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Thomson
being a (1) Doctor of Medicine of Glasgow
University and Surgeon
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The
Crichton Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Sarah Elizabeth Kearon,
Nurse, Ferrybank, Arklow, Co. Wicklow and that
the said Sarah Elizabeth Kearon is a (5)
Person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is very much depressed; and is distressed about her religious condition and her relation to God: talks in a very confused manner: thinks she ought not to take food.

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

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

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

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

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

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

(6) *State the facts*

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

Name and Medical Designation, Place of abode, Alex Thomson M.D. &c
24 Castle St. Dumfries.

DATED this Ninth day of September One thousand
eight hundred and ninety five years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned John Smith
being (1) a Graduate in Medicine of Edinburgh University
hereby certify, ~~on soul~~ and conscience, that I have this day, at (2)
The Station Hotel Dumfries
in the County of Dumfries, seen and personally examined
Sarah Elizabeth Kearon, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

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

John Smith M.D.

DATED, this 9th day of September One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Sarah Elizabeth Kearon
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address, Grant Kearon

Date, 9th September 1895

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

I, William Young Norries Shortt, Sheriff Substitute ~~of the County~~ of Dumfries and Galloway at Dumfries. (1) Insert Name & Designation
having had produced to me, with a Petition at the instance of (1) Edward Kearon, Retired Mariner, Ferrybank, Arklow, Co: Wicklow
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 (2) Sarah Elizabeth Kearon, Ferrybank, Arklow, Wicklow (Ploydaughter) and that the said Sarah Elizabeth Kearon is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Sarah Elizabeth Kearon as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Elizabeth Kearon which accompanied the said Petition.

(2) Describe Him, and if a Pauper, state so.

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

DATED this Tenth day of September One thousand eight hundred and ninety five years.

W H Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7695

Name, Sarah Elizabeth Hearon

Date of Admission, 9 September 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum for the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway: —
and his Substitutes,—

The Petition of William Sydney Smith, 28 Hillbrae Crescent, Langside, Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that

William Smith,

(1) State degree of relationship or other capacity in which petitioner stands to Lunatic.

your Petitioner's (1) 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 authorise the transmission of the said William Smith to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) W. Sydney Smith

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

DATED this ~~tenth~~ (2) day of September, One thousand eight hundred and ninety five

STATEMENT.

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

1 Christian Name and Surname of Patient at length,	William Smith.
2 Sex and Age,	Male. 65 next birthday (2.11.95)
3 Married, Single, or Widowed,	Married.
4 Condition of Life, and previous Occupation (if any).	Retired Ship Master.
5 Religious persuasion, so far as known,	Protestant. (United Presbyterian)
6 Previous Place of Abode,	82 Sinclair Drive, Langside, Glasgow.
7 Place where Found and Examined,	do
8 Length of Time Insane,	See No. 12.
9 Whether First Attack,	Yes.
10 Age (if known) on First Attack,	See No. 9.
11 When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	See No. 9.
12 Duration of Existing Attack,	First symptoms noticed early in July 1895
13 Supposed Cause,	Softening of the brain.
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	No
16 Whether dangerous to others,	Not hitherto
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18 Date of becoming Chargeable,	
19 Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	W. Sydney Smith. 28 Hillbrae Crescent Langside Glasgow. Son
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	No other case of insanity in family.

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 ninety five.

(To be signed by party applying) W. Sydney Smith.

MEDICAL CERTIFICATE No. I.

I, the undersigned William Watson
being a (1) Doctor of Medicine of the University of Gl
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 82 Sinclair Drive, Langside, in the County of Renfrew, separately from any other Medical Practitioner, visited and personally examined (4) William Smith, Retired mariner, 82 Sinclair Drive, Langside, and that the said William Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) At times he is very much depressed in spirits & imagines he has been robbed of all his money by his family & that they are now trying to poison & shoot him. When in this state he escapes from the house during the night & wanders about help-

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

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

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

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

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

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

(6) *State the facless.*

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

Name and Medical Designation, Wm Watson M. D.
Place of abode, Bailleful House. Langside

DATED this tenth day of September, One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE No. II.

I, the undersigned John Love
being a (1) Doctor of Medicine of the University of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 82 Sinclair Drive, Langside, Glasgow, in the County of Renfrew, separately from any other Medical Practitioner, visited and personally examined (4) William Smith, retired Shipmaster, residing at 82 Sinclair Drive, Langside aforesaid, and that the said William Smith is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is very depressed and melancholiac without reasonable cause, and has delusions of persecution on the part of his own family and others so that they have robbed him of his money and that they have designs on his life and that they have made actual attempts by poison to [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His son William Sydney Smith says that he is restless and suspicious and that he has escaped from his house by the window during night partially dressed and been brought home by the police.

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

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

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

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

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

(6) *State the facts*

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

Name and Medical Designation, John Love M. D.
Place of abode, 270 Bath St Glasgow

DATED this Eighth day of September, One thousand eight hundred and Eighty two years.
Ninety

R. L.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Watson,
being (1) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) 82 Sinclair Drive Langside
in the County of Renfrew, seen and personally examined William Smith, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

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

Wm Watson M.D.

DATED, this Tenth day of September, One thousand eight hundred and Ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein William Smith,
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son

Signature and Address, Wydney Smith 28 Millbrae Crescent Langside Glasgow.

Date, 10th September 1895.

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

I, Colonel William Youngson Norris Scott, Sheriff Substitute of the the County of Dumfries
having had produced to me, with a Petition at the instance of (1) William Sydney Smith 28 Millbrae Crescent Langside Glasgow, Certificates under the hands of William Watson and John Love, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) William Smith Retired Draper (Master's father) 82 Sinclair Drive Langside Glasgow and that the said William Smith is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said William Smith as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Smith, which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eleventh day of September, One thousand eight hundred and ninety five years.

W. Y. Norris Scott

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7096

Name, William Smith

Date of Admission, 10 September 1895

B.—*This Form shall be in the keeping of the Superintendent of the Asylum and the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries & Galloway

and his Substitutes,

The Petition of John Young Inspector of Poor Dalgubas humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Patrick Leddy

State degree of relation or other capacity in which he stands to Lunatic.

your Petitioner's (1) Pauper is at present in 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 Patrick Leddy to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) John Young Insp. of Poor.

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

DATED this thirteenth (2) day of September One thousand eight hundred and ninety five Years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Patrick Leddy
2. Sex and Age,	Male - 49 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any).	Vagrant. Boiler Maker
5. Religious persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Partick Glasgow.
7. Place where Found and Examined,	Dalgubas
8. Length of Time Insane,	Not known
9. Whether First Attack,	Not known
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Not known
12. Duration of Existing Attack,	13 September 1895.
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,	Marie Margaret, and Mrs McFlannery said to be sisters.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Statements of Patient being of a wandering nature, no reliance can be placed on what he says.

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

DATED this 13th day of September One thousand eight hundred and ninety five.

(To be signed by party applying) John Young Insp. of Poor.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Thomas Houston Jackson, ——
being a (1) Graduate of Glasgow University, (M.B. Ch.)
and being in actual practice as a (2) physician, ——
do hereby certify, on soul and conscience, that I have this day, at (3) Robin Stable
Langholm, ——
Dumfries, — in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Patrick Leddy, a pauper,
——
and that
the said Patrick Leddy, —— is a (5) person of unsound
mind, ——
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Walks about his cell talking incoherently, calling himself at one time Patrick Leddy & again the Almighty God. He says also the whole Railway belongs to him & mentions the names of numerous friends in this neighbourhood who have no existence.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Constable at the railway station and on the railway
- has several times to jump out leaving train -
- Ran down the line several miles and chased a policeman
a short -

Name and Medical Designation, Thomas H. Jackson

Place of Abode, Langholm

DATED this 13th day of September, One thousand eight hundred and ninety five -

MEDICAL CERTIFICATE No. II.

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

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

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

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

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

(6) *State the facts*

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

I, the undersigned John Smith, ——
being a (1) Graduate of Edinburgh University (M
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 47 Castle
Dumfries ——— in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Patrick Leddy, a pau
——
and that
the said Patrick Leddy, —— is a (5)
person of unsound mind and a proper person to be
detained 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 rambli
incoherent conversation and delusions, tells me that
woman is constantly following him under various forms so
in the shape of a bird and her purpose is to continually ~~may~~ annoy hi

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

Name and Medical Designation, John Smith M.
Place of abode, 47 Castle St Dumf

DATED this 13th day of September, One thousand eight hundred and ninety five

CERTIFICATE OF EMERGENCY.

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

I, the undersigned
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)

in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

DATED, this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, .

Signature and Address,

Date,

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

I, Richard Vary Campbell, Sheriff ~~Substitute~~ ~~of the the County~~ of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) John Young, Inspector of Poor, Sanquhar. Certificates under the hands of Thomas Houston Jackson, 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 (2) Patrick Ledday, Vagrant, Police Office, Sanquhar, (a pauper), and that the said Patrick Ledday, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Patrick Ledday as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Patrick Ledday, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

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

DATED this Thirteenth day of September One thousand eight hundred and ninety five years. Five words deleted. -

R Vary Campbell

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7697

Name, Patrick Leddan
Sawyer

Date of Admission, 13 September 1895

B.—*This Form shall be in the keeping of the Superintendent of the Asylum and the order of the Sheriff obtained.*

[FORM A.]

55 and 56 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway, _____ *and his Substitutes,—*

The Petition of Charles Sanderson, Castle Mills, Lockerbie, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Marion Sanderson, Castle Mills, Lockerbie, _____ your Petitioner's (1) wife, _____ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Marion Sanderson, _____ _____ to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Charles Sanderson

DATED this Thirteenth (2) day of September, One thousand eight hundred and ninety five years.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Marion Sanderson
2. Sex and Age,	Female. 42.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any).	Protestant.
5. Religious persuasion, so far as known,	Castle Mills.
6. Previous Place of Abode,	Castle Mills.
7. Place where Found and Examined,	Eight days.
8. Length of Time Insane,	Second Attack
9. Whether First Attack,	28
10. Age (if known) on First Attack,	Was kept at home.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known 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 Sanderson, Keeper, Castle Mills, Lockerbie, Husband.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Thirteenth day of September, One thousand eight hundred and ninety five years.

(To be signed by party applying) Charles Sanderson

MEDICAL CERTIFICATE No. I.

I, the undersigned James Macfachlan, being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) Castle Hill, St Mungo's Parish, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Marion Sanderson, Home upon Keppoch Lodge, Castle Hill, and that the said Marion Sanderson is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is dull & depressed, fearful that she will do harm to herself or others, Dazed, looks, speak little & hard, answer questions. Constant moaning.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She sleeps very little & is very restless at night, taking little or no food. Suspects that she sins are too great to be forgiven

Charles Sanderson Husband

Name and Medical Designation, James Macfachlan M.B.C.M.

Place of abode, Lochmaben

DATED this thirteenth day of September One thousand eight hundred and ninety five

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned Archibald George Sanderson 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) Lochmaben in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Marion Sanderson and that the said Marion Sanderson is a (5) person of unsound mind — and a proper person to be detained 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 moaning with a depressed look can seldom be induced to speak & is constantly wringing her body & says she doesn't sleep but will say why

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

The nurse says she doesn't sleep at night gets out of bed & won't move & frightened for

Name and Medical Designation, Archd George Sanderson M.B.

Place of abode, Castle Grove Lochmaben

DATED this 13th day of September, One thousand eight hundred and ninety five.

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

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

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

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

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

(6) *State the facts*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned James Macfarlane, being (1) a Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Castle Milk, Parish of Dryfesdale in the County of Dumfries, seen and personally examined Marion Sanderson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

James Macfarlane M.B. Ch.

DATED, this thirteenth day of September One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Marion Sanderson, to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address, Charles Sanderson

Date, Sept 13 1895

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

I, William Young Kerr Shortt Hy: Sheriff Substitute ~~of the the County~~ of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Charles Sanderson, Castlemilk, Lockerbie: Certificates under the hands of James Macfarlan, and Archibald George Sanders, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Marion Sanderson, Castle Milk, Lockerbie (Pt's Wife.) and that the said Marion Sanderson is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Marion Sanderson as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marion Sanderson, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

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

DATED this Fourteenth day of September One thousand eight hundred and ninety five years.

W Y K Shortt

To the Superintendent of the

Crichton Royal Institution for Lunatics, at Dumfries.

No. 7098

Name, Marion Sanderson

Date of Admission, 13 September 1895

N.B.—This Form shall be kept in the keeping of the Superintendent of the Asylum or the order of the Sheriff examined.

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway, ——— *and his Substitutes,—*

The Petition of Louis Alexander Wirtz, 11 Ellana Terrace, Dublin humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Thomas Henry Sneyd Torney 12 Upper Merrion Street, Dublin, your Petitioner's (1) 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 authorise the transmission of the said Thomas Henry Sneyd Torney ——— to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Louis A. Wirtz

DATED this 12th (2) day of September, One thousand eight hundred and ninety five.

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

STATEMENT.

If any 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 Henry Sneyd Torney.
2. Sex and Age,	Male — aged 36
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Medical Practitioner.
5. Religious persuasion, so far as known,	Church of Ireland (Episcopal)
6. Previous Place of Abode,	12 Upper Merrion Street — Dublin.
7. Place where Found and Examined,	Examined at 8 Ely Place. Dublin.
8. Length of Time Insane,	about eight or ten days.
9. Whether First Attack,	First.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	
12. Duration of Existing Attack,	eight or ten days.
13. Supposed Cause,	Mental worry
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,	Wife — Mary Torney 12 Upr. Merrion St. Dublin. Father — Thomas Torney M.D. 11 Ellana Terrace Dublin. No other member of family known to have been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 12th day of September, One thousand eight hundred and 95.

(To be signed by party applying) Louis A. Wirtz

MEDICAL CERTIFICATE No. I.

I, the undersigned W. Thornley Stoker
being a (1) a Fellow of Royal Col. of Surgeons in
and being in actual practice as a (2) Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3)
8 Ely Place, Dublin, in the County of
the city of Dublin, separately from any other Medical Practitioner,
visited and personally examined (4) Thos. Henry Sweyd
Forney LRCS Edin and that
the said Thos H.S. Forney is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Pronounced and most various expansive
mania, general incoherence and levity

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) Information received from his father
and brothers-in-law as to general extravagance
of habits, demeanour and ideas.

Name and Medical Designation, W Thornley Stoker M.R.C.S.
Place of abode, 8 Ely Place Dublin

DATED this twelfth day of Septr. One thousand
eight hundred and ninety four

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned Conolly Norman
being a (1) Fellow of the Royal College of Physicians, Irel
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 208
Ely Place, Dublin in the County of
the City of Dublin, separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Henry
Sweyd Forney and that
the said Thomas Henry Sweyd Forney is a (5)
person of unsound mind, and a proper person to be
detained 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 told me he h
two hundred horses scattered all over the United Kin
all the charitable societies were seen by him that he was
millions of money & that the Queen was under his fron

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) his brother in Law Louis Alexander Wils
me that he orders numbers of horses, furs, jewellery
&c like in an insane manner.

Name and Medical Designation, Conolly Norman
Place of abode, Richmond Asylum, Dub

DATED this twelfth day of September One thousand
eight hundred and ninety five.

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned Gustav Mouat
being (1) a Fellow of the Royal College of Physicians, Ireland (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) 20 (2) State place of examination.
8 Ely Place Dublin
in the County of the City of Dublin seen and personally examined
Thomas Henry Sneyd Torney, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

Gustav Mouat

DATED, this twelfth day of September One thousand eight
hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Thomas Henry Sneyd Torney
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother-in-law.

Signature and Address, Louis Witz

Date, 12th September 1895.

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

I, William Young Hermes Scott Ky Sheriff Substitute
~~of the the County~~ of Dumfries and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (1) Louis (1) Insert Name & Designation
alexander Witz, 11 Eblana Terrace, Dublin
Certificates under the hands of W. Thornley Stoker,
and Connolly Norman, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had
separately visited and examined (2) Thomas Henry Sneyd Torney, (2) Describe him, and if a Pauper, state so.
8 Ely Place, Dublin (Pts brother-in-law)
and that the said
Thomas Henry Sneyd Torney is a (3) person of unsound mind (3) Lunatic; or an Insane Person, or an Idiot, or a Person of unsound mind.
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE
you to receive the said Thomas Henry Sneyd Torney as a Patient
into the Crichton Royal Institution for Lunatics, at Dumfries, and I
authorize his Transmission to the said Institution accordingly: and I
transmit you herewith the said Medical Certificates, and a Statement
regarding the said Thomas Henry Sneyd Torney
which accompanied the said Petition.

DATED this Fourteenth day of September One thousand eight
hundred and ninety five years.

W H Scott

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7099

Name. Thomas Henry Sneyd Torney

Date of Admission. 13 September 1895

B.—*This Form shall be in the keeping of the Superintendent of the Asylum and the order of the Sheriff to be stated.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway

and his Substitutes,—

The Petition of Charles Habershon Baxter, 5 Beresford Road, Oxton, Cheshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Habershon Baxter 5 Beresford Road, Oxton, Cheshire

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

your Petitioner's (1) 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 authorise the transmission of the said William Habershon Baxter to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) C H Baxter

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

DATED this sixteenth (2) day of September One thousand eight hundred and ninety five years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Habershon Baxter
2. Sex and Age,	Male. ~~30~~ twenty-nine
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any).	Gentleman.
5. Religious persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	5 Beresford Road, Oxton, Cheshire
7. Place where Found and Examined,	London
8. Length of Time Insane,	9 Months
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	29.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	
12. Duration of Existing Attack,	9 Months.
13. Supposed Cause,	Sun stroke.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Doubtful
16. Whether dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane,	Charles Habershon Baxter 5. Beresford Rd. Oxton, Cheshire 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 sixteenth day of September One thousand eight hundred and ninety five years.

(To be signed by party applying) C H Baxter

MEDICAL CERTIFICATE No. I.

I, the undersigned Thomas Archibald Guinness being a (1) Member of the Royal College of Physicians of Edinburgh and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 41 Harley at the East Indian Docks in the County of Middlesex separately from any other Medical Practitioner, visited and personally examined (4) William Haberston Baxter late of Cape Town and that the said William Haberston Baxter is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He has periodic fits of mania, and imagines that the Prince of Wales has entrusted him with a secret, which the Queen is coming to hear. He also gets very incoherent in his speech – Has very bad Cancer on his nose, and prays the rest – Sees people under the bed of Salisbury &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He was entrusted into my care by Dr Duncan of Graham's Town Asylum South Africa, as a lunatic to be conveyed to England

Name and Medical Designation, T. A. Guinness. M.B. & L.R.C.P. Surgeon. R.N. Harley Castle
Place of abode, 6 Oxford Terrace Clewer Barnes

DATED this 13th day of Sept One thousand eight hundred and ninety five.

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned Peter Murray Kerr being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 20 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Haberston Baxter late of Cape Town formerly of Bumpna Road and that the said William Haberston Baxter is a (5) person of unsound mind and a proper person to be detained 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 facile and slightly depressed
Has loss of memory His confused
In evident recovering from acute mania
and is unfit to manage his own affairs

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

Name and Medical Designation, Peter Murray Kerr M.B.
Place of abode, 20 Castle Street Dumfries

DATED this sixteenth day of September One thousand eight hundred and ninety-five years.

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

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

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

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

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

(6) *State the facts*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned James Rutherford
being (1) a Fellow of the Royal College of Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution
in the County of Dumfries, seen and personally examined
William Habershon Baxter, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

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

James Rutherford

DATED, this 14th day of September One thousand eight hundred and Ninety four.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein William Habershon Baxter
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother
Signature and Address, C H Baxter
Date, 14th September 1895

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

I, George Campion Sheriff Substitute
~~of the the County~~ of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (1) Charles Habershon Baxter, 5 Beresford Road, Exton Cheshire
Certificates under the hands of Thomas Archibald Guinness
and Peter Murray 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 (2) William Habershon Baxter 5 Beresford Road, Exton, Cheshire (Bankers Brothers) and that the said William Habershon Baxter is (3) insane person & a person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said William Habershon Baxter as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Habershon Baxter which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Sixteenth day of September One thousand eight hundred and ninety five years

Geo: Campion

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7700

Name, William Habershaw Baxter

Date of Admission, 14 September 1895

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

[FORM A]

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

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

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

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

The Petition of John Clark Insp. of Poor. Crossmichael

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Janet Cannon Pauper. is at present in a state of Mental Derangement, and 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 Cannon, Paupr. to the Southern Counties Asylum and to sanction her admission into the said Asylum. at Dumfries.

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

(*To be signed by the Party applying*) John Clark. Insp. of Poor.

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

DATED this 12th (4) day of September One thousand eight hundred and ninety-five

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Janet Cannon.
2. Sex and Age,	Female- 44 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Sometime-Housekeeper.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Nether town, Crossmichael
7. Place where Found and Examined,	Attacks ditto Recurrent ditto
8. Length of time Insane,	Several years.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Not examined or treated before.
12. Duration of Existing Attack,	Over one week.
13. Supposed Cause,	Epileptic fits
14. Whether subject to Epilepsy,	Yes.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	(Probably) Kelton. (C. Douglas)
18. Date of becoming Chargeable,	10th September 1895
19. Christian Name and Surname, and Place of Abode of nearest known 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 Cannon. brother. 49 King Street, Castle-Douglas.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No other member of family ever insane

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

DATED this 12th day of September. One thousand eight hundred and ninety-five

(*To be signed by the party applying*) John Clark. Insp. of Poor. P.M. Crossmichael.

MEDICAL CERTIFICATE, No. I.

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

I, the undersigned, Walter Lorraine being a (2) Graduate of Edin. University and being in actual practice as a (3) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (4) Netherton Cr in the County of Kirkendbright separately from any other Medical Practitioner, visited and personally examined (5) Janet Cameron Pauper and that the said Janet Cameron is a (6) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the facts.*

1 Facts indicating Insanity observed by myself: (8)
She does not know where arrived her - Imagines she is in Wales Other than home and has other delusions - She has recurrent attacks of Epileptic Mania which are becoming more frequent & prolonged

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Little with whom she has been living says that she tries to bite & strike - She tries to run out but she and pays no attention to what is said to her & can [illegible] rambles in most incoherent

Name and Medical Designation, Walter Lorraine M.B.
Place of Abode, Castle Douglas
DATED this 11th day of Sep One thousand eight hundred and 95

MEDICAL CERTIFICATE, No. II.

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

I, the undersigned, David Cameron Candlish Licentiate of The Royal Coll of Surgeons being a (2) Licent Edinr. and being in actual practice as a (3) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (4) Netherton Cravens in the County of Kirkendbright separately from any other Medical Practitioner, visited and personally examined (5) Janet Cameron Pauper and that the said Janet Cameron Pauper is a (6) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the facts.*

1. Facts indicating Insanity observed by myself: (8). Her general appearance & behaviour. viz:- Tried to bite & dig her nails into my hand, while preaching her & and destroying her communion Mutch me for some decls. and on [illegible] addressed me by other persons concerning. Accused me of mocking her tends and a certain Mrs Work & Mrs Anderson to me. accused Mrs Little also, afterwards at my presence. Made random & [illegible] and behaviour of various persons, including her brother, which were evidently false. Mistook her relations & [illegible]

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Little and others state that she tried to jump out of her window & the 2nd outside on her night dress in the middle of the day & the 3rd not dressed appear to be able to rec people with whom she has lived for months & her brother Mr Little &c. Strikes at and attempts to - One who comes near her, continually in tears and frequently shrieks at nothing & no reason to feel clothes & bed clothes pushed partly to the floor & placed a table near herself & put towels, prepared thereon & chairs removed to the passage for want of room in her.

Name and Medical Designation, D C Candlish Physician Sur
Place of Abode Castle Douglas
DATED this 11th day of September One thousand eight hundred and ninety-five.

CERTIFICATE OF EMERGENCY.

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

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

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

(1) State medical qualification.

(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

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

I, John M'Clamon (1) Sheriff Substitute
of the (2) Dumfries and Galloway of
having had produced to me, with a Petition at the instance of (3) John Clark,
Certificates under the hands of Walter Lorraine
and David Cameron Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Cannon, Pauper, and that the said
Janet Cannon is a (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 Cannon as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Cannon which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

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

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

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

DATED this fifteenth day of September One thousand eight hundred and ninety five

John M'Clamon S.S.

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

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

No 7701

Janet Cannon

Carmichael

Adm. 15th. September 1895.

B.—*This Form shall be in the keeping of the Superintendent of the Asylum and the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway *and his Substitutes,—*

The Petition of John Roche Kelly Islandmore, Croom, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Kate Roche Kelly Islandmore, Croom, Limerick your Petitioner's (1) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Kate Roche Kelly to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which petitioner stands to Lunatic.

(To be signed by the Party applying) John Roche Kelly

DATED this 18th (2) day of September One thousand eight hundred and ninety five

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Kate Roche Kelly
2. Sex and Age,	female . 40 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any).	wife of private gentleman
5. Religious persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Islandmore Croom
7. Place where Found and Examined,	at same address
8. Length of Time Insane,	about fifteen months
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	39 years
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	
12. Duration of Existing Attack,	about fifteen months.
13. Supposed Cause,	supposed from using medicines to cure Obesity.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether dangerous to others,	has threatened her children occasionally
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and place of Abode of nearest known 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 Roche Kelly husband address Islandmore Croom one of patients brothers died insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 18th day of September One thousand eight hundred and ninety five

(To be signed by party applying) John Roche Kelly

MEDICAL CERTIFICATE No. I.

I, the undersigned Jeremiah Hastings LRCSI
being a (1) Surgeon & Physician 2 Feb 1920
and being in actual practice as a (2) Both
do hereby certify, on soul and conscience, that I have this day, at (3)
Adamore Croom in the County of
Limerick separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Katie Hope Kelly
of Adamore Croom Limerick and that
the said Mrs Katie Rocket 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) Extravagant
Hallucinations of all Kinds

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

Name and Medical Designation, Jeremiah Hastings LRCSI 2 Feb 1920
Place of abode, Adamore Croom

DATED this 16th day of September One thousand
eight hundred and Ninety four

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned John Smith
being a (1) Graduate in Medicine of the Dublin
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 Cecil
Royal Institution Dunsyre in the County of
Dunsyre separately from any other Medical Practitioner,
visited and personally examined (4) Kate Rocket Kelly
Islandmore, Croom and that
the said Kate Rocket Kelly is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her mos
rambling incoherent conversation.
Has the delusion that she is continually
annoyed by Political Parties

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

Name and Medical Designation, John Smith MB
Place of abode, 4 Castle St Dunsyre

DATED this 18th day of September One thousand
eight hundred and ninety four

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned James Rutherford
being (1) a Fellow of the Royal College of Physicians (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) (2) State place of examination.
Crichton Royal Institution
in the County of Dumfries, seen and personally examined
Kate Roche Kelly, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

James Rutherford

DATED, this 18th day of September.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Mrs Kate Roche Kelly
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address, John Roche Kelly - Islandmore, Croom, Co. Limerick

Date, 18th September 1895

Date,

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

I, William Young Herries Shortt, Ly. Sheriff Substitute
~~of the the County~~ of Dumfries & Galloway, at Dumfries, (4) Insert Name & Designation
having had produced to me, with a Petition at the instance of (1) John
Roche Kelly, Islandmore, Croom, Limerick.
Certificates under the hands of Jeremiah F. Harrigan
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 (2) Kate Roche Kelly, Islandmore, Croom, Limerick, (Pltr's wife) and that the said (2) Describe him, and if a Pauper, state so.
Kate Roche Kelly is a (3) Lunatic, Person of unsound mind, (3) Lunatic, or an Insane Person, or an Idiot, or a Person of
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE
you to receive the said Kate Roche Kelly as a Patient
into the Crichton Royal Institution for Lunatics, at Dumfries, and I
authorize her Transmission to the said Institution accordingly: and I
transmit you herewith the said Medical Certificates, and a Statement
regarding the said Kate Roche Kelly
which accompanied the said Petition.

DATED this Nineteenth day of September One thousand eight
hundred and ninety five years. W H Shortt

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7702

Name, Kate Roche Kelly

Date of Admission, 18 September 1895

B.—*This Form shall be in the keeping of the Superintendent of the Asylum and the order of the Sheriff is issued.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

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

Unto the Honourable the Sheriff of Dumfries and Galloway
and his Substitutes,—

The Petition of Baledon Dolling, Land Agent, Laperat Manor, Blackrock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Harriet Anabel Dolling 34 Mountjoy Square, Dublin ____ your Petitioner's (1) wife ____ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Harriet Anabel Dolling ____ to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Baledon Dolling

DATED this Nineteenth (2) day of September One thousand eight hundred and ninety five years.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Harriet Anabel Dolling
2. Sex and Age,	Female. 33.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Wife of Land Agent
5. Religious persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	34 Mountjoy Square, Dublin
7. Place where Found and Examined,	Dumfries
8. Length of Time Insane,	Ten months.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	20 years.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	
12. Duration of Existing Attack,	Ten Months
13. Supposed Cause,	Heredity.
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	
16. Whether dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John. D. Grace, 15 Gloster Place, Portman Square London, eldest brother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Yes.

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

DATED this Nineteenth day of September One thousand eight hundred and ninety five years.

(To be signed by party applying) Baledon Dolling

MEDICAL CERTIFICATE No. I.

I, the undersigned John Smith
being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Salem Hotel Dunfries in the County of Dunfries separately from any other Medical Practitioner visited and personally examined (4) Harriet Annabel Dolling 34 Mountjoy Square Dublin and that the said Harriet Annabel Dolling is a (5) person of unsound mind and a proper person to be detained 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 of unsound mind. States that on two occasions she has attempted to commit suicide

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that two days ago she threw herself into the sea with suicidal intent

Name and Medical Designation, John Smith
Place of abode, 47 Castle St Dunfries

DATED this 18 day of September One thousand eight hundred and ninety four

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE No. II.

I, the undersigned R B Lorraine
being a (1) Medical Graduate of Edinburgh University and being in actual practice as a (2) Medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Harriet Annabel Dolling 34 Mountjoy Sqare, Dublin and that the said Harriet Annabel Dolling is a (5) person of unsound mind and a proper person to be detained 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 vaguely of coming impending trouble coming to her family for which there is no foundation. On account of this worry she a few days ago threw herself into the sea to commit suicide

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

Name and Medical Designation, R B Lorraine M.B.C.
Place of abode, 26 Castle St Dumfries

DATED this nineteenth day of Sept. One thousand eight hundred and ninety four years

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

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned John Smith
being (1) a Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, ~~that I have~~ this day, at (2) The Crichton Royal Institution Dumfries
in the County of Dumfries; seen and personally examined Harriet Amabel Dolling, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED, this 18 day of Sept One thousand eight hundred and ninety five.

John Smith M.B.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Harriet Amabel Dolling
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address, Caledon Dolling Lapoint Manor Blackrock

Date, 18th September 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, Honorary Sheriff Substitute of ~~the the County~~ of Dumfries & Galloway at Dumfries
having had produced to me, with a Petition at the instance of (1) Caledon Dolling, Land Agent, Lapoint Manor, Blackrock
Certificates under the hands of John Smith, M.D. etc 17 Castle Street, Dumfries
and R.B. Lorraine M.B.C.M. 20 Castle Street, Dumfries being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Harriet Amabel Dolling, 20 Mountjoy Square, Dublin (Patient's Wife)
and that the said Harriet Amabel Dolling is a (3) person of unsound mind
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Harriet Amabel Dolling — as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her — Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Harriet Amabel Dolling
which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twentyeth day of September One thousand eight hundred and ninety five years. W H Smith

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7703

Name, Harriet Annabel Dolling

Date of Admission, 18 September 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries Galloway and his Substitutes,

The Petition of John Laurie Inspector of Poor for the Parish of Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Jamieson your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie Jamieson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Laurie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twentieth (4) day of September One thousand eight hundred and ninety five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jessie Jamieson
2. Sex and Age,	Female age 24 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Byedekirk Village near Annan.
7. Place where Found and Examined,	
8. Length of time Insane,	about six months
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	
12. Duration of Existing Attack,	about six months
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan
18. Date of becoming Chargeable,	20th September 1895.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Jamieson. Blacksmith Byedekirk Village. near Annan Father
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of September One thousand eight hundred and ninety five

(To be signed by the party applying) John Laurie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Murdoch,
being a (1) Doctor of Medicine of the University of Edinburgh,
residing at 14 St. Johns Road, Annan
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Brydekirk
Village near Annan in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jessie Jamieson, single, blacksmith's daughter - a pauper and that
the said Jessie Jamieson is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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 dull & confused mental condition - speech & manner are indicative of mental disturbance; mb & mutters to herself in a meaningless way; memory is very much impaired - is much depressed & constantly refuses; alleges statement that she is unable to work.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her parents inform me that she has greatly changed in mental condition of late. That she will do almost nothing she is told that she will sit & cry & howl piteously for hours together both by day & night. That "her mind is gone as clear".

Name and Medical Designation, Wm Murdoch, M.D. Edin

Place of Abode, 14 St. Johns Road, Annan.

DATED this twentieth day of September One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Lindsay Howie
being a (1) Bachelor in medicine & Master in Surgery of
Glasgow University residing at 26 Port St. Annan
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Brydekirk
near Annan in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Jessie Jamieson, single, blacksmith's daughter - a pauper and that
the said Jessie Jamieson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 aspect is dull & stupid, her conduct & manner indicate mental disease; her memory is defective, & she breaks out into fits of crying with little or no provocation.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her parents state that within the last fortnight, she has been distinct evidence of* mind giving way. She sits & cries alone for hours at a time.

Name and Medical Designation, J. Lindsay Howie MB

Place of Abode 26 Port St. Annan.

DATED this twentieth day of September One thousand eight hundred and ninety five

* Inserted J. L. H.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Lindsay Howie being (1) Physician & Surgeon 76 Glasgow Annexity hereby certify, on soul and conscience, that I have this day, at (2) Brydekirk in the County of Dumfries, seen and personally examined Jessie Jamieson. pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

J. Lindsay Howie MB. CM.

DATED this twentieth day of September One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum Asylum to receive therein Jessie Jamieson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Inspector of Poor

Signature and Address William Murdoch Annan.

Date 20. Sept 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Hunter Esqr Sheriff Substitute of the (2) Dumfries & Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) John Laurie Inspector of Poor, Annan Certificates under the hands of William Murdoch and John Lindsay Howie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie Jamieson, Brydekirk Village (a pauper) and that the said Jessie Jamieson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie Jamieson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie Jamieson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

A Hunter

DATED this Twenty First day of September — One thousand eight hundred and ninety five. —

To the Superintendent of the (7) Public, *Asylum of* Southern Counties, Dumfries.

(7) Public, District, Parochial, or Private.

No. 7704

Jessie Jamieson

Aman

Adm. 20 September 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of George Hardie, 37 Forrest Road, Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Hardie Daughter 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 Hardie to the Crichton Royal Institution at Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Geo Hardie

(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 September One thousand eight hundred and ninety five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Hardie
2. Sex and Age,	Female 29 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	none
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	37 Forrest Road Edinburgh
7. Place where Found and Examined,	"
8. Length of time Insane,	15 Years
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	At Home
12. Duration of Existing Attack,	
13. Supposed Cause,	
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,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hardie 37 Forrest Road Edinburgh
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has been previously in an Establishment, state name and date of latest admission or approximate thereto. If not previously under examination or treatment note fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sept 21st ~~day of~~ 1895 One thousand eight hundred and

(To be signed by the party applying) Geo Hardie

T. & A. C.—Mch. 1895. P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Robertson being a (1) Bachelor of medicine and Master of Surgery and being in actual practice as a (2) General Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) No 37 Forest Road Edinburgh in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Jane Hardie 37 Forest Road Edinburgh and that the said Jane Hardie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 greenhan in her appearance and manner very excited She says that at times she feels unable to control herself and tries to throw herself out of the window &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother Mrs Hardie 37 Forest Road says that she is subject to Epileptic fits. She becomes pale very excited without cause. She has tried to throw herself out of the window and down the stair She wanders about and sets herself

Name and Medical Designation, John Robertson M.B. Ch.B.

Place of Abode 30 Lauriston Place Edinburgh

DATED this eighteenth day of September One thousand eight hundred and ninety five years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Moir being a (1) Doctor of Medicine of St Andrews Un and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 37 Forest Rd Edinburgh in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Jane Hardie and that the said Jane Hardie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 dull depressed look - says she feels strange and unable to do anything - unable to take Care of herself - repeats the words "one" & "scarcely" several times

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Hardie her father says she often attempts to get over the Windows - wanders from room to room and cannot give an account of herself subject to fits frequently Constant watching

Name and Medical Designation, Alex Moir M.D.

Place of Abode 30 Buccleuch Place Ed

DATED this eighteenth day of September One thousand eight hundred and ninety five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Robertson being (1) a Bachelor of Medicine and Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) No 37 Forrest Road in the County of Midlothian, seen and personally examined Jane Hardie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

John Robertson M.B. C.M.

DATED this eighteenth day of September One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Jane Hardie to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address Geo Hardie 37 Forrest Road Edinburgh

Date Sept 21st 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, Advocate, Sheriff Substitute of ~~the~~ (1) Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) George Hardie, 37 Forrest Road, Edinburgh, Certificates under the hands of John Robertson and Alexander Moir, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Janet Hardie, 37 Forrest Place Edinburgh (Janet Hardie) and that the said Janet Hardie is a (4) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Hardie as a Patient into the (5) Public Asylum of Crichton Royal Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Hardie, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED this Twenty third day of September One thousand eight hundred and ninety five years.

W H Shortt

To the Superintendent of the (1) Public *Asylum of* Crichton Royal Institution Dumfries

(1) Public, District, Parochial, or Private.

No 7705

Jane Hardie

Adm. 21 September 1895

N.B.—*This Form shall be in the keeping of the Superintendent of the Asylum and the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway, _____ *and his Substitutes,—*

The Petition of James Inkson, Surgeon Major General, A.M.S. 55 Sutherland Avenue Maida Vale London.
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Patrick Morrison Campbell Inkson, 6 Merchiston Bank Avenue, Edinburgh, _____

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) 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 authorise the transmission of the said Patrick Morrison Campbell Inkson, _____ to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) J. Inkson M.D.

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 29rd (2) day of September, One thousand eight hundred and Ninety four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Patrick Morrison Campbell Inkson.
2. Sex and Age,	Male. 16.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any).	Son of Army Medical Officer.
5. Religious persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	6 Merchiston Bank Avenue, Edinburgh.
7. Place where Found and Examined,	Dumfries.
8. Length of Time Insane,	From Infancy.
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	—
12. Duration of Existing Attack,	From Infancy.
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,	Father. Surgeon Major General James Inkson M.D. Army Medical Department. 55 Sutherland Avenue Maida Vale, London. W.
20. Special circumstances (if any) preventing the 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 September, One thousand eight hundred and Ninety four.

(To be signed by party applying) J. Inkson M.D.

MEDICAL CERTIFICATE No. I.

I, the undersigned Peter Murray Kerr ——
being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) General Practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) 20 Castle Street, Dumfries, — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Patrick Morrison Campbell Jackson 6 Merchiston Bank Avenue Edinburgh and that the said Patrick Morrison Campbell Jackson — is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
He is very silly and childish in manner. Vacant expression. Cannot remember what he has had for breakfast: says two rolls and half a banana in peculiar way. Takes no interest in anything.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Ind

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

Name and Medical Designation, Peter Murray Kerr M
Place of abode, 20 Castle Street Dumfr

DATED this twenty first day of September, One thousand eight hundred and ninety five years. -

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MEDICAL CERTIFICATE No. II.

I, the undersigned Frederick Hugh Clarke, ——
being a (1) Bachelor of Medicine and Master in Surgery of Glasgow University,
and being in actual practice as a (2) physician and surgeon -
hereby certify, on soul and conscience, that I have this day, at (3) the Friendly Royal Institution, Dumfries, —— in the County of Dumfries, —— separately from any other Medical Practitioner, visited and personally examined (4) Patrick Morrison Campbell Jackson, 6 Merchiston Bank Avenue Edinburgh, and that the said Patrick Morrison Campbell Jackson — is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His mind is very feebly developed, - more that of a child than boy of 16 years of age. He seems unable to answer intelligently the simplest questions, and is a congenital i

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

(7) *State the information and from whom derived.*

Name and Medical Designation, Frederick Hugh Clarke
Place of abode, Charlotte Street, Dumfries.

DATED this twenty third day of September, One thousand eight hundred and ninety five years. -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Peter Murray Kerr, being (1) Bachelor of Medicine and Master in Surgery, hereby certify, on soul and conscience, that I have this day, at (2) 20 Castle Street, Dumfries, in the County of Dumfries, seen and personally examined Patrick Morrison Campbell Inkson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

Peter Murray Kerr.

DATED, this twenty first day of September, One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Patrick Morrison Campbell Inkson to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address, J Inkson 55 Sutherland avenue Maida Vale London

Date, 21st Sept 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Colonel William Young Herries Shortt, Honorary —Sheriff Substitute of ~~the the County of~~ Dumfries & Galloway at Dumfries,

(1) Insert Name & Designation

having had produced to me, with a Petition at the instance of (1) James Inkson, Surgeon Major General A.M.S. 55 Sunderland Avenue, Maida Vale, London, Certificates under the hands of Peter Murray Kerr, 20 Castle Street, Dumfries and Frederick Hugh Clarke, Charlotte Street Dumfries being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Patrick Morrison Campbell Inkson, 6 Merchiston Bank Avenue, Edinburgh, (Writer's Son) and that the said Patrick Morrison Campbell Inkson is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Patrick Morrison Campbell Inkson—as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Patrick Morrison Campbell Inkson, which accompanied the said Petition.

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty fourth day of September, —One thousand eight hundred and ninety five years.

W H Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7706

Name, Patricia Morrison Campbell Bikerm

Date of Admission, 21 September 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway
of _____ *and his Substitutes,—*

The Petition of Rowland Reed, Inspector of Poor, Canonbie
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christopher Nichol, a Pauper, ~~Your Petitioner's~~ chargeable to the Parish of Canonbie, of which I am Inspector
(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 Christopher Nichol to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Rowland Reed

(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 September One thousand eight hundred and ninety five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Christopher Nichol
2. Sex and Age,	23 years. Male.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Grocers Assistant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hawick.
7. Place where Found and Examined,	Hardenside, Canonbie
8. Length of time Insane,	8 weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	23 years
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	8 weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	not known
16. Whether Dangerous to others,	To his parents
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Canonbie
18. Date of becoming Chargeable,	19th September 1895
19. Christian Name and Surname, and Place of Abode of nearest known 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 Nichol. Hardenside. Canonbie. Patients father.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fourth day of September One thousand eight hundred and ninety five

(*To be signed by Party applying*) Rowland Reed

P. P.

No. 1106

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Alexander Anderson being a (1) Doctor of Medicine and Licentiate of the Royal Colleges 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) Hardenside Parish of Canonbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Christopher Nichol, pauper, Hardenside, Canonbie and that the said Christopher Nichol is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His ideas are very confused and obscure and his conversation incoherent. There is evidence of a suicidal or homicidal tendency or both.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Joseph Nichol and Mrs Nichol — Christopher's father and mother — inform me that he wanders away from home is restless and sleepless and at times wild and furious, threatens to cut his throat and has attempted to do so. He is violent and has to be constantly watched and they are unable to manage him.

Name and Medical Designation, J. A. Anderson M.D.

Place of Abode, Gskbank. Canonbie

DATED this Nineteenth day of September One thousand eight hundred and Ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Gill being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Hardenside Parish of Canonbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Christopher Nichol, pauper, Hardenside, Canonbie and that the said Christopher Nichol is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He talked to me in a rambling & incoherent manner about some persons writing [illegible] about him in the newspapers of an indecent character. He showed me several of his own letters ~~which~~ which he meant to send as replies. They were very confused. He says he sometimes feels he could commit suicide.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father & mother tell me that he gets very violent at times & talks of taking his own life & that he has taken a great dislike to them both & even threatens to murder them. He has to be constantly watched. He sometimes shouts & sings at the top of his voice & is inclined to wander away from home.

Name and Medical Designation, John Gill M.B., C.M.

Place of Abode Langholm

DATED this 23rd day of Sept. One thousand eight hundred and ninety five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, by: Sheriff Substitute of the (3) Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (4) Rowland Reed, Inspector of Poor, Canonbie, Certificates under the hands of James R. Anderson and John Gill, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Christopher Nichol, Hardenside, Canonbie. (Canonbie) and that the said Christopher Nichol 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 Christopher Nichol as a Patient into the (7) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Christopher Nichol which accompanied the said Petition.

DATED this Twentyfourth day of September One thousand eight hundred and ninety five years.

To the Superintendent of the (7) Public
Asylum of Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 7707

Christopher Nichol

Cannabis

Adm. 24 September 1895

B.—*This Form shall be in the keeping of the Superintendent of the Asylum by the order of the Sheriff granted.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway ——— *and his Substitutes,—*

The Petition of John Calvert ——— humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that David Calvert residing at Elliock Sawmill, Sanquhar your Petitioner's (1) 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 authorise the transmission of the said David Calvert ——— ——— to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

State degree of relationship or other capacity in which petitioner stands to Lunatic.

(To be signed by the Party applying) John Calvert

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Twenty fifth day of September One thousand eight hundred and Ninety two Years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Calvert.
2. Sex and Age,	Male - 51 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Coach Builder
5. Religious persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Elliock Sawmill. Sanquhar
7. Place where Found and Examined,	Do
8. Length of Time Insane,	Eight Days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	51 years
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	———
12. Duration of Existing Attack,	8 Days
13. Supposed Cause,	alcohol
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,	not chargeable
18. Date of becoming Chargeable,	———
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Calvert Elliock Sawmill Sanquhar 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 25th day of September One thousand eight hundred and Ninety five Years

(To be signed by party applying) John Calvert

MEDICAL CERTIFICATE No. I.

I, the undersigned Patrick Fraser Macgregor being a (1) Bachelor of Medicine of Glasgow and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Eliock Sanquhar in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Calvert and that the said David Calvert is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Nervous twitchings, hallucinations as to presence of imaginary people following and speaking to him,

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Threatening to cut his throat, and drown himself, communicated by his son John Calvert.

Name and Medical Designation, Patrick F. Macgregor M.B.
Place of abode, Sanquhar

DATED this 24th day of Sept One thousand eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Peter Murray Kerr being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Second House Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Calvert, Eliock Lawmill Sanquhar and that the said David Calvert is a (5) person of unsound mind and a proper person to be detained 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 depressed and nervous
Has hallucinations of sight and hearing
He expresses the desire to cut his throat with a

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Kerr M.B.
Place of abode, 28 Castle Street Dumfries

DATED this twenty fifth day of September One thousand eight hundred and ninety five 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 Patrick Fraser Macgregor being (1) a Bachelor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Elliock Sawmill, in Parish of Sanquhar in the County of Dumfries, seen and personally examined David Calvert, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

Patrick F. Macgregor

DATED, this 24th day of Sept. One thousand eight hundred and ninety five

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein David Calvert to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son

Signature and Address, John Calvert, Elliock Sawmill Sanquhar

Date, 25 Sept. 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Sheriff Substitute of ~~the the County of~~ Dumfries & Galloway at Dumfries having had produced to me, with a Petition at the instance of (1) John Calvert, Eliock Sawmill, Sanquhar Certificates under the hands of Patrick F. Macgregor and Peter Murray 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 (2) David Calvert, Coach Builder, Eliock Sawmill, Sanquhar ~~Parish of Sanquhar~~ and that the said David Calvert — is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said David Calvert as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Calvert which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty seventh day of September One thousand eight hundred and ninety five years

Jno: Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7708

Name, David Calvert

Date of Admission, 25 September 1895

Note referred to in accompanying Petition -

When young there were evidences of his mind being unsound - When about 20 years of age his conduct at home was very bad even to attacking his father and mother - His gesticulations, mutterings and other unusual behaviour on the Streets were such as to attract the attention of the public and often a crowd followed after him. He had in consequence about the year 1858 to be sent to the Asylum - He was taken out, but in a short time thereafter he became violent and threatening and was armed with a Dagger at one time concealed in the breast of his coat with which he attacked a man when but for the prompt interference of his father, who happened to be near, the consequences might have been very serious. He had therefore in 1874 to be again sent to the Asylum. He was again taken out, but notwithstanding his increasing years he has not since shown any amendment. His conduct is still sometimes violent and threatening - He has times without number been accused of shamefully annoying females while they were bathing and there have on several occasions charged him with committing assaults on young girls. His behaviour at home is still such as to give constant cause of anxiety and alarm to the inmates and indeed his whole antecedents clearly show that the man is a lunatic who for his own sake and for the safety of others should always be under proper control.

J. Macleod.
25. Sept 1895.

FORM A.]

EPTION
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in Glasgow.

1. Christian Name and Surname, length,	
2. Sex and Age,	
3. Married, Single,	
4. Condition of Life (if any).	
5. Religious persuasion,	
6. Previous Place of Abode,	
7. Place where Found,	
8. Length of Time	
9. Whether First Attack,	Vide separate note.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception or approximation thereto,	
12. Duration of Existing Attack,	
13. Supposed Cause,	Believed to be hereditary
14. Whether subject to Epilepsy,	no -
15. Whether Suicidal,	no.
16. Whether dangerous to others,	Vide separate note.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	"
18. Date of becoming Chargeable,	"
19. Christian Name and Surname, and place of Abode of nearest known 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 Maclean 11, Charlotte Street Stranraer. His only brother - His Cousin John Thorburn was for a number of years confined in the Crichton Royal Institution, and died there a few years ago
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of September One thousand eight hundred and ninety five.

(To be signed by party applying) J. Macleod

N.—*This Form shall be in the keeping of the Superintendent of the Asylum to the order of the Sheriff hereof.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Wigtownshire &c.
and his Substitutes,—

The Petition of Alexander Maclean
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Maclean

State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) 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 authorise the transmission of the said John Maclean to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) A Maclean

The date of the Petition to be within fourteen clear days following the dates of the Medical Certificate.

DATED this 25th (2) day of September One thousand eight hundred and ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Maclean - a native of Stranraer.
2. Sex and Age,	Male - 23 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Employed as a Clerk for sometime
5. Religious persuasion, so far as known,	not known, but he has attended the parish Church.
6. Previous Place of Abode,	has always resided in Stranraer, except some months in Glasgow
7. Place where Found and Examined,	Vide separate note.
8. Length of Time Insane,	
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	
12. Duration of Existing Attack,	
13. Supposed Cause,	Believed to be hereditary
14. Whether subject to Epilepsy,	no -
15. Whether Suicidal,	no.
16. Whether dangerous to others,	Vide separate note.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and place of Abode of nearest known 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 Maclean, 11, Charlotte Street Stranraer. His only brother - His Cousin John Crookston was for a number of years confined in the Crichton Royal Institution and died there a few years ago
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of September One thousand eight hundred and ninety five.

(To be signed by party applying) A Maclean

MEDICAL CERTIFICATE No. I.

I, the undersigned Thomas Easton
being a (1) Doctor of medicine.
and being in actual practice as a (2) Physician 11, 13 Charlotte
do hereby certify, on soul and conscience, that I have this day, at (3) Strst. Stranraer
Wigtown in the County of
separately from any other Medical Practitioner, visited and personally examined (4) John Maclean
and that the said John Maclean, is a (5)
person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
In conversation he expresses himself as being continually persistently followed while walking by girls between the ag
eight & ten. They accost him & says for lewd purpo
He has the demeanour of a person not responsible

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother has received many complaints
him and his presence in his house (13 Charlotte St.)
source of great annoyance both to him & to the

Name and Medical Designation, Thomas Easton M.A.
Place of abode, Stranraer

DATED this 24th day of Sept. One thousand eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned David Dakers Masson
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) 11
13 Charlotte St. Stranraer in the County of
Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John Maclean
and that the said John Maclean is a (5)
person of unsound Mind and a proper person to be detained 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 is that of a person insane in
He told me that for a long time whenever he went o
a walk he was followed and accosted by young girls
annoyed him very much & made improper solicitations.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother Alexander Maclean told me
he had been annoyed with him in the house & was
afraid of him. He had many complaints about
interfering with females

Name and Medical Designation, D. Dakers Masson M.
Place of abode, Stranraer

DATED this 24th day of September One thousand eight hundred and 95.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise as the case may be.

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or 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.

(1) State medical qualification.

(2) State place of examination.

DATED, this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address,

Date,

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thos Cameron Sheriff Substitute
of the the County of Kirkcudbright
having had produced to me, with a Petition at the instance of (1)
Mrs Maclean Retired Surgeon of Glen
Certificates under the hands of Thomas Sachs M.D.
and A Dudgeon Munro 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 (2) Mrs Maclean,
and that the said
Mrs Maclean is a (3) person of unsound mind
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Mrs Maclean as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Maclean
which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this 25th day of September One thousand eight hundred and ninety four Thos Cameron

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7709

Name, John MacLean

Date of Admission, 20 September 1895

N.B.—*This Form shall* [illegible] *in the keeping of the Superintendent of the Asylum, or the Order of the Sheriff obtained.*

[Form A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Dikson your Petitioner's Pauper is at present in a state of Mental Derangement, and a proper Person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Dikson to the Crichton Royal Institution at Dumfries, and to sanction His admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Twenty Eighth (*) day of September One thousand eight hundred and Ninety Five years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Dikson
2. Sex and age,	Male 56 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Dealer
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Not known
7. Place where found and examined,	Burgh Police Office Dumfries
8. Length of time Insane,	Not known
9. Whether First Attack,	—
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Not known
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not so far as known
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable	Dumfries
18. Date of becoming Chargeable	25th Sept 1895
19. Christian Name and Surname, and Place of Abode of nearest known 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 Twenty Eighth day of September One thousand eight hundred and Ninety Five years

(To be signed by the party applying) Miles Mc Innes

No. 1104

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate : e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Joseph Garibaldi Mgo
being a (1) Graduate in Medicine of the
University and Physician and Surg
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on Soul and Conscience, that I have this day, at (3) The Burgh
Office Dumfries in the County of
Dumfries separately from any other Medical practitioner,
visited and personally examined (4) James Wilson a pau
and that
the said James 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)
He is very excited has an in
appearance Rambles much
Conversation and Generally spea
in an incoherent manner

2. Other facts (if any) indicating Insanity communicated to me by others : (7)
From the Police books I see he
been arrested on a charge of wa
ing about as a supposed lun

Name and Medical Designation, J. Marshall M

Place of Abode, Buccleuch St Dum

DATED this Twenty Eighth day of September One thousand eight hundred and ninety five years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate : e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Archibald John Young
being a (1) Licentiate in Medicine and surgery of Royal college
and Physician of Edinburgh
and being in actual practice as a (2) Physician and surgeon
do hereby certify, on Soul and Conscience, that I have this day, at (3) the Burgh Police
Office Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) James Wilson a ~~vagrant~~ pau
and that
the said James 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) He is excited and
rambling in his speech. Thinks he has been
defrauded of his harvest money, and behaves in
an excited manner, can give no coherent ac
of himself.

2. Other facts (if any) indicating Insanity communicated to me by others : (7)
He tells people he has been defrauded of
money and runs shouting about that
one has a case against him.

Name and Medical Designation, Archibald J Young.

Place of Abode, 47 Castle Street Dumfries

DATED this Twenty eighth day of September One thousand eight hundred and ninety five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff)

I, the undersigned, Joseph Garibaldi Marshall being (1) Graduate in Medicine of [illegible] hereby certify, on Soul and Conscience, that I have this day, at (2) the Burgh Police Office Dumfries in the County of Dumfries, seen and personally examined James Wilson a pauper, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Gmarshall M B &c

Dated this Twenty Eighth day of September One thousand eight hundred and Ninety five years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein James Wilson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. —

Signature and Address, Miles Mc James, Insp of Poor, Dumfries

Date, 28th Sept 1895

(1) Insert Name and Designation.

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, George Campion Sheriff-Substitute of ~~the County of~~ Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles Mc Innes, Inspector of Poor, Dumfries Certificates under the hands of Joseph Garibaldi Marshall and Archibald John Young, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) James Wilson, Burgh Police Office, Dumfries (a pauper) and that the said James Wilson is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Wilson as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said James Wilson which accompanied the said Petition.

Dated this Thirtieth day of September One thousand eight hundred and ninety five years

Geo: Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7710

Name. James Wilson
Dumfries

Date of Admission. 28 September 1895

12303.

[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 Isabella Drummond being desirous to transfer Agnes Rowan Drummond at present a Patient in Gartnavel Asylum, and (¹) delained at my instance from the said Asylum to the Buchlan Inebriate Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Agnes Rowan Drummond 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.

Isabella Drummond X

(²) mother

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 23d day of Septr One thousand eight hundred and 95.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Agnes Rowan Drummond
2. Sex and Age,	female. 46
3. Married, Single, or Widowed,	single
4. Condition of Life, and Previous Occupation (if any),	milliner
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	8 Septr. 1891
7. Length of time Insane,	about 4½ years
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	42
10. Duration of existing Attack,	as above
11. Supposed Cause,	unknown. Heredity
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,	The petitioner. 587 Cathcart Road. Glasgow Her father was insane none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Isabella Drummond X

DATED this 23 day of September One thousand eight hundred and 95.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

No 7711
Agnes Rowan Drummond
Adm. 30 September 1895

MEDICAL CERTIFICATE.

I, the undersigned D Yellowlees

(1) State Medical Qualification.
(2) Name Asylum.

being (1) M.D. Edin
hereby certify that I have this day at (2) Gartnavel Asylum
personally examined Agnes Rowan Drummond at present a
Patient in said Asylum, and with respect to ~~his~~ Mental State that she is
much demented can seldom
reply reasonably to questions is
often defective in her personal habi
& is quite unfit to guide herself
; and with respect to ~~his~~
Bodily Health and Condition that they are fairly good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton
Institution Dumfries

D Yellowlees

DATED this 23rd day of Sept One thousand eight
hundred and 95.

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) Isabella
Drummond
to authorize the transfer of Agnes Rowan Drummond,
from Glasgow Royal Asylum to Crichton
Royal Institution, and the Board having considered such application and

(2) Valid for fourteen days from date.

the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said
Agnes Rowan Drummond as requested.

J. Thurso Brown Commissioner.

DATED at Edinburgh, this 24th day of September One
thousand eight hundred and ninety-five.

Date of Sheriff's Order
9th September 1895

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway, *and his Substitutes,*—

The Petition of John Forbes, Joppa, Eaglton, by Ayr, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Forbes,

state degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) 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 authorise the transmission of the said William Forbes, to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) John Forbes.

The date of the Petition to be within fourteen clear days following the dates of the Medical Certificate.

DATED this the second (2) day of October, One thousand eight hundred and 95.

STATEMENT.

If any 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 Forbes.
2. Sex and Age,	(1) Male. (2) 22 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	(1) Has always been very quiet & industrious. Healthy but troubled with constipation. (2) Apprentice Electrical Engineer. Previous to that was in ~~a~~ [illegible] (with view of going Colliery Manager).
5. Religious persuasion, so far as known,	Protestant, but not of any religious tendencies.
6. Previous Place of Abode,	~~Joppa, Eaglton, by Ayr.~~ Lodged with a Mrs Caldwell, 376 Duke St. Glasgow.
7. Place where Found and Examined,	Joppa, Eaglton, by Ayr.
8. Length of Time Insane,	about 2½ months
9. Whether First Attack,	Yes, first attack.
10. Age (if known) on First Attack,	(22 years.)
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	
12. Duration of Existing Attack,	
13. Supposed Cause,	Excessive study and work.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No more offered to harm anyone or himself but was twice violent during above mentioned period & while restraining them attempted to hurt himself or some one.
16. Whether dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	(1) John Forbes, father. (2). No one of family ever been insane & no one (on father or mother's side) ever known to have been.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this the second day of October, One thousand eight hundred and ninety five.

(To be signed by party applying) John Forbes.

13.—This Form shall be in the keeping of the Superintendent of the Asylum and the order of the Sheriff obtained.

MEDICAL CERTIFICATE No. I.

I, the undersigned John Finlayson McGill, being a (1) Licentiate of the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (2) general practitioner, do hereby certify, on soul and conscience, that I have this day, at (3) the Bucks Head Inn, Joppa, Coylton in the County of Ayr, separately from any other Medical Practitioner, visited and personally examined (4) William Forbes, Electric Engineer, Joppa, and that the said William Forbes, Joppa, is a (5) person of unsound mind, and a proper person to be detained 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 told me that he has been hypnotised by somebody in the house that has power over him and that he has no power of himself; which is a delusion

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father told me that he gets violent by time and has smashed the windows and a door and is not then able to be controlled.

Name and Medical Designation, J. F. McGill, Surg.
Place of abode, Coylebank by Tarbolton Ayr.

DATED this Second day of October, One thousand eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Andrew Rowand, 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) 18 Barns Street, Ayr, in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) William Forbes, Engineer, Buck's Head Inn, Joppa, and that the said William Forbes, is a (5) person of unsound mind, and a proper person to be detained 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 and self-absorbed. He believes that he is hypnotised, and that his thoughts are read by others: also that he is put under the influence of chloroform & various gases. He has hallucinations of hearing.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His brother, Hugh Forbes, informs me that he has on two occasions become violent & smashed windows.

Name and Medical Designation, A. Rowand M.D.
Place of abode, 18 Barns St, Ayr

DATED this Seend day of October, One thousand eight hundred and ninety-five 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 Andrew Rowand,
being (1) a Doctor of Medicine of Edinburgh University,
hereby certify, on soul and conscience, that I have this day, at (2) 18 Barns Street, Ayr,
in the County of Ayr, seen and personally examined William Forbes, Engineer, Toppa,
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

A Rowand M.D.

DATED, this Second day of October, One thousand eight hundred and Ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein William Forbes,
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address, John Forbes,

Date, 3rd October, 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute
of ~~the the County of~~ Dumfries and Galloway, at Dumfries
having had produced to me, with a Petition at the instance of (1) John Forbes,
Toppa, Dalton, by Ayr,
Certificates under the hands of John Finlayson McGill,
and Andrew Rowand, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) William Forbes, Engineer, Purkishead Inn, Toppa, Dalton, by Ayr (Patrick Low),
Wiliam Forbes, is a (3) person of unsound mind,
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said William Forbes as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Forbes
which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Fifth day of October, One thousand eight hundred and ninety five years.

Geo: Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7712

Name, William Forbes

Date of Admission, 4 October 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Dumfriesshire and his Substitutes,—

The Petition of William Smith, Schoolmaster, 1 Alpine Terrace, Dalbeattie:

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Smith,

(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 Agnes Smith to the Crichton Institution, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) William Smith

(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, — One thousand eight hundred and ninety-five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Smith.
2. Sex and Age,	Female: 60.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Housekeeper to brother:
5. Religious Persuasion, so far as known,	Presbyterian C. C.
6. Previous Place of Abode,	Torkar
7. Place where Found and Examined,	Dalbeattie.
8. Length of time Insane,	About a month.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	60.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	None.
12. Duration of Existing Attack,	About a month.
13. Supposed Cause,	I know of none.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Not hitherto.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	None.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Smith, 1 Alpine Terrace Dalbeattie. Brother. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourth day of October, — One thousand eight hundred and 95.

(To be signed by the Party applying) William Smith

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Samuel Archibald David Gillespie, being a (1) Bachelor of Medicine, & Master in Surgery, (Edin.) and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 1 appin Terrace Dalbeattie, in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Agnes Smith, Spinster, and that the said Agnes 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) Patient does not reply to questions asked, and absolutely denies food, except when in a quiescent state. Persists in sitting up in bed constantly moving backwards & forwards and throwing her arms about and occasionally moaning and ~~throwing~~ hiding her face with her hands. These symptoms are visibly becoming more intense.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Two weeks or so ago was first noticed to be peculiar by her Brother (William Smith) by way of talking about the loss of her soul, and that her life had been wicked and deceitful, and general Melancholia. Patient also stated that she was conscious of getting into the same state that her Aunt was, as she had herself. This information is from patient's Brother above named.

Name and Medical Designation, Sam[l] Archibald David Gillespie, M.B.C.M.

Place of Abode, Auchenhoust, Dalbeattie.

DATED this Third day of October, One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Patterson Lewis M.B.C.M. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) General practitioner, do hereby certify, on soul and conscience, that I have this day, at (3) Appin Terrace Dalbeattie in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Agnes Smith, Appin Terrace, Dalbeattie and that the said Agnes 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) Has a melancholic expression of face, - Can hardly ever be got to take food, medicine or answer questions when pressed - Is almost constantly sitting up in bed, moaning, turning about and moving her arms and legs in a distressing manner.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother and uncle in law tell me that she appears to have been very much depressed the family troubles as to the future. that she said one night that they would all be murdered.—

Name and Medical Designation, J. Patterson Lewis, M.B.

Place of Abode Alma. Dalbeattie.

DATED this Second day of October, One thousand eight hundred and ninety five.—

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Paterson Lewis M.D., —
being (1) Graduate of this University, —
hereby certify, on soul and conscience, that I have this day, at (2) Alpine Terrace, Dalbeattie
in the County of Kirkcudbright, —, seen and personally examined
Agnes Smith, —, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

J. Paterson Lewis M.D.

Dated this fourth day of October, One thousand eight hundred and Ninety five,

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Institution
Asylum to receive therein Agnes Smith, —
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother.

Signature and Address William Smith. 1 Alpine Terrace
Date 4th Oct 1895. Dalbeattie.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute
of ~~the~~ (1) Dumfries and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (2) William Smith,
Schoolmaster, 1 Alpine Terrace, Dalbeattie,
Certificates under the hands of Samuel Archibald Davidson Gillespie,
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 (3)
agnes Smith, 1 Alpine Terrace, Dalbeattie (Pauper Lunatic)
and that the said
agnes Smith, is a (4) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
receive the said Agnes Smith — as a Patient into the
(5) Public — Asylum of Crichton Royal Institution, and I authorize
her Transmission to the said Asylum accordingly; and I transmit you herewith
the said Medical Certificates, and a Statement regarding the said Agnes Smith,
which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

Dated this Fifth day of October, One thousand eight hundred and ninety five years.
One word deleted.
G. Campion

To the Superintendent of the (1) Public
Asylum of Crichton Royal Institution, Dumfries.

(1) ~~Public~~, District, Parochial, or Private.

No 7713

Agnes Smith

Adm. 4 October 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2) Shire~~ *of* Dumfries ~~Stewartry~~ *and his Substitutes,—*

The Petition of John Cowan
32 Caroline St. Langholm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Cowan, 30 Caroline St, Langholm, 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 Cowan to the Southern Counties Asylum, Dumfries, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Cowan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this sixth (4) day of October — One thousand eight hundred and ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Cowan.
2. Sex and Age,	male. 66 years.
3. Married, Single, or Widowed,	single.
4. Condition of Life, and previous Occupation (if any),	Clogger.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	28. New Charles St. Langholm.
7. Place where Found and Examined,	30. Caroline St. Langholm.
8. Length of time Insane,	about three months.
9. Whether First Attack,	~~No~~ First attack.
10. Age (if known) on First Attack,	~~About~~ 66 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	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,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Cowan. 32 Caroline St. Langholm. - Brother - No other member of family has been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this sixth day of October, — One thousand eight hundred and ninety five.

(To be signed by the party applying) John Cowan

T. & A. C.—June 1894. P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Gill ——— being a (1) Bachelor of Medicine &c. of the Univ. of Edinburgh ——— and being in actual practice as a (2) Physician & Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) 30 Caroline St. Langholm, ——— in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) James Cowan, 30 Caroline St. Langholm, ——— and that the said James Cowan, ——— is a (5) person of unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He looks unhappy & despondent, says there is nothing before him & [illegible] poorhouse & that he wishes he were dead. Says he has a desire to co[illegible] suicide & that everybody except himself is unsound in [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His niece Mrs Janet Bell, 30 Caroline St. Langholm generally corroborates the above & says he is sometimes noisy & violent, & [illegible] be watched for fear of doing himself harm.

Name and Medical Designation, John Gill M.B., CM.

Place of Abode, Langholm

DATED this sixth — day of October, — One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Inglis Mason, ——— being a (1) Bachelor of Medicine of the University of Edinburgh ——— and being in actual practice as a (2) Physician & Surgeon, ——— do hereby certify, on soul and conscience, that I have this day, at (3) 30 Caroline St. Langholm, ——— in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) James Cowan, 30 Caroline St. Langholm, ——— and that the said James Cowan, ——— is a (5) person of unsound mind, ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He looks depressed and miserable, violently asserts that he is ruined and that all the world are fools except himself. Says that he intends to drown himself.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

John Cowan his brother says that has lately been violent and has to be constantly watched for fear of his doing himself an injury.

Name and Medical Designation, James Inglis Mason

Place of Abode Langholm.

DATED this sixth — day of October, — One thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, ———

Signature and Address ———

Date ———

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute, of Dumfries and ~~Galloway~~ (1) Galloway, at Dumfries ———
having had produced to me, with a Petition at the instance of (2) John Cowan, 32 Caroline Street, Langholm ———
Certificates under the hands of John Gill ———
and James Inglis ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) James Cowan, 30 Caroline Street, Langholm, ~~Dalton~~ and that the said James Cowan ——— is a (4) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Cowan ——— as a Patient into the (5) Public ——— Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Cowan which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Eighth day of October One thousand eight hundred and ninety five years

G. Campion

To the Superintendent of the (6) Public, *Asylum of* Southern Counties, Dumfries.

(6) Public, District, Parochial, or Private.

No 7714

James Bowran

Adm 8th October 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Stewartry of Dumfries & Galloway *and his Substitutes,—*

The Petition of John McCaig Inspector of Poor Parish of Stoneykirk

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Kerr your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Kerr to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John McCaig Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certification.

DATED this 8th (4) day of October One thousand eight hundred and Ninety five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Kerr,
2. Sex and Age,	Male 25 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Nil
5. Religious Persuasion, so far as known,	Protestant,
6. Previous Place of Abode,	Southern Counties Asylum & Lairgowrock
7. Place where Found and Examined,	Lunatic Wards Combination Poorhouse Stoneykirk
8. Length of time Insane,	10 years.
9. Whether First Attack,	Yes
0. Age (if known) on First Attack,	Not known.
1. When and where previously under Examination and Treatment [*names of Establishment into which last received, and Year of Reception or approximation thereto*],	Southern Counties Asylum Dumfries, Lunatic Wards Combn Poorhouse Stranraer, 27th Dec 1889.
2. Duration of Existing Attack,	10 years,
3. Supposed Cause,	Unknown.
4. Whether subject to Epilepsy,	No.
5. Whether Suicidal,	No.
6. Whether Dangerous to others,	Yes
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stoneykirk
8. Date of becoming Chargeable,	19th July 1888
9. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Paternal Uncle & Aunt - were imbecile from Youth till 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 8th day of October One thousand eight hundred and Ninety five

(To be signed by the Party applying) John McCaig Inspector of Poor P. E.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, [redacted] Thomas Easton
being a (1) Doctor of Medicine

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) the Poorho
Stranraer in the County of
Wigtown
separately from any other Medical Practitioner,
visited and personally examined (4) James Kerr
and that
the said James Kerr is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He has been in the Poorhouse lunatic wards s
Dec. 27th 1889. He has comported himself as
harmless lunatic most other times. He has
shown a tendency lately to attack other

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Ormiston gives the date of his attacks on ot
1) 7th Feb 1894 - 2) 28th June 1894 and on vari
occasions he has caught him in the act of
assaulting

Name and Medical Designation, Thomas Easton Dr
Place of Abode, Stranraer

DATED this Eighth day of October One thousand eight hundred and ninety five

---

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Charles William Peach.
being a (1) Bachelor of medicine and a master of Surgery

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) the Poor ho
Stranraer Wigtown Shire in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Kerr.
and that
the said James Kerr is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He behaves in
an imbecile fashion and refuses to answ
when spoken to and has attempted
injure the attendants who approached

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr
Ormiston tells me that he is very treacherous a
has removal times raved others with whom he wo
sitting and attempted to strangle them, and on the morn
of the 4th he broke 6 panes of glass in one of the windo

Mr Troup also tells me that his conduct on several occasions has been such as to necessitate his removal.

Name and Medical Designation, Chas. W. Peach M.B.
Place of Abode Hanover House Stranra

DATED this 8th day of October One thousand eight hundred and Ninety five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Cameron (1) Sheriff Substitute
of the (2) Sheriffdom of Dumfries and Galloway
having had produced to me, with a Petition at the instance of (3) John McCaig
Inspector of Poor Moreykirk
Certificates under the hands of Thomas Easton M.D. Stranraer
and Charles W. Peach M.R.C.M. Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Kerr a shoemaker and that the said
James Kerr is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Kerr as a Patient into the (6) Southern Counties' Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Kerr which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this ninth day of October One thousand eight hundred and ninety five.

John Cameron

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(7) Public, District, Parochial, or Private.

No. 7715

James Kerr
Stonepicker
Adm. 10 October 1895.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Hugh Hamilton Grocer in Stranraer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Hamilton 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 Hamilton to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Hugh Hamilton

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (4) day of October One thousand eight hundred and Ninety five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Hamilton
2. Sex and Age,	female about forty
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	none Specially
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	46 Sun St. Stranraer
7. Place where Found and Examined,	Bridge St. Stranraer
8. Length of time Insane,	for a year or more
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	no place
12. Duration of Existing Attack,	acute Since Thursday last
13. Supposed Cause,	no Cause known particularly
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	unknown
16. Whether Dangerous to others,	possibly
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Chargeable to none
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Hugh Hamilton Bridge St. Stranraer
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of October One thousand eight hundred and Ninety five

(To be signed by the Party applying) Hugh Hamilton 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, Charles William Peach being a (1) Bachelor of Medicine and Master of Surgery and being in actual practice as a (2) physician and surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Bridge Street Stranraer Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hamilton and that the said Elizabeth Hamilton is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She speaks rapidly and incoherently at times. Her actions and demeanour are those of an irresponsible person.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother says she is ungovernable and requires constant watching, and that she has attacked him violently with a view to injure him

Name and Medical Designation, Charles William Peach. M.B.

Place of Abode, Stranraer

DATED this thirteenth day of October One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Easton being a (1) Doctor of medicine (Edin.) and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Bonder St Stranraer Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Hamilton and that the said Elizabeth Hamilton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is restless noisy & violent. Her eye has a constant vacant stare. Her speech is rapid & at times incoherent.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Hamilton (Bonder St) states that she rushed there early on Sat morning in a half clothed state & in a distressed state that she has been in this state more or less for a year & now requires constant watching so as to prevent her harming herself & others

Name and Medical Designation, Thomas Easton M

Place of Abode Stranaer

DATED this thirteenth day of October One thousand eight hundred and ninety five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon Esquire Sheriff Substitute
of the (1) Sheriffdom of Dumfries & Galloway
having had produced to me, with a Petition at the instance of (2) Hugh
Hamilton Grocer in Stranraer
Certificates under the hands of Charles William Roach, Surgeon
and Thomas Easton, M.B. both in Stranraer being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland" setting forth that they had separately visited and examined (4)
Elizabeth Hamilton residing with Strauraer and that the said
Elizabeth Hamilton is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Hamilton as a Patient into the
(6) Public Asylum of Southern Counties and I authorize
Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Hamilton which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

Dated this Thirteenth day of October One thousand eight hundred and ninety five years

W. M'Gibbon

To the Superintendent of the Asylum of (7) Public Southern Counties Dumfries

(7) Public, District, Parochial, or Private.

No. 7716

Elizabeth Hamilton

Adm. 14 October 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of the (2) Dumfries & Galloway — *and his Substitutes*

The Petition of Henry Erskine Inspector of Poor, Langholm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Margaret Little or Morrison

(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 Mrs Margaret Little or Morrison, — to the Southern Counties Asylum, Dumfries, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Henry Erskine

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th — (4) day of October, — One thousand eight hundred and ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length, ... Margaret Little (M.S. Morrison)
2. Sex and Age, ... Female — 63 years —
3. Married, Single, or Widowed, . Married to James Little. Bearer. Army Pensioner.
4. Condition of Life, and previous Occupation (if any), ... Lives in House alone — Separate from Husband.
5. Religious Persuasion, so far as known, Protestant —
6. Previous Place of Abode, . . John Street. Langholm —
7. Place where Found and Examined, Do Do
8. Length of time Insane, . . Periodical attacks. at times not so bad —
9. Whether First Attack, . . Second —
10. Age (if known) on First Attack, . 61 yrs —
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*], Never under treatment previously —
12. Duration of Existing Attack, Been extra bad for last 10 days —
13. Supposed Cause, . . Unknown —
14. Whether subject to Epilepsy, No —
15. Whether Suicidal, . . No —
16. Whether Dangerous to others, Occasionally threatens to strike —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . . Langholm —
18. Date of becoming Chargeable, . Admitted to Roll — 26th February 1894 —
19. Christian Name and Surname, and Place of Abode of nearest known 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 daughter married to Charles Fenn Charlotte Street Langholm. Janet daughter married to Jas. Hill. Dyer. Hawick — George Son at Noble Place Hawick — Left husband on account of alleged cruelty — Husband residing at Mott's Buildings. 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.

DATED this twelfth day of October, One thousand eight hundred and ninety five.

(To be signed by the party applying) Henry Erskine
Inspector of Poor P. P.

T. & A. C.—June 1894.

MEDICAL CERTIFICATE, No. I.

(2) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(3) Physician or Surgeon, *or otherwise, as the case may be.*

(4) *Insert the street, and number of the house (if any), or other like particulars.*

(5) *Insert Designation and Residence, and if a Pauper state so.*

(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Gill ——— being a (2) Bachelor of Medicine of Edinburgh University, ——— and being in actual practice as a (3) Physician & Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (4) John St. Langholm, ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (5) Mrs Margaret Little, ——— John St. Langholm, ——— and that the said Mrs Margaret Little, ——— is a (6) Person of unsound mind, ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4)
She complained to me strongly about her neighbours shouting up the chimney & calling her all manner of bad names. She says they blow mt [illegible] from [illegible] & mock & laugh at her all day & night so that she can get peace for them.

(5) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (5)
James O'Hare a neighbour generally corroborates the above & says that she sometimes becomes very excited & noisy & talking of these annoyances.

Name and Medical Designation, } John Gill M.B., C.M.

Place of Abode, Langholm

Dated this 12th day of October, One thousand eight hundred and Ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Lyle Mason ——— being a (1) Bachelor of Medicine of Edinburgh University, ——— and being in actual practice as a (2) Physician and Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) John Street Langholm ——— in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) Mrs Margaret Little, ——— John Street, Langholm, ——— and that the said Mrs Margaret 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.:—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4) On entering her room she began at once to complain of her neighbours that they called her offensive names, that she cannot sleep at night for hearing voices calling through the window, down the chimney &c. She has pasted up all the sides of the fireplace and the adjoining to prevent the voices reaching her.

(5) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (5)
Her daughter Mrs Sarah Emma Charlotte St. Langholm says she has long complained of many grievances as indicated above, and that she is frequently very violent and excited over these supposed annoyances.

Name and Medical Designation, } James Lyle Mason M.B.

Place of Abode Langholm Dumfriesshire

Dated this 12th day of October, One thousand eight hundred and Ninety five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I George Campion (1) Sheriff-Substitute of (2) Dumfries and Galloway, at Dumfries-
having had produced to me, with a Petition at the instance of (3) Henry Erskine, Inspector of Poor, Langholm,
Certificates under the hands of John Gibb,
and James Inglis Macgowan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Margaret Morrison or Little, Johnstone Langholm (a pauper), and that the said Mrs Margaret Morrison or Little, is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Margaret Morrison or 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 Mrs Margaret Morrison or Little, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Fourteenth day of October, One thousand eight hundred and ninety five years.

Geo Campion

To the Superintendent of the (6) Public, Asylum of Southern Counties, Dumfries.

(6) Public, District, Parochial, or Private.

No 7717

Margaret Morrison or Little
Langston

Adm. 14 October 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries & Galloway *and his Substitutes,*

The Petition of John Arthur Inspector of Poor for the Parish of Lochrutton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie McCubbin or Bryden, a pauper of whom your Petitioner's (3) had 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 Annie McCubbin or Bryden to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Jno. Arthur

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14th (4) day of October One thousand eight hundred and ninety five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Annie McCubbin or Bryden
2. Sex and Age,	Female 33 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Pennyghame
7. Place where Found and Examined,	8 Church St. Stranraer
8. Length of time Insane,	about 4 months
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	about 4 months
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	not known
16. Whether Dangerous to others,	she might be
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	supposed to be Penninghame
18. Date of becoming Chargeable,	11th October 1895
19. Christian Name and Surname, and Place of Abode of nearest known 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 Bryden Rabbit-catcher, Mackoffhennington, Kirkcowan 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 14th day of October One thousand eight hundred and ninety five

(To be signed by the party applying) Jno. Arthur

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Duke Morris being a (1) Bachelor of Medicine & Master of Surgery and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 8 Elmock Street, Strawran in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Annie McCubbin or Bryden and that the said Annie McCubbin or 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her appearance do morose dull very sad looking & has gradually been getting worse. She told me her friends sometimes wanted to burn her, & at times used to throw her & her child into the ash pit.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister Mrs Bryden, told me she once was taken out to a loch & was brought home after being rescued. She has threatened several times to destroy herself and her child, and would run away from home.

Name and Medical Designation, D. Duke Morris M.B.C.M.

Place of Abode, 17 Lewis St. Strawran

DATED this 12th day of October One thousand eight hundred and 95

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, George Scott being a (1) M.B. from Glasgow University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 8 Elmock St. Strawran Wigtown. in the County of separately from any other Medical Practitioner, visited and personally examined (4) Annie McCubbin or Bryden. and that the said Annie McCubbin or 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is absent looking muttering to herself. Sits muttering with elbow on knee & hand beside the face. Does not speak when spoken to generally: Said one she would take me for on this world because she is the devil, because she knows she is to be thrown into the hospital

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister Mrs Bryden says she has taken no food since Saturday afternoon last that she sleeps very little: that she is often outrageous especially in the morning: that she has threatened to strike her wife's mother, & that she looks for knives & wants poison.

Name and Medical Designation, George Scott. M.B. CM

Place of Abode 35 Harbour St. Strawran

DATED this 14th day of October One thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Cameron Lyon (1) Sheriff Substitute of the (2) Sheriffdom of Dumfries and Galloway having had produced to me, with a Petition at the instance of (3) John Walker Inspector of Poor for the Parish of Lincl Certificates under the hands of David Duke Monro and George Scott both Surgeons in Thurso, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Annie McCubbin or Bryden residing in Carnoch Thurso and that the said Annie McCubbin or 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 Annie McCubbin or Bryden 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 Annie McCubbin Bryden which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this fourteenth day of October One thousand eight hundred and Sixty four

John Cameron

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(7) Public, District, Parochial, or Private.

No 7718

Annie McGubbin or Bryden

Inch

Adm. 15 October 1895.

BOARD OF LUNACY
4 OCT. 95
SCOTLAND

12,330.

[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 Mary Jones Holligan being desirous to transfer Frederick William Holligan at present a Patient in Midlothian & Tweeddale District Asylum and (1) whose nearest known relative I am, from the said Asylum to the Crichton Royal Institution hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Frederick William Holligan 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.

(*To be signed by the Applicant*) Mary Jones Holligan

(2) Brother

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at this 11th day of October One thousand eight hundred and ninety-five.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Frederick William Holligan
2. Sex and Age,	male. 35 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and Previous Occupation (if any),	Of the middle class. Teacher for some time.
5. Religious Persuasion, so far as known,	Protestant.
6. Date of Admission into Asylum,	1st July 1895.
7. Length of time Insane,	4 months.
8. Whether first Attack,	No.
9. Age (if known) on first Attack,	about 33 years.
10. Duration of existing Attack,	4 months.
11. Supposed Cause,	Hereditary Predisposition
12. Whether subject to Epilepsy,	no.
13. Whether Suicidal,	yes! at times
14. Whether Dangerous to others,	no.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	not a Pauper.
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Mother, Mary Jane Holligan, of 42 Grants Park Avenue, Lurbiton. Nearest relative - Brother was insane.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Mary Jones Holligan

DATED this 11th day of October — One thousand eight hundred and ninety-five

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Richard Blackwell Mitchell
being (1) Doctor of Medicine of Edinburgh Univ
hereby certify that I have this day at (2) Midlothian District Asylum
personally examined Frederick William Holligan at present a
Patient in said Asylum, and with respect to his Mental State that * he labours
under Melancholia with suicidal
during which he labours under
constant auditory hallucinations
and during which he is stated to be suicidal
, and with respect to his
Bodily Health and Condition that they are below ave

(1) State Medical Qualification.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Crichton Royal
Institution.

R. B. Mitchell M

DATED this 9th day of October One thousand eight hundred and 95.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of
Frederick William Holligan
from Midlothian District Asylum
to Crichton Royal Institution
, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

Wm Sowdall *Commissioner.*

DATED at Edinburgh, this 11th day of October One thousand eight hundred and ninety five.

No 7719
Frederick William Holligan
Adm. 17 October 1895

Date of Sheriff's Order.

14 June 1895.

* In filling up this Certificate, the Board's Circular No. 95, regarding the Transfer of Suicidal Patients, should be kept in view.

N.B.—*This Form shall not be used in the keeping of the Superintendent of the Asylum save by the Order of the Sheriff first obtained.*

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries & Galloway;

and his Substitutes,—

The Petition of John Carson, Inspector of Poor, Kirkmabreck, Creetown;

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Samuel Mc. Kean, Norris Street, Creetown, your Petitioner's (1) Pauper, is at present in a state of Mental Derangement, and 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 Mc. Kean to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(1) State Degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Carson Inspector of Poor

DATED this Eighteenth (2) day of October, One thousand eight hundred and ninety-five years.

(2) The date of the Petition must be within four 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 Mc. Kean.
2 Sex and age,	Male. 50 Years.
3 Married, Single, or Widowed,	married.
4 Condition of Life, and previous Occupation (if any),	Sailor.
5 Religious Persuasion, so far as known,	Protestant.
6 Previous place of abode,	Creetown.
7 Place where found and examined,	Creetown.
8 Length of time Insane,	Three months.
9 Whether First Attack,	Yes.
10 Age (if known) on First Attack,	—
11 When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	—
12 Duration of Existing Attack,	Drink. Injury, and Influenza
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,	Kirkmabreck Parish.
18 Date of becoming Chargeable,	Seventeenth October 1895.
19 Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of this Family known to be or to have been Insane,	Janet Gordon Mc. Kean Norris Street, — Wife — Creetown
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 October, — One thousand eight hundred and ninety Five Years.

(To be signed by the Party applying) John Carson

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Mc. Mc Cormick
being a (1) Bachelor of Medicine and Master of Surgery of the University of Glasgow
and being in actual practice as a (2) General Medical Practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3)
Norris Street. Cretown, in the County of Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Samuel McKean Norris Street Cretown (pauper pro temp)
and that the said Samuel McKean, is a (5) person of unsound mind,
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He has delusions regarding his wife and daughter are consorting with some of the neighbours and are doing all they can to destroy his home (both wife daughter are well behaved). By the help of God he will be able to serge them in a few days. Talks about and [illegible] faces and always keeps looking at his wife.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity ~~communicated to me by others~~: (7)
I have acted as Medical attendant to the above named for the period of one month.
He was in which he behaved on the night of [illegible] Oct. especially, when for a short period it took [illegible] men to hold him in a chair, yelling, raising to [illegible] and rolling his head about in a direful state of excitement.

Name and Medical Designation, William M. McCormick. M.B.

Place of Abode, 62 Victoria Street. Newton Stewart

DATED this seventeenth day of (Locum Tenens at Cruetown) October One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Norman James McKie
being a (1) Doctor of Medicine of the University of
and being in actual practice as a (2) General medical practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3)
Norris Street, Cruetown, in the County of Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Samuel McKean. Norris Cruetown. pauper (pro temp.)
and that the said Samuel McKean is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, 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 ordinary conversation he soon begins to talk of having suspicions of his moral character (I have heard him do this today and on a previous occasion) Blames men, neighbours, for ruining his home. Says that God has spoken to him of his infidelity. (Mrs McKean is a quiet decent woman. No suspicion

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible]
Has outbreaks of fury, in which he struggles with any definite aim towards doing anything (Mrs [illegible] Dr [illegible] Dr [illegible]

Note
After influenza this spring, [illegible] for decoration of left eye and wasting of right hand. On August 23rd I saw him & agreed multiple neuritis or cerebral tumour. Which last I now believe to be correct

Name and Medical Designation, Norman James McKie M.D.

Place of Abode, 11 Arthur Street. Newton [illegible]

DATED this seventeenth day of October, One thousand eight hundred and ninety-five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Frederick Hugh Clarke — being (1) Bachelor of Medicine Master of Surgery of Glasgow University hereby certify, on Soul and Conscience, that I have this day, at (2) Chandoke Street, Dumfries, in the County of Dumfries, seen and personally examined Samuel McKean, Norris Street, Creetown, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said Person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

Frederick Hugh Clarke M.B. & C.M.

DATED this Eighteenth day of October — One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Samuel McKean, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, ~~Parties~~ Inspector of Poor

Signature and Address, John Carson Inspector of Poor, Creetown Kirkmabreck

Date, October 21st 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Sheriff-Substitute ~~of the County~~ of Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (1) John Carson, Inspector of Poor, ~~Creetown~~, Kirkmabreck, Certificates under the hands of William M. McCormick, and Norman James McKie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Samuel McKean Norris Street, Creetown pauper ~~lunatic~~ and that the said Samuel McKean, is a (3) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel McKean as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Samuel McKean which accompanied the said Petition.

(1) Insert Name and Designation.

(2) Describe him, and if a Pauper, state

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty-first day of October, One thousand eight hundred and ninety five years. ~~One and Sealed~~

Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7720

Name, Samuel Mc. Kean
Kirkmabreck

Date of Admission, 18 October 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Comdy *of* Highland *and his Substitutes,—*

The Petition of David Parker

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) 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 Petitioners Mother (Martha Boden or Spiers) to the Crichton Royal Asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) David Parker

(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 October One thousand eight hundred and ninety-five years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Martha Boden or Spiers
2. Sex and Age,	female : 49
3. Married, Single, or Widowed,	Sick married : separate from husband
4. Condition of Life, and previous Occupation (if any),	Crofter housekeeper
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	The Shiltal, Colfin, Port Patrick
7. Place where Found and Examined,	
8. Length of time Insane,	14 Days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	/
12. Duration of Existing Attack,	14 days
13. Supposed Cause,	Bodily disease cancer womb
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,	David Parker, The Shiltal Colfin Port Patrick Son no.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of October One thousand eight hundred and ninety-five years. *(To be signed by the Party applying)* David Parker

P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Doctor of Medicine and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Colfin Port Patrick Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Martha Boden or Spiers and that the said Martha Boden is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
demeanour at times restless: at times gloomy delusion in regard to her sons and daughters being ill with Scarlet Fever with consequent the family Confusion of being miserable: weeping fits:

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Jessie Parker daughter. attempts repeated & persistent to commit suicide drowning & trying to get knives &c. Sleeplessness.

Name and Medical Designation, John A. Anderson M. D.

Place of Abode, Stranraer N.B.

DATED this eighteenth day of October One thousand eight hundred and ninety-five years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Johnstone Brown being a (1) Bachelor of Medicine & Master of Surgery and being in actual practice as a (2) Physician & surgeon do hereby certify, on soul and conscience, that I have this day, at (3) The Spittal Colfin Portpatrick Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Martha Boden Spiers and that the said Martha Spiers is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, 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 restless and morose. says she is in great trouble. Imagines her grandchildren very ill with fever and have infected her household. & that her Live stock on the farm are all ill.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her son David says she has on more than one occasion tried to drown herself in the burn: and she has looked for knives &c. to destroy herself. She requires to be constantly watched & has been much worse recently.

Name and Medical Designation, D. Johnstone Brown M.B.

Place of Abode Stranraer

DATED this 18 day of October One thousand eight hundred and 95.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the 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.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thos Cameron (1) Sheriff Substitute
of the (2) County of Kirkcudbright
having had produced to me, with a Petition at the instance of (3)
David Barber, Farmer Gullielbed Portpatrick
Certificates under the hands of John Alex Anderson
and David Duke Brown, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Martha Boden or Spiers and that the said
Martha Boden or Spiers is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Martha Boden or Spiers as a Patient into the (6) Crichton Royal Asylum of Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this nineteenth day of October One thousand eight hundred and ninety five

Thos Cameron

To the Superintendent of the (7) Asylum of

(7) Public, District, Parochial, or Private.

No 7721

Martha Bodeen or Spiers

Adm. 19 October 1895

23.—*This Form shall be in the keeping of the Superintendent of the Asylum and the order of the Sheriff be signed.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway, ——— *and his Substitutes,—*

The Petition of Mr. Bettia C. Alexander, Clarkfield, Partick, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Ella Alexander, Crichton Royal Institution, Dumfries, ——— your Petitioner's (1) daughter, ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Ella Alexander, ——— ——— to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Bettia C. Alexander

DATED this eighteenth (2) day of October, — One thousand eight hundred and ninety five years.—

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ella Alexander.
2. Sex and Age,	Female. 29.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any).	at home in her mothers house.
5. Religious persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Crichton Royal Institution,
7. Place where Found and Examined,	Do.
8. Length of Time Insane,	Since 1891.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	about 26.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Westermains House Asylum. Since 1891.
12. Duration of Existing Attack,	Inflammation of the Membrane of brain.
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 her Family known to be or to have been Insane,	Mother. Bettia C. Alexander. Clarkfield Laurelbank. Partick.
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 October, — One thousand eight hundred and ninety five years.—

(To be signed by party applying) Bettia C. Alexander

MEDICAL CERTIFICATE No. I.

I, the undersigned Alexander Thomson ——— being a (1) Doctor of Medicine of Glasgow ——— University and Surgeon ——— and being in actual practice as a (2) Physician and Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution — 2d House in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Ella Alexander, no occupation, Crichton Royal Institution, — and that the said Ella Alexander ——— is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise as the case may be*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Talks freely but in a very incoherent and unintelligible manner.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex Thomson MD.
Place of abode, 27 Castle St Dumfries

DATED this Eighteenth day of October One thousand eight hundred and Ninety five years.

MEDICAL CERTIFICATE No. II.

I, the undersigned Richard B. Lorraine, ——— being a (1) graduate in Medicine of Edinburgh University and being in actual practice as a (2) Medical practitioner — hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution - 2nd House - in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Ella Alexander, no occupation, Crichton Royal Institution, and that the said Ella Alexander ——— is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently, has delusions about only being here for a few days. has no idea of the duration of her illness, looks very excited.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Richard B Lorraine MB
Place of abode, 26 Castle St Dumfries

DATED this eighteenth day of Oct 2 — One thousand eight hundred and ninety five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

DATED, this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Ella Alexander
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address,

Date,

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Geo: Campion, Sheriff Substitute
~~of the the County~~ of Dumfries and Galloway at Dumfries,
having had produced to me, with a Petition at the instance of (1) Mrs Bethia
C Alexander, Clarkfield, Partick.
Certificates under the hands of Alexander Thomson,
and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Ella Alexander, Crichton Royal Institution, Dumfries, (Pt's Daughter), and that the said Ella Alexander, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Ella Alexander, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ella Alexander, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Nineteenth day of October One thousand eight hundred and ninety five years

Geo: Campion

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7722

Name, Zella Alexander

Date of Admission, 19 October 1895

B.—*This Form shall be in the keeping of the Superintendent of the Asylum and the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway

and his Substitutes.

The Petition of Harriet Ingham, 3 Heathfield Terrace, Halifax, Yorkshire,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that — Catherine Isabel Ingham,

State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) Daughter, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Catherine Isabel Ingham, — to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(To be signed by the Party applying) Harriet Ingham

The date of the Petition must be within fourteen clear days preceding the dates of the Medical Certificate.

DATED this 21st (2) day of October, One thousand eight hundred and ninety-five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Catherine Isabel Ingham.
2. Sex and Age,	Female — 28 years in June /95.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any).	Living at home.
5. Religious persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	3. Heathfield Terrace — Halifax.
7. Place where Found and Examined,	27. Henry-street — Ilkley.
8. Length of Time Insane,	12 days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	28 years.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	has never gone under Examination or Treatment before.
12. Duration of Existing Attack,	12 days.
13. Supposed Cause,	Sudden death of her Father — no other cause known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Has tried to get to the window, her intention being apparently to jump out. But not in any other way, so far as known.
16. Whether dangerous to others,	Has occasionally taken hold of the nurse's hair, but is not violent in any other way. But attempted on one occasion to strike her sister with a hand glass.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name 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,	Harriet Ingham. (mother) 3. Heathfield Terrace — Halifax. Yorks. One Sister is in Cheadle Asylum — & has been there 8 years.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none.

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of October — One thousand eight hundred and ninety-five.

H.I.

(To be signed by party applying) Harriet Ingham

MEDICAL CERTIFICATE No. I.

I, the undersigned Lucie Frohean, ——— Sec
being a (1) Doctor of Medicine of the University of St Andrews
Associate of the Society of Apothecaries, London
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Twenty
Henry, Lytham, ——— in the County of
Lancaster, — separately from any other Medical Practitioner,
visited and personally examined (4) Catherine Isabel
Ingham, at 27 Henry Street Lytham and that
the said Catherine Isabel Ingham, — is a (5)
person of unsound mind, and a proper person to be
detained 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
would hear her talking in bed with her hands and feet securely tied,
in bandages. She was very incoherent — and asked me if I was
with Uncle Thomas who has been dead 11 years.
She is very rough at times and requires to be
held down in bed to keep her from getting out.

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) Mrs Elizabeth Galloway of 116 Wards
Lytham states "She wished to know if Mrs Gra
was her husband" often calls her mother
her "Smack her face a forceful blow in the
and "pray a hymn" always on her hands" also
a cup of tea as well as the cup fat, her empty."

"She will be always
watched if not
prevented" 2.2.
Constantly
taking her
clothes off"
"will not take food"

Name and Medical Designation, Lucie Frohean M.D. St And
M.R.C.S. Eng. L.S.A.
Place of abode, Clifton Lynave - Lytham

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

DATED this Twentieth day of October One thousand
eight hundred and ninety five.

MEDICAL CERTIFICATE No. II.

I, the undersigned George Barlow, ———
being a (1) Member of the Royal College of Surgeons of England
Licentiate of the Royal College of Physicians of London, —
and being in actual practice as a (2) Surgeon, ———
hereby certify, on soul and conscience, that I have this day, at (3) 27 Henry
Lytham, ——— in the County of
Lancaster, — separately from any other Medical Practitioner,
visited and personally examined (4) Catherine Isabel Ingham
at 27 Henry Street Lytham, ——— and that
the said Catherine Isabel Ingham ——— is a (5)
person of unsound mind — and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Frequently stuffs
the bedclothes in her mouth refusing to take food & pulling it out again
put in her mouth. She says that God has told her she must not swallow
food — talking incoherently and incessantly. ———

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) Would insist on walking through the streets
hat (at St Annes). wandered into the house of some peo
there who were entire strangers to her and was brought home by a police
in a cab. The above information was communicated to me by
Edith Ingham, (her sister) who resides at 27 Henry Street Lytham

Name and Medical Designation, George Barlow M.R.C.S (Eng) L.R.C
Place of abode, 13 Hastings Place, Lytham

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

DATED this 19th — day of October — One thousand
eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Luke Fisher, being (1) a Doctor of medicine of the university of St Andrews Scotland member of the Royal College of Surgeons, England and Licentiate of the Apothecaries hereby certify, on soul and conscience, that I have this day, at (2) Twenty seven Henry Street Sutham Lo ecy, London in the County of Lancaster, seen and personally examined Catherine Isabel Ingham, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of residence.

DATED, this 21st day of October, One thousand eight hundred and ninety five.

Luke Fisher M.D. St. And. M.R.C.S. Eng. L.S.A. Lond.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Catherine Isabel Ingham to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address, Harriet Ingham 3. Heathfield Terrace - Halifax. Yorks

Date, 21st October 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute ~~of the the County~~ of Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Harriet Ingham, 3 Heathfield Terrace, Halifax, Yorkshire, Certificates under the hands of Luke Fisher, and George Barlow, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Catherine Isabel Ingham, 3 Heathfield Terrace, Halifax (Married woman) and that the said Catherine Isabel Ingham, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Catherine Isabel Ingham, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Isabel Ingham which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty third day of October, One thousand eight hundred and ninety five years.

Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7723

Name, Catherine Isabel Ingham

Date of Admission, 21 October 1895

B.—*This Form shall be in the keeping of the Superintendent of the Asylum with the order of the Sheriff is granted.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway

_____ *and his Substitutes,—*

The Petition of James Wallace, Grocer, Calderbank, Airdrie, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Wilson Wallace, Calderbank, by Airdrie, your Petitioner's (1) Daughter, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Mary Wilson Wallace to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) James Wallace

DATED this 22d (2) day of October, One thousand eight hundred and Ninety five.

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any 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 Wallace
2. Sex and Age,	Female - 31 -
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,	Calderbank by Airdrie.
7. Place where Found and Examined,	do
8. Length of Time Insane,	about three months.
9. Whether First Attack,	First Attack.
10. Age (if known) on First Attack,	31 Years.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	
12. Duration of Existing Attack,	Three Months.
13. Supposed Cause,	Worry.
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 Wallace Calderbank - Father - by Airdrie.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of October, One thousand eight hundred and ninety five years.

(To be signed by party applying) James Wallace

MEDICAL CERTIFICATE No. I.

I, the undersigned Adam Prentice Fudlwpe
being a (1) Graduate in Medicine of Glasgow Univ
and being in actual practice as a (2) Qenual Practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) Calad
Old Monkland, ——— in the County of
Lanark, — separately from any other Medical Practitioner,
visited and personally examined (4) Mary Wilson Wallace
Spinster, Calderbank Old Monkland, and that
the said Mary Wilson Wallace, ——— is a (5)
Person of Unsound Mind, and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She is dull & listless. Careless of her person & dress
does no work at times she is very restless. Walks
from room to room and continually reiterating
"I don't know what I'm doing"

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) Her cousin Miss Dunlop who has been nursing
her says "She is restless & sleepless at night
getting out of bed & wandering over the house in a
state of undress.

Name and Medical Designation, Adam Prentice Fudl
Place of abode, Coatbridge

DATED this 20th day of October — One thousand
eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Hugh Cunningham,
being a (1) M.D. University Brunsl, and licentiate of the Royal College of Physicians in 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) 25 Castle
Street, Dumfries, ——— in the County of
Dumfries, — separately from any other Medical Practitioner,
visited and personally examined (4) Mary Wilson Wallace,
Spinster, Calderbank, Old Monkland, — and that
the said Mary Wilson Wallace, ——— is a (5)
person of unsound mind, and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her facial
expression indicates mental disorder, she talks incoherently
and wanders about in an aimless manner. —

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) Her cousin Miss Dunlop, informs me that
She is sleepless, restless and is with difficulty controlled.

Name and Medical Designation, Hugh Cunningham M.D. L.R.C.
Place of abode, 25 Castle Street. Dumfries

DATED this twenty second day of October, One thousand
eight hundred and ninety five 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 Hugh Cunningham,
being (1) M.D. University Grands, and Licentiate Royal College of Physicians Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) No 25
Castle Street, Dumfries,
in the County of Dumfries, , seen and personally examined
Mary Wilson Wallace, , and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Hugh Cunningham M.D. L.R.C.P.

DATED, this twenty second day of October, One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Mary Wilson Wallace,
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address, James Wallace Calderbank, Airdrie

Date, 22nd October 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute
~~of the the County~~ of Dumfries & Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (1) James Wallace, Grocer, Calderbank, Airdrie,
Certificates under the hands of Adam Prentice Tudhope,
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 (2) Mary Wilson Wallace, Calderbank, Airdrie (Pt's Daughter), and that the said Mary Wilson Wallace is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Mary Wilson Wallace, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Wilson Wallace, which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty third day of October, One thousand eight hundred and ninety five years.

Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7724

Name, Mary Wilson Wallace

Date of Admission, 22 October 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and of Galloway *and his Substitutes,—*

The Petition of John Johnston

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Johnston 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 Margaret Johnston 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.

John Johnston

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty sixth (4) day of October One thousand eight hundred and ninety five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Johnston.
2. Sex and Age,	Female - 27
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Living with her parents
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	New Luce
7. Place where Found and Examined,	New Luce
8. Length of time Insane,	Two weeks
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,	Two weeks
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	✓
18. Date of becoming Chargeable,	✓
19. Christian Name and Surname, and Place of Abode of nearest known 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 Johnston, Beadle and Farmer New Luce. Wigtownshire 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 sixth day of October One thousand eight hundred and ninety five —

(*To be signed by Party applying*) John Johnston

P. P.

No. 7121

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Matthews being a (1) Bachelor of Medicine master of Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) New Luce in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Margaret Johnston, Spinster and that the said Margaret Johnston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She is very restless and talks the greatest nonsense incessantly. Says that her knee is married, that she married with a handkerchief soaked in chloroform and placed laid across her mouth & that the Christian Herald Co. Stands with her in close working and shorthand &c &c &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her father states that she requires to be constantly watched to prevent her from leaving the house, that she is violent, throws furniture about, tears the curtains, breaks the dishes &c. Her mother states that she has attempted &c &c

Name and Medical Designation, David Matthews M.B. C.M.

Place of Abode, New Luce

Dated this twenty sixth day of October One thousand eight hundred and ninety five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a 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, Hugh Cochrane, being a (1) Licentiate of the Royal College of Physicians Edin. and a Licentiate of the Faculty of Physicians & Surgeons Glas. and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) New Luce in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Johnston. Spinster, New Luce and that the said Margaret Johnston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: She stated that I was her father. Is very restless and excited told me she did not know what her name was. That she did not know her fathers name &c &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her father states that she must be narrowly watched as she would throw articles through the window. That she has smashed dishes and carries on in an outrageous manner.

Name and Medical Designation, Hugh Cochrane L.R.C.P.E. L.P.S. Glasg.

Place of Abode, Stranraer

Dated this twenty six day of October One thousand eight hundred and ninety - five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William McGibbon (1) Sheriff Substitute of the (2) Sheriffdom of Dumfries and Galloway having had produced to me, with a Petition at the instance of (3) John Johnston Beadle and Forester New Luce Village Certificates under the hands of David Matthews Surgeon Glenluce and Hugh Cochrane Surgeon Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Johnston residing in New Luce and that the said Margaret Johnston 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 Johnston as a Patient into the (6) district 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 Johnston which accompanied the said Petition.

DATED this twenty sixth day of October One thousand eight hundred and ninety five

Wm McGibbon

To the Superintendent of the (7) District Asylum of Southern Counties

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 7725

Margaret Johnston

Adm. 28 October 1895

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway;

——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) Robert Thomson, Brioch, Perthshire,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret Thomson residing at No 22 Laurie known / manie known.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Sister

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Thomson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Robert Thomson

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 29th (5) day of October — One thousand eight hundred and Ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Thomson.
2. Sex and age,	Female. age Fifty two.
3. Married, Single, or Widowed,	single.
4. Condition of Life and previous Occupation (if any),	Farmers daughter. with no occupation.
5. Religious Persuasion, so far as known,	Presbyterian U. P. Church
6. Previous place of abode,	Lauriesknowe formerly Edinghame,
7. Place where found and examined,	Lauriesknowe.
8. Length of time Insane,	Has had delusions for upwards of five or six years.
9. Whether First Attack,	Delusions have gradually become confirmed.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	not previously under treatment.
12. Duration of Existing Attack,	upwards of five or six years.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Petitioner. Brother. No Insanity in family.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	no.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of October One thousand eight hundred and 95

(To be signed by the Party applying) Robert Thomson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Minnydow, Kirkpatrick Durham
2. Character of Education,	Better than average English Education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful and frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady and industrious rather unsettled recently
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	none
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to?	Father died at 89 old age Mother died about 52 of Bronchitis no particular disease -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Nothing known
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	none
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Delusions
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Nothing observed
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Delusions increasing
13. What changes have taken place in his bodily symptoms?	none
14. Is he dirty, destructive, untidy, or obscene?	none of these
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	Insanity has been coming on gradually for four or five

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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.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Joseph Garibaldi Marshall,
being a (1) graduate in Medicine of the University
of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Lauriekinnon
Maxwelltown, Nigmer, _____ in the County of
Kirkcudbright — separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Thomson
and that
the said Margaret Thomson, is a (5) person
of unsound mind — and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) (6) *State the Facts.*
Miss Thomson is very excitable. Rambles in
conversation. Imagines the Ministers of the Free Church
are laying plots against her, & also a firm of Lawyers in Dumfries
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (7) *State the Information, and from whom derived.*
Her brother & Sister informs me she at times is outrageous
and spends money in a reckless extravagant
manner.

Name and Medical Designation, J Marshall M B &c

Place of Abode, Buccleuch St Dumfries

DATED this twenty third day of October, — One thousand eight
hundred and ninety ~~five~~ six years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Smith, _____
being a (1) Graduate in Medicine of Edinburgh University,
and being in actual practice as a (2) Physician and Surgeon —
hereby certify, on soul and conscience, that I have this day, at (3) 22 Lauriekinnon
Maxwelltown, Nigmer, _____ in the County of
Kirkcudbright — _____ separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Thomson, 22 Lauriekinnon
Maxwelltown Nigmer, _____ and that
the said Margaret Thomson _____ is a (5) Person of
unsound mind, _____ and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Her excitable insane (6) *State the Facts.*
appearance, and rambling speech also delusions, tells me that
all the ministers of Dumfries are conspiring against her and annoying
her, She says they are continually alluding to her in their sermons and
letters.
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (7) *State the Information, and from whom derived.*
Her Sister informs me that she has been insanely
restless and unmanageable also that she has many delusions
regarding clergymen and lawyers.

Name and Medical Designation, John Smith M.D. &c.

Place of Abode, 47 Buccleuch St Dumfries

DATED this thirtieth day of October, One thousand eight
hundred and ninety three,

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, George Campion, Sheriff-Substitute of ~~the~~ (2) Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) Robert Thomson, Brioch, Perthshire, Certificates under the hands of Joseph Garibaldi 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) Margaret Thomson, 22 Lauriknowe, Maxwelltown, (Trinity) and that the said Margaret 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 Margaret Thomson, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Thomson which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this thirtieth day of October One thousand eight hundred and ninety five years.

(Signed) G. Campion

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 1170
Name, Margaret Thomson
Date of Admission 30 October 1895

[Form A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway, *and his Substitutes,—*

The Petition of Charles Archer, 90 Manchester Road, Bolton. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Charity Archer,

State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) Sister, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Charity Archer, to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(To be signed by the Party applying) Charles Archer

The date of the Petition must be within fourteen clear days after the dates of the Medical Certificate.

Dated this 20th ~~18th~~ (2) day of October, One thousand eight hundred and ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Charity Archer.
2. Sex and Age,	Female - 47 years -
3. Married, Single, or Widowed,	Single -
4. Condition of Life, and previous Occupation (if any).	Governess
5. Religious persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Northampton
7. Place where Found and Examined,	do.
8. Length of Time Insane,	Seven years.
9. Whether First Attack,	Second attack.
10. Age (if known) on First Attack,	24 years.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception or approximation thereto,	St. Andrews Hospital, Northampton, 1888.
12. Duration of Existing Attack,	Seven years.
13. Supposed Cause,	Not Known.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charles Archer, 90 Manchester Road Bolton Lancs
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	no.

I certify that to the best of my knowledge, the above particulars are correctly stated.

Dated this 18th 20th day of October, One thousand eight hundred and ninety-five.

(To be signed by party applying) Charles Archer

MEDICAL CERTIFICATE No. I.

I, the undersigned Joseph Herbert Bayley,
being a (1) Bachelor of Medicine & Master of Surgery of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) St Andrew's Hospital, Northampton, in the County of Northampton, separately from any other Medical Practitioner, visited and personally examined (4) Charity Archer, residing at St Andrew's Hospital, Northampton, and that the said Charity Archer is a (5) person of unsound mind, and a proper person to be detained 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 suffering from Chronic Mania. She is excitement, dirty, & destructive & generally very noisy & talkative. Is incapable of carrying on a rational conversation. She has lucid intervals of a few hours duration.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

Name and Medical Designation, J. H. Bayley M.B. C.M.
Place of abode, St Andrews Hospital Nor

DATED this 19th day of October One thousand eight hundred and ninety five

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MEDICAL CERTIFICATE No. II.

I, the undersigned Harry Livesey Dixon,
being a (1) Bachelor of Medicine and of Surgery of the University of Cambridge,
and being in actual practice as a (2) physician & surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) Saint Andrews Hospital, Northampton, in the County of Northampton, separately from any other Medical Practitioner, visited and personally examined (4) Charity Archer, residing at St Andrews Hospital Northampton, and that the said Charity Archer is a (5) person of unsound mind, and a proper person to be detained 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 continually to herself & quite incoherently. When asked a question or spoken to she bursts into laughter and takes no notice of what is said to her. She is continually making absurd movements with her hands and face and is quite unable to fix her attention on anything.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Emily Prior nurse at St Andrew's Hospital Northampton informs me that Charity Archer is dirty in her habits destructive to clothing often undresses herself and is noisy and at times violent.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise as the case may be.

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information and from whom derived.*

Name and Medical Designation, H. L. Dixon. M.B. B.C.
Place of abode, St Andrew's Hospital, Northampton

DATED this nineteenth day of October One thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)

(1) State medical qualification.
(2) State place of examination.

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

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address, _____

Date, _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, _____ Sheriff Substitute ~~of the the County~~ of Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Charles Archer, 90 Manchester Road, Bolton, _____ Certificates under the hands of Joseph Herbert Bayley, and Harry Livesey Dixon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Charity Archer, St. Andrews Hospital, Northampton (Patient) and that the said Charity Archer is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Charity Archer, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charity Archer. _____ which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty eighth day of October, One thousand eight hundred and ninety five years.

J. D. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7727

Name, Charity Archer

Date of Admission, 31 October 1895

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway;—

and his Substitutes,—

The Petition of William Dickson, Inspector of Poor, Innwald Parish;

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Agnes Watson, Belgies Cottage, Innwald;

State degree of relationship or other capacity in which petitioner stands to Lunatic.

your Petitioner's (1) Pauper, is at present in 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 Agnes Watson, to the Crichton Royal Institution at Dumfries, and and to Sanction Her admission into the said Institution.

(To be signed by the Party applying) William Dickson

The date of the Petition must be within fourteen clear days after the dates of the Certificate.

DATED this 31st (2) day of October, One thousand eight hundred and ninty five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Watson.
2. Sex and Age,	Female - 27 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any)	Domestic Servant.
5. Religious persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Belgies cottage.
7. Place where Found and Examined,	7 Days.
8. Length of Time Insane,	first attack.
9. Whether First Attack,	27.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	7 Days.
12. Duration of Existing Attack,	No.
13. Supposed Cause,	No.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether dangerous to others,	Innwald 31st Oct. 1895.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	James Watson, Belgies Cottage, Innwald. Father.
18. Date of becoming Chargeable,	No.
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	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 31st day of October, One thousand eight hundred and ninty five

(To be signed by party applying) William Dickson

No. 1127

MEDICAL CERTIFICATE No. I.

I, the undersigned George Irving

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g., Member of the Royal College of Physicians in Edinburgh.*

being a (1) Doctor of Medicine & Master in Surgery Edin.

and being in actual practice as a (2) Physician & Surgeon

(2) *Physician or Surgeon, or otherwise as the case may be.*

do hereby certify, on soul and conscience, that I have this day, at (3) Belgie Tinwald, in the County of Dumfries, separately from any other Medical Practitioner,

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

visited and personally examined (4) Agnes Watson, Pauper, Belgie Tinwald, and that

(4) *Insert Designation and Residence, and if a Pauper, state so.*

the said Agnes Watson, is a (5)

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

Person of Unsound mind, and a proper person to be detained under Care and Treatment, 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, incoherently, hears sounds of the communication with beings which are delusions. Under her whole conduct & behaviour are irrational

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Father James Watson informs me that she rushed out of the house & ran for about a mile without clothing

Name and Medical Designation, George Irving M.B.

Place of abode, Lee Mains

DATED this Thirtieth day of October, One thousand eight hundred and ninety four.

MEDICAL CERTIFICATE No. II.

I, the undersigned Thomas Finlayson Macdonald,

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g., Member of the Royal College of Physicians in Edinburgh.*

being a (1) Bachelor of Medicine and Master of Surgery of the [illegible] & Edin.

and being in actual practice as a (2) Physician,

(2) *Physician or Surgeon, or otherwise as the case may be.*

hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries, in the County of Dumfries separately from any other Medical Practitioner,

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

visited and personally examined (4) Agnes Watson, (Pauper),

(4) *Insert Designation and Residence, and if a Pauper, state so.*

and that the said Agnes Watson, is a (5)

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) She is restless and excited. Assumes the attitude of prayer and supplication as if she saw someone. Sings 'glory, glory' & says 'yes' or 'no' as if replying to voices. Answers questions incoherently.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas F. Macdonald M.B.C.M.

Place of abode, Crichton Royal Institution - Dumfries.

DATED this Thirty-first day of October, One thousand eight hundred and ninety five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned George Irving
being (1) Doctor of Medicine & Master in Surgery (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) Belzies (2) State place of examination.
Tinwald,
in the County of Dumfries, seen and personally examined
Agnes Watson, Pauper,
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

George Irving M.D.

DATED, this thirtieth day of October, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Agnes Watson Pauper,
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor Tinwald

Signature and Address, William Dickson

Date, 31st October, 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute
~~of the the County~~ of Dumfries & Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (1) William Dickson, Inspector of Poor, Tinwald, (1) Insert Name & Designation
Certificates under the hands of George Irving
and Thomas Finlayson Macdonald, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Agnes Watson, Belzies Cottage, Tinwald, Dumfries, (a pauper), and that the said (2) Describe him, and if a state so.
Agnes Watson, is a (3) person of unsound mind, (3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Agnes Watson as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Watson,
which accompanied the said Petition.

DATED this First day of November, One thousand eight hundred and ninety five years.

Geo: Campion

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7728

Name, Agnes Watson

Date of Admission, 31 October 1895

[3.—This Form shall be in the keeping of the Superintendent of the Asylum, and the order of the Sheriff thereon.]

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries Galloway: —

_____ *and his Substitutes,—*

The Petition of Margaret Allison Capes Lodge Seaton Workington humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Wafre, —

your Petitioner's (1) 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 authorise the transmission of the said John Wafre, — to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Margret Allison

DATED this First (2) day of November, One thousand eight hundred and ninety five.

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any 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 ~~Wafre~~ Wafre.
2. Sex and Age,	male. 56 Years.
3. Married, Single, or Widowed,	Married wife left him five years ago.
4. Condition of Life, and previous Occupation (if any).	Printers Methodist Minister.
5. Religious persuasion, so far as known,	" —
6. Previous Place of Abode,	Dawley Salop.
7. Place where Found and Examined,	12 Darcy Street, Workington, Cumberland.
8. Length of Time Insane,	four months.
9. Whether First Attack,	four months ago.
10. Age (if known) on First Attack,	56.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception or approximation thereto,	None.
12. Duration of Existing Attack,	getting worse since first attack.
13. Supposed Cause,	His wifes unfaithfulness, & over Study.
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 Allison, (Sister) Capes Lodge, Seaton, Workington. 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 first day of November, One thousand eight hundred and ninety five.

(To be signed by party applying) Margret Allison

No. 1728

MEDICAL CERTIFICATE No. I.

I, the undersigned John Hepburn Dudgeon
being a (1) Licentiate of the Royal College of Physicians
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (3) Darcy
Workington, in the County of
Cumberland, separately from any other Medical Practitioner,
visited and personally examined (4) John Magee of 12 Darcy
Workington, Minister of Religion, and that
the said John Magee, is a (5)
unsound mind, and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Constantly imagining that people are putting
poison into his food & changing the medicine that
given him. Also that people are trying to harm him & work
against him.

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) from an elder of his Church (Dr Bacon) who
who said that he imagined that his home was a Brothel & that
all and who went into it were there for immoral purposes
also that were trying to poison him. He does not talk to his
wife about this as he dare not
stay by himself as people
keep going to put

Name and Medical Designation, J.H. Dudgeon
Place of abode, Workington

DATED this 31st day of October, One thousand
eight hundred and ninety five

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Fray Dymond
being a (1) Licentiate 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)
Workington at Darcy Street No 12 in the County of
Cumberland separately from any other Medical Practitioner,
visited and personally examined (4) John Magee of Darcy St
Workington, Cumberland, Minister of and that
the said John Magee Religion —is a (5)
Person of unsound Mind, — and a proper person to be
detained 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 there is
Conspiracy of persons who persecute him & Fairplay
& that they attempt to ~~poison~~ visibly & ~~by~~ Electricity — That he suspects his brother in law of
that attempts were made by these persons to poison him by
2. Other facts (if any) indicating Insanity communicated to me by
others: (7) He tells me
~~That~~ this Sister Mrs Allison says he believes
is Condemned & he tortured on a rack
and Dr Henry Dunne in an address
that they were playing the Ministers
Name and Medical Designation, Fray Dymond M.R.C.S.
Place of abode, Workington Cumberland

DATED this 31st day of October, One thousand
eight hundred and ninety five

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned John Hepburn Dodgeon being (1) L.R.C.P. & S. Ed.
hereby certify, on soul and conscience, that I have this day, at (2)
12 Darcy Street Workington
in the County of Cumberland, seen and personally examined
John Magee, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

J. H. Dodgeon

DATED, this 31. day of Oct. One thousand eight hundred and ninety five.

(1) State medical qualification.

(2) State place of examination.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein John Magee,
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Sister

Signature and Address, Margaret Alison Seaton Workington.

Date, Oct 31/95.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute ~~of the the County~~ of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Margaret Allison, Seaton Workington, Certificates under the hands of John Hepburn Dodgeon, and Fras Cumrod, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) John Magee, 12 Darcy Street, Workington, Cumberland, (Peters Brother), and that the said John Magee, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said John Magee, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Magee, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this First day of November, One thousand eight hundred and ninety five years

Geo: Campion

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7729

Name. John Magee

Date of Admission. 2 November 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries and Galloway *and his Substitutes,*

The Petition of James Menzies Austin, Inspector of Poor of the Parish of Urr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Herries, Alpine Terrace, Dalbeattie.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Herries to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) J. M. Austin.

(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 November One thousand eight hundred and sixty five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Herries
2. Sex and Age,	Female 23
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Domestic servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	S. C. Asylum Dalbeattie
7. Place where Found and Examined,	not known
8. Length of time Insane,	no
9. Whether First Attack,	not known
10. Age (if known) on First Attack,	about 15 months
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Southern Counties Asylum 1893
12. Duration of Existing Attack,	not known
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	not apparent
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton Stewarty of Kirkcudbright
18. Date of becoming Chargeable,	present date
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Herries - Mother Mother has been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourth — day of November — One thousand eight hundred and sixty five.

(*To be signed by the party applying*) J. M. Austin.

P. p.

No. 1729

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind."

I, the undersigned, Samuel Archibald David Gillespie being a (1) Bachelor of Medicine, & Master in Surgery, University, Edinburgh and being in actual practice as a (2) General practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Alpine Terrace Dalbeattie in the County of Kirkcudbright- separately from any other Medical Practitioner, visited and personally examined (4) Mary Herries, Alpine Terrace, Dalbeattie Pauper, and that the said Mary Herries is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Excitability with Delusions of a Religious nature. Sings and quotes pieces of Scripture; thinks herself to be a Divine Personage, and thinks herself to-night is going out a walk to Heaven to meet the Lord. Behaves herself to be peculiar in mind and desires to go to an Asylum.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sergeant McGill found her at the Dalbeattie Railway station on the night of 2nd November, saying she was waiting for a train to take her to London to meet the Prince of Wales, or a carriage to drive to Heaven. Would not go home and had to be forcably removed in a Cab. Often lies in bed all day in an aimless fashion.

Name and Medical Designation, S. A. D. Gillespie MB & CM Edin.

Place of Abode, Dalbeattie.

DATED this fourth day of November One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Walter Buchanan Hastings being a (1) Bachelor of Medicine & Master of Surgery of Glasgow Univ and being in actual practice as a (2) Medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Alpine Terrace Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Herries Alpine Terrace Dalbeattie Pauper. and that the said Mary Herries is a (5) Person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
General excited condition
Delusions - mainly religious with extravagance. More or less exalted ideas. She believes that "the Lord" is coming for her with a carriage to take her to Heaven - ~~sometimes~~ Sometimes that it is a "gentleman" who is to take her to London. She believes herself to be "the Lamb" spoken of in "Revelation"

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She was found by Sergt McGill at the Railway Station on Saturday night (2nd inst) waiting for the Prince of Wales. She has to be removed forcibly & taken home in a cab. Her attendants state that during Saturday night & Sunday morning she remained awake all night. She says "gentle Scripture" & sometimes sings without any apparent cause.

Name and Medical Designation, Walter B Hastings MB & CM.

Place of Abode Dalbeattie

DATED this fourth day of November One thousand eight hundred and ninety-five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Lampson (1) Sheriff-Substitute of ~~the~~ (2) Dumfries and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (3) James Menzies Auction, Inspector of Poor, Ury Dalbeattie Certificates under the hands of Samuel Archibald Daniel Gillespie and Walter Buchanan Hastings, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Herries, Alpine Terrace, Dalbeattie, (a pauper) and that the said Mary Herries — is a (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 Herries — 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 Herries which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Fourth day of November One thousand eight hundred and ninety five years.

Geo. Lampson

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(7) Public, District, Parochial, or Private.

No 7730

Mary Ann Henries

dam - 4 November 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Renfrew & Bute *of the* (2) County *and his Substitutes,—*

The Petition of Alexander Borland, Bootmaker Greenock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Kenneth Hector McKenzie aforenamed your Petitioner's (3) Wife's Cousin is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Kenneth Hector McKenzie to the Crichton Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Alex Borland

(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 ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Kenneth Hector McKenzie
2. Sex and Age,	Male 33
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Certificated Teacher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Greenock
7. Place where Found and Examined,	Greenock
8. Length of time Insane,	About 2 years
9. Whether First Attack,	No
10. Age (if known) on First Attack,	31
11. When and where previously under Examination and Treatment (5)	Not previously under examination
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not at present
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Mary McKenzie, 4 Whitehill Street Dennistoun, Glasgow – Aunt. None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under examination or treatment, state fact.

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 ninety five.

(To be signed by the party applying) Alex Borland

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Wallace, being a (1) Regd. Mr Med. of the Univ. of Glasgow

and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) School Board Office, Greenock in the County of Renfrew, separately from any other Medical Practitioner, visited and personally examined (4) Kenneth H. Mackenzie and that the said Kenneth H. Mackenzie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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, imagines that persons are throwing stones at him, hears voices, says that persons are shooting at him with guns & pistols, that persons have been shooting him in his head &

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr J. A. Spence Inspector of Poor, Greenock, states that on some time he has been noticed to be rather strange in manner & that he frequently appears with the [illegible]

Name and Medical Designation, James Wallace M.D.

Place of Abode, 16 Virginia St, Greenock.

DATED this fourth day of Nov. One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Johnstone Marshall being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon in Greenock do hereby certify, on soul and conscience, that I have this day, at (3) the School Board Rooms Greenock. in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Kenneth H. Mackenzie Teacher (certificated) and that the said Kenneth H. Mackenzie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 complains of people in the street shouting out "Bobs Bairn" & saying that he had "suffered from syphilis" & he told me that he could get that he had certificates from several doctors.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr John McPhail member of the School Board explained that the delusions had existed for 2 years that he was sometimes violent to the children

Name and Medical Designation, W. J. Marshall M.D.

Place of Abode Greenock

DATED this fourth day of Nov. One thousand eight hundred and 95

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the 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.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, }

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Veach, (1) Esquire, Sheriff Substitute of ~~the~~ (2) Renfrew and Bute of
having had produced to me, with a Petition at the instance of (3) Alexander Borland, Bootmaker, Greenock
Certificates under the hands of James Wallace
and William Johnstone Mankell being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Kenneth Hector McKenzie and that the said
Kenneth Hector McKenzie is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Kenneth Hector McKenzie as a Patient into the (6) Crichton Asylum ~~of~~ 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 Kenneth Hector McKenzie which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Fifth day of November One thousand eight hundred and ninety five

Jno Veach

To the Superintendent of the (7) Crichton
Asylum of at Dumfries

(7) Public, District, Parochial, or Private.

Petition

for

Alexander Borland

1895

No 7731

Kenneth Hector M. Kenzie

Dan. 5th November 1895

N.B.—*This Form shall be in the keeping of the Superintendent of the Asylum before the Order of the Sheriff is issued.*

[Form A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Robert Aitken, 6 ~~Wallace 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 Robert Aitken — to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Sixth (*) day of November, One thousand eight hundred and Ninety Five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Aitken.
2. Sex and age,	Male — 19 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Railworker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	6 Wallace St, Dumfries.
7. Place where found and examined,	Do. Do.
8. Length of time Insane,	Some weeks.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	15 years.
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Crichton Asylum about 4 years ago.
12. Duration of Existing Attack,	Not known.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable	Dumfries.
18. Date of becoming Chargeable	5th Oct. 1895.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robt Aitken, 6 Wallace St. Not known — (Grandmother)
20. Special Circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of November One thousand eight hundred and Ninety Five years

(To be signed by the party applying) Miles Mc Innes

No. 7731

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 of Glasgow at Dalry St Mary's
and being in actual practice as a (2) Physician,
do hereby certify, on Soul and Conscience, that I have this day, at (3) No 6 Wallace St Dumgries,
in the County of Dumgries, separately from any other Medical practitioner,
visited and personally examined (4) Robert Aitken,
and that
the said Robert Aitken, is a (5) Lunatic
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is quite dumb as to the sense of any question put to him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Grandmother States that he is determined to destroy every thing he can put his hands upon, and that he is irreparable.

Name and Medical Designation, W Marshall M.D.

Place of Abode, 27 Buccleuch St. Dumgries

Dated this Fifth day of November, One thousand eight hundred and ninety five years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith,
being a (1) Licentiate in Medicine & Surgery
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on Soul and Conscience, that I have this day, at (3) 6 Wallace St Dumgries,
in the County of Dumgries — separately from any other Medical Practitioner,
visited and personally examined (4) Robert Aitken, a pauper
and that
the said Robert Aitken, is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane appearance & delusions. Tells me that the world is lost & that he has lost also.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His grandmother informs me that is destructive & dangerous & unmanageable. He has attempted to injure those near him.

Name and Medical Designation, John Smith M.D.

Place of Abode, 43 Castle St Dumgries

Dated this Fifth day of November One thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff)

I, the undersigned, William Marshall

being (1) a Graduate of the Faculty of Physicians & Surgeons of Glasgow

hereby certify, on Soul and Conscience, that I have this day, at (2) 6 Wallace Street, Dumfries,

in the County of Dumfries, seen and personally examined Robert Aitken, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State Medical qualification.

(2) State place of Examination.

And I further certify that the case of the said person is one of Emergency.

W. Marshall M.D.

DATED this Fifth day of November, One thousand eight hundred and Ninety Five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein Robert Aitken to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. } Inspector of Poor

Signature and Address, Miles Mc Innes, Insp. of Poor, Dumfries

Date, 5th November 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, Esq. Sheriff-Substitute ~~of the County~~ of Dumfries and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (1) Miles Mc Innes, 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 (2) Robert Aitken 6 Wallace Street, Dumfries (a pauper) and that the said Robert Aitken is a (3) 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 Aitken as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Robert Aitken which accompanied the said Petition.

(1) Insert Name and Designation.

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Seventh day of November, One thousand eight hundred and ninety five years

W. H. Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7732

Name Robert Aitken

Dumfries

Date of Admission, 5th November 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum under the Order of the Sheriff obtained.*

[Form A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of Miles M'Innes, Inspector of Poor for the Parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Armstrong, 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 Armstrong, to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

(*) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

Dated this Seventh (*) day of November One thousand eight hundred and Ninety Five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Armstrong.
2. Sex and age,	Male. 40 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Labourer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	12 Irish St.
7. Place where found and examined,	Ib. Do.
8. Length of time Insane,	a few days.
9. Whether First Attack,	Yes. so far as known.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Nowhere.
12. Duration of Existing Attack,	—
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable	Dumfries.
18. Date of becoming Chargeable	6th Nov 1895.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Milroy, wife residing at 12 Irish St Dumfries. 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 Sixth day of November, One thousand eight hundred and Ninety Five Years.

(To be signed by the party applying) Miles Mc Innes

No. 1732

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, *as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith, being a (1) Graduate in medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on Soul and Conscience, that I have this day, at (3) 12 Irish Dumfries, in the County of Dumfries, separately from any other Medical practitioner, visited and personally examined (4) John Armstrong, a pauper and that the said John Armstrong, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane incoherent conversation & delusions. Tells me that many people have attempted to murder him, & that they are assisted by his wife.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that she does not sleep near him. Owing to his hatred to her.

Name and Medical Designation, John Smith M.D.

Place of Abode, 47 Castle Street, Dumfries.

Dated this 26th day of November, One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, *as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) graduate of the Faculty of Physicians & Surgeons, Glasgow and College of St Andrews and being in actual practice as a (2) physician, do hereby certify, on Soul and Conscience, that I have this day, at (3) 12 Irish Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) John Armstrong, a pauper and that the said John Armstrong, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently, has delusions with regard to being beset with enemies which he alone relieves him of. etc. etc.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife's statement prompts me to believe that he has homicidal and suicidal tendencies, becomes very outrageous at

Name and Medical Designation, Wm Marshall M.D.

Place of Abode, 24 Buccleuch St Dumfries.

Dated this 26th day of November, — One thousand eight hundred and Ninety Five Years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff)

I, the undersigned, John Smith being (1) a Surgeon in Dumfries & Medical Practitioner hereby certify, on Soul and Conscience, that I have this day, at (2) 12 Irish Street Dumfries in the County of Dumfries, seen and personally examined John Armstrong, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD

Dated this 7th day of November One thousand eight Hundred and ninety five years.

(1) State Medical qualification.
(2) State place of Examination.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein John Armstrong, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. Inspector of Poor

Signature and Address, Miles Mc Innes, Insp of Poor, Dumfries

Date, 6th November 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, Honorary Sheriff-Substitute of ~~the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles Mc Innes, Inspector of Poor Dumfries, Certificates under the hands of John Smith, and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) John Armstrong, 12 Irish Street Dumfries (a pauper), and that the said John Armstrong is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE YOU to receive the said John Armstrong as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said John Armstrong, which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated this Seventh day of November, One thousand eight hundred and ninety five years. Three words deleted.

W. H. Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7733

Name. John Armstrong
Dumfries

Date of Admission. 6 November 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the order of the Sheriff is obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway ——— *and his Substitutes,—*

The Petition of Alexander Mc. Clellan Presbyterian Minister Rymott Vicarage Wooler Northumberland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret Thomson or Mc. Clellan your Petitioner's (1) 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 authorise the transmission of the said Margaret Thomson or Mc. Clellan to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which petitioner stands to Lunatic.

(To be signed by the Party applying) Alex. Mc. Clellan

DATED this sixth (2) day of November One thousand eight hundred and ninety five

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any 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 Thomson or Mc. Clellan.
2. Sex and Age,	Female 67 years
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and previous Occupation (if any),	Household duties.
5. Religious persuasion, so far as known,	Free Church of Scotland.
6. Previous Place of Abode,	Gatehouse of Fleet.
7. Place where Found and Examined,	Do.
8. Length of Time Insane,	Cannot say
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	61 years
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Gatehouse of Fleet, Crichton Royal Institution 1894.
12. Duration of Existing Attack,	Cannot say.
13. Supposed Cause,	Drunkenness.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Mc. Clellan 1 Hampden Terrace, Mount Florida Glasgow and Alexander Mc. Clellan Rycroft Villas, Wooler, Northumberland. Sons. 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 sixth day of November One thousand eight hundred and ninety five

(To be signed by party applying) Alex. Mc. Clellan

MEDICAL CERTIFICATE No. I.

I, the undersigned James Nichol Cay ——— being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner ——— do hereby certify, on soul and conscience, that I have this day, at (3) High St. Gatehouse of Fleet ——— in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Margaret McClellan ——— and that the said Margaret McClellan ——— is a (5) a person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She is in a state of great excitement, at times violent and quite unable to control herself. She has previously been an inmate of the Crichton Institution

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Daughter in law says she is quite unable to take care of herself, at times quite incoherent, her statements unreliable, & is so much given to thirst that she dangerous to herself & neighbours

Name and Medical Designation, James Nichol Cay L.R.C.S.Edin
Place of abode, Gatehouse of Fleet

DATED this sixth day of November One thousand eight hundred and ninety five

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Duncan Mackenzie being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3), Crichton Royal Institution ——— in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Thomson or McClellan Kennedy Gatehouse of Fleet and that the said Margaret McClellan ——— is a (5) Person of unsound mind and a proper person to be detained 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 of an excited appearance and manner she has not slept for many nights and has previously been in an Asylum

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Son says that she is much excited, and is unmanageable and can be believed as in fact a dangerous

Name and Medical Designation, A. D. Mackenzie M.D.
Place of abode, 18 Castle St Dumfries

DATED this 6th day of Nov One thousand eight hundred and Ninety five

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Alexander Dall MacDonald being (1) Resident Physician hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution Dumfries in the County of Dumfries, seen and personally examined Margaret McClellan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

Alex. D. MacDonald MD

DATED, this 6th day of Nov One thousand eight hundred and Ninety five

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Margaret Thomson or McClellan to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son

Signature and Address, Alex. McClellan, Ryecroft Villa, Wooler Northumberland

Date, 6th November 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Sheriff Substitute of ~~the the County of~~ Dumfries and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (1) Alexander McClellan, Presbytinan Minister, Ryecroft Villa, Wooler, Northumberland Certificates under the hands of James Nichol Cox and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Margaret Thomson, or McClellan, High Street, Gatehouse-of-Fleet. (Peters Mother) — and that the said Margaret Thomson or McClellan is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Margaret Thomson or McClellan — as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her — Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Thomson or McClellan which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eighth day of November — One thousand eight hundred and ninety five years. four words deleted

Geo Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7734

Name, Margaret Thomson or McClellan

Date of Admission, 6 November 1895

N.—*This Form shall be in the keeping of the Resident of the Asylum under the order of the Sheriff thereof.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway *and his Substitutes,—*

The Petition of Ebenezer Beattie, Dalton hook, Lockerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Janet Beattie your Petitioner's (1) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Janet Beattie to the Crichton Royal Institution at Dumfries, and and to Sanction Her admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Ebenezer Beattie

DATED this Seventh (2) day of November One thousand eight hundred and Ninety five

(2) Give date of the Petition within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any 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 Beattie
2. Sex and Age,	Female 30 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Household Work
5. Religious persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dalton hook
7. Place where Found and Examined,	
8. Length of Time Insane,	4 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of Reception of approximation thereto,	
12. Duration of Existing Attack,	Unknown
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	"
16. Whether dangerous to others,	"
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Ebenezer Beattie (Father) Dalton hook Lockerbie
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of November One thousand eight hundred and Ninety five years

(To be signed by party applying) Ebenezer Beattie

MEDICAL CERTIFICATE No. I.

I, the undersigned Alexander Duff MacDonald being a (1) Graduate of Edinburgh Universe and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Beattie Spinster of Dalton Hook Dumfriesshire and that the said Janet 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 incoherent in her language and rambles very much from one subject to another. Says she is under the influence of Mesmerism

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been told by the relations as to having been in the habit &c.

Name and Medical Designation, Place of abode, A D MacDonald MD 18 Castle St Dumfries

DATED this 7th day of Nov One thousand eight hundred and ninety five

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Thomas Jupson being a (1) Graduate of Edinburgh University and being in actual practice as a (2) physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Beattie Spinster of Dalton Hook Dumfriesshire and that the said Janet 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) Seeks in a rambling incoherent manner & is unable to answer questions sensibly so as to be intelligible

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Place of abode, Thomas Jupson MD 16 Castle St Dumfries

DATED this seventh day of November One thousand eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Thomas Finlayson Macdonald being (1) a Bachelor of Medicine and Master in Surgery 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 Janet Beattie , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

Thomas F. Macdonald MB. CM.

DATED, this seventh day of November One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Janet Beattie to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address, Ebenezer Beattie Dalton hook Lockerbie

Date, 7 Nov. 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Sheriff Substitute of ~~the the County of~~ Dumfries and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (1) Ebenezer Beattie, Daltonhook, Lockerbie Certificates under the hands of Alexander Dall MacDonald and Thomas Ferguson , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Janet Beattie, Spinster, Daltonhook, Dumfriesshire (Peters Daughter) and that the said Janet Beattie is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Janet Beattie as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Beattie which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eighth day of November One thousand eight hundred and ninety five years. Four words deleted

Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7735

Name, Janet Beattie

Date of Admission, 7 November 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ *of* Renfrew & Bute *and his Substitutes,*—

The Petition of John Thomson Pollock Teacher 9 Wellmeadow Street, Paisley

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Thomson Pollock sister 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 Jessie Thomson Pollock to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Thomson Pollock

(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 November One thousand eight hundred and ninety-five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jessie Thomson Pollock
2. Sex and Age,	female, 39 years.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Housekeeper & Teacher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	9 Wellmeadow, Paisley.
7. Place where Found and Examined,	9 Wellmeadow, Paisley,
8. Length of time Insane,	Two weeks
9. Whether First Attack,	second attack
10. Age (if known) on First Attack,	29 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	At Home
12. Duration of Existing Attack,	Two weeks
13. Supposed Cause,	Digestive disturbance & consequent low diet.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes !!
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Thomson Pollock 9 Wellmeadow, Paisley. Brother — No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of November One thousand eight hundred and ninety-five

(To be signed by the party applying) John Thomson Pollock

T & A. C.—Dec. 1893. P. p.

No. 1135

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind."

I, the undersigned, Frank Sherman
being a (1) Bachelor of Medicine & Master of Surgery
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 9 Wellmeadow
Mt. Pauley. in the County of
Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) Jessie Thomson Pollock
9 Wellmeadow St. Pauley and that
the said Jessie Thomson Pollock is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I found her unconscious from the taking of Laudanum (3iv.) which she admitted having taken for the purpose of self destruction. Her natural expression of countenance & gait changed. She is of opinion that her soul is lost. She attempted suicide three times during the years of.

(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, Frank Sherman L.R.C.P.

Place of Abode, 7 N. James R. Pauley.

DATED this twenty day of November One thousand eight hundred and ninety five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William J. Gibb
being a (1) Doctor of Medicine
and being in actual practice as a (2) Physician & surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 9 Wellmeadow
St. Paisley in the County of
Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) Jessie Thomson Pollock,
9 Wellmeadow St. Paisley, and that
the said Jessie Thomson Pollock is a (5) person of unsound
mind and a proper person to be detained
under Care and Treatment, 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 third instant I found her suffering from Coma, the result of laudanum taken by her with suicidal intent. She states that she wished rather die than live, because she believes her soul is lost.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

John Thomson Pollock, her brother, states she has been much depressed for about two months.

Name and Medical Designation, William J. Gibb M.D.

Place of Abode Paisley

DATED this seventh day of November One thousand eight hundred and ninety five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, ——————

Signature and Address ——————

Date ——————

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Hugh Cowan, advocate, (1) Sheriff Substitute of the (2) of Renfrew and Bute having had produced to me, with a Petition at the instance of (3) John Thomson Pollock, Teacher, 9 Wellmeadow Street Paisley Certificates under the hands of Frank Shearar, M.B.C.M Paisley and William H. Gibb M.D. there, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie Thomson Pollock, 9 Wellmeadow, Paisley and that the said Jessie Thomson Pollock is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie Thomson Pollock as a Patient into the (6) Crichton Royal ~~Asylum of~~ Institution, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie Thomson Pollock which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Eighth day of November One thousand eight hundred and ninety five

Hugh Cowan

To the Superintendent of the (7)
Crichton ~~Asylum of~~ Royal Institution Dumfries.

(7) Public, District, Parochial, or Private.

No 7736

Jessie Thomson Pollock

Adm. 8 November 1895.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Lanark. — *and his Substitutes,—*

The Petition of Thomas Brown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Watson Brown 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 Alexander Watson Brown to the Crichton Royal Institute and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Thomas Brown

(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 Ninetyfive

STATEMENT.

If any 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 Watson Brown
2. Sex and Age,	Male. 44 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,	none Protestant Academy Street
6. Previous Place of Abode,	Coatbridge ~~21 years~~ do
7. Place where Found and Examined,	do
8. Length of time Insane,	From Birth
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	From Infancy.
11. When and where previously under Examination and Treatment (5)	Larbert Institution 33 years ago.
12. Duration of Existing Attack,	From Birth
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas Brown. Father. No 6 Academy St. Coatbridge — Jessie Brother. Roberts. —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has been previously in an Establishment, state name and date of latest admission or approximate date thereto. If never previously under observation or treatment state that fact.

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 95 years.

(To be signed by the party applying) Thomas Brown

T. & A. C.—Mch. 1895. P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Munro
being a (1) L.R.C.P.S.
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 6 Academy Street Coatbridge in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Alexander Watson Brown 6 Academy Street Coatbridge and that the said Alex. Watson Brown is a (5) idiot and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Known him for the last 21 years as an imbecile unsound mind unable to take care himself fed himself & constantly talking himself but street & addicting himself as an imbecile person

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Do not require any. Certain
Father.

Name and Medical Designation, Robert Munro Surgeon

Place of Abode, St John Street Coatbridge

DATED this 4th day of November One thousand eight hundred and 95.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Farquharson
being a (1) M.D. of Aberdeen University
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 6 Academy Coatbridge, Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander Watson Brown, 6 Acad. St. Coatbridge, and that the said Alexander Watson Brown, is a (5) ~~imbecile~~ idiot - S.T. and a proper person to be detained under Care and Treatment, 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 idiotic - cannot converse on any subject - has no idea of supporting himself - often urinates & himself - very positive -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Father.
Requires supervision - Man very excitable frequently to be controlled -

Name and Medical Designation, J. Farquharson M.D.

Place of Abode Coatbridge

DATED this 5th day of Nov. One thousand eight hundred and 95 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.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, ____

Signature and Address ____

Date ____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Andrew Mann Bryde (1) Acting Sheriff Substitute
of the (2) County of Lanark.
having had produced to me, with a Petition at the instance of (3) Thomas Brown
Certificates under the hands of Robert Munro. L. R. P. S. G.
and James Farquharson. M. D, being two Medical Persons duly qualified in terms of the Act, intituled "An Act for the Regulation of the Care and Treatment 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 Watson Brown and that the said Alexander W. Brown is a (5) Idiot
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Watson Brown as a Patient into the (6) Royal Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Watson Brown which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Seventh day of November One thousand eight hundred and ninety five years.

W. Lindores Mann

To the Superintendent of the (7) Royal
Asylum of Dumfries.

(7) Public, District, Parochial, or Private.

No 7737

Alexander Watson Brown

adm. 9 November 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of Thomas Brown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Brown 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 Brown to the Crichton Royal Institute and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Thomas Brown

(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 ninety five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Brown
2. Sex and Age,	Male 31 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,	Some Protestant.
6. Previous Place of Abode,	Coatbridge
7. Place where Found and Examined,	Do 6 Academy St.
8. Length of time Insane,	From Birth
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	none.
12. Duration of Existing Attack,	Life
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 Brown No 6 Academy St. Coatbridge A Brother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has been previously in an Asylum, state name and date of latest admission or approximate thereto. If previously under examination or treatment, state fact.

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 95 years.

(To be signed by the party applying) Thomas Brown

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robt Brown being a (1) L.F.P.S.G. and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Academy Street Coatbridge in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Robert Brown and that the said Robert Brown is a (5) Idiot and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Know him for the last 20 years as an Idiot and of unsound mind. From his actions in house and on street

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Father Dont require any Certain

Name and Medical Designation, Robert Brown

Place of Abode St. Johns Street Coatbridge

DATED this 4th day of Nov. One thousand eight hundred and 95

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Farquharson being a (1) M.D. Aberdeen University. and being in actual practice as a (2) General practitioner, do hereby certify, on soul and conscience, that I have this day, at (3) 6 Academy St. Coatbridge, Lanark. in the County of separately from any other Medical Practitioner, visited and personally examined (4) Robert Brown, 6 Academy St. Coatbridge and that the said Robert Brown is a (5) ~~Idiot~~ idiot sic. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Idiotic - has no idea of supporting himself - is careless of his habits & clothes -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Father - Requires Supervision at times, but Generally Quiet.

Name and Medical Designation, J. Farquharson M.D.

Place of Abode Coatbridge

DATED this 5th day of Nov. One thousand eight hundred and 95 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.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, ——————

Signature and Address ——————

Date ——————

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Sidney Muir Esqr. Sheriff Substitute
of the (1) County of Lanark.
having had produced to me, with a Petition at the instance of (2) Thomas Brown.
Certificates under the hands of Robert Munro L.F.P.S.G.
and James Farquharson M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3)
Robert Brown and that the said
Robert Brown is a (4) Idiot
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Brown as a Patient into the (5) Royal Asylum of Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Brown, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED this Seventh day of November One thousand eight hundred and ninety five years.

Wm Sidney Muir

To the Superintendent of the (7) Royal
Asylum of Dumfries

(7) Public, District, Parochial, or Private.

No 7738

Robert Braun

adm. 9 November 1895.

BOARD OF LUNACY
NOV. 95
SCOTLAND

12357

[FORM B.]

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 James Dill
at present a Patient in Greenock Parochial Asylum and (1) a pauper lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Northern Counties Asylum Dumfries
hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James Dill and a Medical Certificate with respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James Christison
(2) Inspector of Poor Kirkinner Parish

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Barglass Kirkinner this 1st day of Nov. 1895 One thousand eight hundred and

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Dill
2. Sex and Age,	Male 38 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Seaman
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	6th July 1895
7. Length of time Insane,	About 4 months
8. Whether first Attack,	Said to have been in Garthavel Asy.
9. Age (if known) on first Attack,	Unknown
10. Duration of existing Attack,	About 4 months
11. Supposed Cause,	Accident to Shoulder
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,	Kirkinner
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Wife. Ann Paterson Dill 57 Churchway, North Shields

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Christison

DATED this fourth day of November One thousand eight hundred and ninety five

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned James Wallace.

(1) State Medical Qualification.
(2) Name Asylum.

being (1) M.B. Edinb. in Med. & Phy. Univ. of Glasgow
hereby certify that I have this day at (2) Smithston Asylum
personally examined James Dill, at present a
Patient in said Asylum, and with respect to his Mental State that he is
operated with Chronic Mania;

; and with respect to his
Bodily Health and Condition that they are indifferent

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties.

James Wallace, M.B.

Dated this first day of Nov. One thousand eight hundred and ninety-five.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of James Dill
from Greenock Parochial Asylum
to Crichton Royal Institution
, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Fraser Commissioner.

Dated at Edinburgh, this 3rd day of November One thousand eight hundred and ninety-five.

No 7739
James Dill
Petitioner
Adm. 11 November 1895

Date of Sheriff's Order.
8th July 1895.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries and Galloway *and his Substitutes,*—

The Petition of James Menzie Austin, Inspector of Poor of the Parish of Urr.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Eleanor Halliday, Fifthhead, Urr, 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 Eleanor Halliday 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.

(To be signed by the Party applying) J. M. Austin.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this thirteenth (*) day of November, One thousand eight hundred and ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Eleanor Halliday.
2. Sex and Age,	Female - 18 -
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,	Craigmath.
7. Place where Found and Examined,	Fifthhead.
8. Length of time Insane,	3 or 4 days.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	
12. Duration of Existing Attack,	3 or 4 days.
13. Supposed Cause,	post-diphtheritic
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no,
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Urr.
18. Date of becoming Chargeable,	13 Nov- 1895.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Halliday Craigmath Dalbeattie. Father was under asylum treatment.
20. Special circumstances (if any) preventing the 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 November, One thousand eight hundred and ninety five.

(To be signed by the Party applying) J. M. Austin.

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, Samuel Archibald David Gillespie, being a (1) Bachelor of Medicine & Master in Surgery, Univ. Edin.

and being in actual practice as a (2) General Practitioner, do hereby certify, on soul and conscience, that I have this day, at (3) Firthhead Farm House, Urr, in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Eleanor Halliday, Domestic Servant Firthhead. Pauper, and that the said Eleanor Halliday is a (5) Person of unsound mind, and a proper Person to be detained under Care and Treatment, 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 throws her arms about in a wild manner. Always in a state of unrest. Also keeps clapping her hands, & bowing to imaginary persons. Imagines herself to be someone in a higher rank of society. At times stares and runs about very wildly. Her father has been in Asylum 8 years ago.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother says, she often takes periods of shouting Hymns & talking Scripture. Tells peculiar stories with no reality in them. Has to be forcibly held in bed at times, and is very violent. Throws missiles at anyone in the room, should she get hold of something in a dangerous manner. Had been [illegible]

Name and Medical Designation, S A D Gillespie, MB & CM Edin

Place of Abode, Dalbeattie

Dated this thirteenth day of November, One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alfred William Anderson being a (1) Bachelor of Medicine & Master of Surgery. Univ. Edin.

and being in actual practice as a (2) General practitioner, do hereby certify, on soul and conscience, that I have this day, at (3) Melville Firthhead Farm House, Urr, in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Eleanor Halliday, Domestic Servant Firthhead. Pauper, and that the said Eleanor Halliday is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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 acutely maniacal, talks incoherently, restless & violent in her behaviour & with difficulty restrained.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother informs me that she is very unmanageable, dirty in her habits & refuses food, does not sleep.

Name and Medical Designation, A W Anderson M.B.C.M. Edin

Place of Abode Dalbeattie

Dated this thirteenth day of November, One thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alfred William Anderson
being (1) Bachelor of Medicine & master of Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Meikle Fithhead
in the County of Kirkcudbright, seen and personally examined
Eleanor Halliday, pauper,
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

A.W. Anderson

DATED this thirteenth day of November, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties
Asylum to receive therein Eleanor Halliday
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor of Urr

Signature and Address J. M. Austin, Dalbeattie

Date 13 Nov. 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute
of (3) Dumfries and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (4) James Menzies Austin, Inspector of Poor, Urr, Dalbeattie,
Certificates under the hands of Samuel Archibald David Gillespie,
and Alfred William 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 (5)
Eleanor Halliday, Fithhead, Urr, Dalbeattie, (a pauper)
and that the said
Eleanor Halliday, 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 Eleanor Halliday, as a Patient into the (7) 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 Eleanor Halliday, which accompanied the said Petition.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(7) Public, District, Parochial, or Private.

DATED this Fourteenth day of November, One thousand eight hundred and ninety five years.

Geo. Campion

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(7) Public, District, Parochial, or Private.

No 7740

Eleanor Halliday

Wr.

Adm. 13 November 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum under the order of the Sheriff received.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway *and his Substitutes,—*

The Petition of James Davidson, Wool Manufacturer, New Bank Mill, Kirkpatrick Durham, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jane Hendry or Davidson

State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Jane Hendry or Davidson to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(To be signed by the Party applying) James Davidson

The date of the Petition to be within fourteen clear days following the dates of the Medical Certificate.

DATED this 14th (2) day of November One thousand eight hundred and ninety-five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Hendry or Davidson
2. Sex and Age,	Female 65 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,	New Bank Mill, Springholm Dalbeattie
7. Place where Found and Examined,	
8. Length of Time Insane,	six months
9. Whether First Attack,	First
10. Age (if known) on First Attack,	65
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception or approximation thereto,	—
12. Duration of Existing Attack,	six months
13. Supposed Cause,	after Influenza
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,	James Davidson Husband New Bank Mill Springholm Dalbeattie
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none
	none

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of November One thousand eight hundred and ninety-five years.

(To be signed by party applying) James Davidson

MEDICAL CERTIFICATE No. I.

I, the undersigned John Meggat
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Newbank Mills Springholm in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Jane Hendry or Davidson Newbank Mills, Springholm and that the said Jane Hendry or Davidson is a (5) person of unsound mind —and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She says people a continually tapping at her bedroom window, asking her to come o open bottom & taking away the things in her house also wishes take away her husband. She says the people talking to her are people who

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband says she was three times at the beside the house to drown herself this morning. She is most sus of all his actions & jealous of every female who speaks to him

Name and Medical Designation, John Meggat M.B.C.S.
Place of abode, Kirkpatrick-Durham, Dalb

DATED this tenth day of November One thousand eight hundred and ninety five 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 Walter Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Newbank Springholm in the County of Kirkcudbright — separately from any other Medical Practitioner, visited and personally examined (4) Jane Hendry or Davidson Newbank Mills, Springholm, and that the said Jane Hendry or Davidson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has delusion which constantly annoy her and keep her restless and unhappy - She hears people talking to her during the night at the windows who threaten and trouble her - She fancies she has the people from their doors - always in terror her husband will be take from her and she will never see him again.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband says she is always watching him in case of his being lost - He also says that she made several attempts to throw herself into the pool at the dam for the purpose she says of being rescued by him

Name and Medical Designation, Walter Lorraine M.D. Edin
Place of abode, Castle Douglas

DATED this tenth day of November One thousand eight hundred and ninety five 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 Norman Finlayson Macdonald being (1) a Bachelor of Medicine and Master in Surgery 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 Jane Hendry or Davidson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

Norman F. Macdonald

DATED, this fourteenth day of November One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Jane Hendry or Davidson to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address, James Davidson

Date, 14 November 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Sheriff Substitute of ~~the the County of~~ Dumfries and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (1) James Davidson, Wool Manufacturer, New Bank Mill, Kirkpatrick Durham. Certificates under the hands of John Meggat and Walter Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Jane Hendry or Davidson, New Bank Mill, Kirkpatrick-Durham (Wife of) and that the said Jane Hendry, or Davidson is a (3) person of unsound mind — and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Jane Hendry or Davidson — as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Hendry, or Davidson, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Sixteenth day of November One thousand eight hundred and ninety-five years

Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7741

Name, Jane Hendry or Davidson

Date of Admission, 14 November 1895

B.—*This Form shall be in the keeping of the Superintendent of the Asylum and the order of the Sheriff be printed.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway; _____ *and his Substitutes,—*

The Petition of Robert Benjamin Houston, farmer, Ballykisteen, Tipperary; humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Joseph Anderson Houston, Merchant, Ballykisteen, Tipperary, _____ your Petitioner's (1) 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 authorise the transmission of the said Joseph Anderson Houston, _____ to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Rob B Houston

DATED this Nineteenth (2) day of November, One thousand eight hundred and ninety five years.

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any 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 Anderson Houston.
2. Sex and Age,	Male. 44.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any).	Merchant.
5. Religious persuasion, so far as known,	Presbyterian.
6. Previous Place of Abode,	Ballykisteen, Tipperary.
7. Place where Found and Examined,	Do. Do.
8. Length of Time Insane,	
9. Whether First Attack,	No. 2d
10. Age (if known) on First Attack;	42.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception or approximation thereto,	Crichton Royal Institution 13 Jan 1894 & 25 Sept 1894.
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,	Brother. Robert Benjamin Houston, Ballykisteen, Tipperary. Mother when 50 years of age.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this Nineteenth day of November, One thousand eight hundred and ninety five years.

(To be signed by party applying) Rob B Houston

MEDICAL CERTIFICATE No. I.

I, the undersigned Alexander Thomson ——
being a (1) Doctor of Medicine of Glasgow
Universities — and Surgeon
and being in actual practice as a (2) Physician + Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries, in the County of Dumfries, — separately from any other Medical Practitioner, visited and personally examined (4) Joseph Anderson Heuston, Merchant, Bally Kisteen, Jedburgh —and that the said Joseph Anderson Heuston —— is a (5) person of unsound mind —and a proper person to be detained 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 suspicious of those around him: thinks Real-his food is poisoned, and that all that he Eats and drinks makes him sick.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex Thomson M.D., &c.
Place of abode, 27 Castle St. Dumfries

DATED this Nineteenth day of November, One thousand eight hundred and ninety five 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 William Hegley L.R.C.P. &c.
being a (1) Physician ——
and being in actual practice as a (2) Physician,
hereby certify, on soul and conscience, that I have this day, at (3) Bally Kisteen ~~Cottage of Joseph Heuston Esq~~ — in the County of Roxburgh, separately from any other Medical Practitioner, visited and personally examined (4) Joseph Heuston, Esq of Bally Kisteen, and that the said Joseph Heuston is a person ~~of unsound mind~~ a proper person to be detained 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 told me Relatives at Bally Kisteen were poisoning him & otherwise persecuting him.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I have a letter written by her son dated stating that he was poisoning him. He put the matter into the hands of the Police.

Name and Medical Designation, William Hegley
Place of abode, Ross Cottage

DATED this 16th day of November, One thousand eight hundred and ninety five 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 William Heyes, ——
being (1) L.R.C.S.I. & L.M. ——
hereby certify, on soul and conscience, that I have this day, at (2) Ballykisteen, ——
in the County of Tipperary, ——, seen and personally examined Joseph Houston, Esq. ——, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

William Heyes

DATED, this 16th day of November — One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Joseph Anderson Houston —— to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother.

Signature and Address, Robt B Houston Ballykisteen Tipperary.

Date, 19th November 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, —— Sheriff Substitute of the the County of Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (1) Robert Benjamin Houston, Farmer, Ballykisteen, Tipperary, —— Certificates under the hands of Alexander Thomson, —— and William Heyes, ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Joseph Anderson Houston, Merchant, Ballykisteen, Tipperary, (Petrs Brother), and that the said Joseph Anderson Houston — is a (3) person of unsound mind, —— and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Joseph Anderson Houston —— as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his — Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Anderson Houston, —— which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twentieth day of November — One thousand eight hundred and ninety five years.

Geo Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7742

Name, Joseph Anderson Houston

Date of Admission, 19 November 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Shire~~ of Dumfries & Galloway, *and his Substitutes,*—

The Petition of

Peter Russell, Upholsterer, Church Street, Moffat,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Cameron Russell,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Daughter, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Cameron Russell to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Peter Russell

(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 November One thousand eight hundred and Ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Cameron Russell.
2. Sex and Age,	Female. Age 30 Years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Dressmaker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Church Street, Moffat.
7. Place where Found and Examined,	Church Street, Moffat.
8. Length of time Insane,	Ten Days.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	30 Years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	
12. Duration of Existing Attack,	10 Days.
13. Supposed Cause,	Not Known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	May become 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,	Peter Russell, Upholsterer, Church Street, Moffat.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of November 19th One thousand eight hundred and ninety five.

(To be signed by the Party applying) Peter Russell

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Brown White,
being a (1) Graduate of Edinburgh University,
and being in actual practice as a (2) Physician and Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) Church Street. Moffat,
in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Cameron Russell, Dressmaker
and that the said Elizabeth Cameron Russell is a (5) person of unsound mind, and a proper Person to be detained 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 behaves in a noisy manner - talking nonsense continually, often singing & shouting at the top of her voice. Makes rambling & inaccurate statements which are ludicrous. Throws herself about & smashes various articles which she can get a hold of.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her father & sister state that she is very noisy - either talking singing or screaming for hours at a time - that she breaks various articles in the house talks rubbish and imagines all kinds of things.

Name and Medical Designation, L.B.White MB & CM (Edn

Place of Abode, Moffat

DATED this eighteenth day of November, One thousand eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, David Hutchison,
being a (1) Graduate of Edinburgh University,
and being in actual practice as a (2) Physician & Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) Church Street, Moffat,
in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Cameron Russell - Dressmaker,
and that the said Elizabeth Cameron Russell is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Behaved in a very noisy manner, shouting, screaming - singing - said she was born without arms - which is not the case. Called me Tot. Jonger.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Father says she is constantly shouting & singing & throwing furniture about & breaking the cups &c.

Name and Medical Designation, David Hutchison MB CM

Place of Abode Moffat

DATED this eighteenth day of November, One thousand eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Brown White, being (1) an M.B. & C.M. of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Church St. Moffat in the County of Dumfries, seen and personally examined Elizabeth Cameron Russell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.

(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

T. B. White

DATED this eighteenth day of November, One thousand eight hundred and ninety five. -

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum Asylum to receive therein Elizabeth Cameron Russell, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address Peter Russell Church St

Date 19th November 1895. -

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion (1) Sheriff-Substitute, of the (2) Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (3) Peter Russell, upholsterer, Church Street, Moffat, Certificates under the hands of Thomas Brown White, and David Huskie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Cameron Russell Church Street, Moffat, Peter Russell and that the said Elizabeth Cameron Russell is a (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 Cameron Russell, 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 Cameron Russell which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED this Twentieth — day of November, One thousand eight hundred and ninety five years. -

Geo. Campion

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries. -

(7) Public, District, Parochial, or Private.

7743

Elizabeth Cameron Russell

Adm. 19 November 1895.

N.B.—*This Form shall remain in the keeping of the Procurator of the Asylum under the Order of the Sheriff thereanent.*

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries & Galloway

and his Substitutes.

The Petition of John Mackie Thomson, Cally Gardens, Gatehouse:

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that your Petitioner's (1) father John Thomson is at present in a state of Mental Derangement, and a proper Person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Thomson, to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(1) State Degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John M. Thomson, Son.

DATED this Wednesday (2) ~~day of~~ 20th Nov. 1895.

~~One thousand eight hundred and~~

(2) The date of the Petition must be within four 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 Thomson
2. Sex and age,	male, over 80,
3. Married, Single, or Widowed,	widower
4. Condition of Life, and previous Occupation (if any),	Correct active, Keeping Fly trap trout
5. Religious Persuasion, so far as known,	
6. Previous place of abode,	Kilbrackmont, Colinsburgh, Fife,
7. Place where found and examined,	Cally Gardens. Gatehouse,
8. Length of time Insane,	not visible for 10. or 12 months,
9. Whether First Attack,	gradually
10. Age (if known) on First Attack,	over 80,
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	
12. Duration of Existing Attack,	10 or 12 months, gradually getting worse
13. Supposed Cause,	don't no.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Mackie Thomson Son Cally Gardens Gatehouse
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	no, none.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Wednesday, ~~day of~~ 20th Nov ~~One thousand eight hundred~~ 1895.

(To be signed by the Party applying) John M. Thomson

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Nichol Cox, ——
being a (1) Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner, ——
do hereby certify, on Soul and Conscience, that I have this day, at (3) Cally Gardens, Gatehouse of Fleet, —— in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) John Thomson, —— and that the said John Thomson, —— is a (5) person of unsound mind, —— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

He is suffering from excitement & is wandering & incoherent in his talk. He thinks he is very ill & lies in bed groaning, refuses food & yet will not allow any one to attend to him.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

John Thomson his son informs me that he wanders away from his home causing his friends much anxiety. At times he refuses to speak & will not allow himself to be washed & kept clean. He imagines his friends put poison in his food, & they have no control over him.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

Name and Medical Designation, James Nichol Cox, L.R.C.S.Ed.

Place of Abode, Woodlyn, Gatehouse of Fleet

DATED this twentieth —— day of November, —— One thousand eight hundred and Ninety five.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Peter Murray Kerr, ——
being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh,
and being in actual practice as a (2) General Practitioner, ——
do hereby certify, on Soul and Conscience, that I have this day, at (3) Carlton Royal Institution, —— in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) John Thomson, Cally Gardens Gatehouse of Fleet, —— and that the said John 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)

He is depressed: believes himself to be very ill: sits & mutters to himself incoherently & has the delusion that poison is put into his food by others.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode, 20 Castle Street Dumfries.

DATED this Twenty first day of November, One thousand eight hundred and ninety five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Peter Murray Kerr
being (1) Bachelor of Medicine & Master in Surgery,
hereby certify, on Soul and Conscience, that I have this day, at (2) 20 Castle Street, Dumfries,
in the County of Dumfries, seen and personally examined John Thomson,
Person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said Person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Peter Murray Kerr

DATED this ~~Eleventh~~ twenty first day of November One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein John Thomson
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son

Signature and Address, John M. Thomson, Cally Gardens. Gatehouse

Date, 24th Nov 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute ~~of the County~~ of Dumfries and Galloway at Dumfries,
having had produced to me, with a Petition in the instance of (1) John Mackie Thomson, Cally Gardens, Gatehouse,
Certificates under the hands of James Nicholson Cox,
and Peter Murray 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 (2) John Thomson, Cally Gardens, Gatehouse, (Peter's father)
and that the said John Thomson, is a (3) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Thomson, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Thomson which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty-second day of November One thousand eight hundred and ninety five years.

Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7744

Name, John Thomson

Date of Admission, 21 November 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Shire~~ of Dumfries and Galloway and his Substitutes,—

The Petition of John Laurie, Inspector of Poor for the Parish of Annan.—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rodger Wilson, ——

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) ~~Inspector~~ Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Rodger Wilson, ——, to the Southern Counties Asylum and to sanction his admission into the said Asylum. his words deleted

(*To be signed by the Party applying*) John Laurie

(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 November, One thousand eight hundred and ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rodger Wilson.
2. Sex and Age,	Male, age 13 4/12 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Protestant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Plumdon Cottage, near Annan.
7. Place where Found and Examined,	Plumdon Cottage, near Annan.
8. Length of time Insane,	about five months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	—
12. Duration of Existing Attack,	about five months
13. Supposed Cause,	Epilepsy.
14. Whether subject to Epilepsy,	Yes.
15. Whether Suicidal,	Doubtful.
16. Whether Dangerous to others,	Annan meantime.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	21st Nov. 1895.
18. Date of becoming Chargeable,	James Wilson Gardener Plumdon Cottage.—Father.—
19. Christian Name and Surname, and Place of Abode of nearest known 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 21st day of November, One thousand eight hundred and ninety five.

(*To be signed by the party applying*) John Laurie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Lindsay Howie,
being a (1) Bachelor of medicine & master in Surgery of Glasgow University & Physician & Surgeon,
and being in actual practice as a (2)
do hereby certify, on soul and conscience, that I have this day, at (3) Plumdon Cottages, near Annan,
in the County of Dumfries,
separately from any other Medical Practitioner, visited and personally examined (4) Rodger Wilson, Pauper Plumdon Cottages, Annan
and that the said Rodger Wilson,
is a (5) Idiot & epileptic,
and a proper Person to be detained under Care and Treatment, 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 demeanour of the patient is characteristic: He has a vacant meaningless smile & his mental faculties are distinctly impaired.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His father states that he has suffered from repeated violent epileptic fits, at times his conduct is noisy & boisterous & his mind weak & under

Name and Medical Designation, J. Lindsay Howie M.B.

Place of Abode, 23 Port St. Annan.

DATED this twenty-first day of November, One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Daniel Mackenzie,
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University,
and being in actual practice as a (2) General Medical Practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) Plumdon Cottage, Annan,
in the County of Dumfries,
separately from any other Medical Practitioner, visited and personally examined (4) Roger Wilson, pauper,
and that the said Roger Wilson
is a (5) Lunatic
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Evident Mental imbecility, — vacant looks, & indirect answers to simple questions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He takes Epileptic fits, which began during the period of Teething. Had to be removed from school, being unable to study

Name and Medical Designation, D. Mackenzie M.B. C.M.

Place of Abode Annan.

DATED this twenty-first day of November, One thousand eight hundred and ninety five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Lindsay Howie
being (1) a Physician & Surgeon of Glasgow University,
hereby certify, on soul and conscience, that I have this day, at (2) Plumden Cottage,
in the County of Dumfries, seen and personally examined
Rodger 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.

(1) State medical qualification.
(2) State place of examination.

J. Lindsay Howie

DATED this twenty first day of November One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Rodger Wilson
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Inspector of Poor

Signature and Address John Laurie Annan

Date 21st Nov 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, (1) Sheriff Substitute
of the (2) Dumfries and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (3) John Laurie,
Inspector of Poor, Annan,
Certificates under the hands of John Lindsay Howie,
and Daniel Mackenzie, , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Rodger Wilson Plumden Cottage Annan & a pauper and that the said
Rodger Wilson, is an (5) Idiot and a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rodger Wilson, 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 Rodger Wilson, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Twenty-second day of November One thousand eight hundred and ninety-five years.

G. Campion

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(7) Public, District, Parochial, or Private.

No 7745

Rodger Wilson

annan

Adm. 21 November 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum or the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 15.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway at Dumfries, *and his Substitutes,*—

The Petition of Susanna McAfee, The Retreat, Richill, Co Armagh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Susanna McAfee, —

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) Daughter — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Susanna McAfee —— to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(To be signed by the Party applying) Susan Mc Afee

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this ~~twenty fourth~~ twenty third (2) day of November, One thousand eight hundred and ~~ninety five~~ (Eighteen hundred and) 95.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Susanna Mc Afee -
2. Sex and Age,	female - 46 years.
3. Married, Single, or Widowed,	single -
4. Condition of Life, and previous Occupation (if any).	daughter of William McAfee, a Stationer.
5. Religious persuasion, so far as known,	Presbytrian.
6. Previous Place of Abode,	Ballymony Co Antrim.
7. Place where Found and Examined,	The Retreat Armagh.
8. Length of Time Insane,	fours months.
9. Whether First Attack,	2 second
10. Age (if known) on First Attack,	Twenty.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto.	The Retreat Armagh 23rd August, 1895
12. Duration of Existing Attack,	No special treatment required for first attack 4 months
13. Supposed Cause,	Hereditary
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,	Dr. William McAfee, West Kirby, Birkenhead 1 brother. A sister committed suicide 2 years ago Another sister was in an Asylum for a 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 18th day of November, —One thousand eight hundred and 95,

(To be signed by party applying) Susan Mc Afee

MEDICAL CERTIFICATE No. I.

I, the undersigned Benjamin Banks Ferrar —
being a (1) M.D. Univ. Dubl. —
and being in actual practice as a (2) Physician —
do hereby certify, on soul and conscience, that I have this day, at (3) The Retreat, Richill — in the County of Armagh — separately from any other Medical Practitioner, visited and personally examined (4) Susanna McAfee, The Retreat Richill, Co Armagh. — and that the said Susanna McAfee — is a (5) person of unsound mind, and a proper person to be detained 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 incurable disease which gives to other people cancer.
Wishes to be shot.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Tried to commit suicide. Mrs Wm McAfee West Kirby, Cheshire, her brother, informed me.

Name and Medical Designation, B. B. Ferrar M.D.
Place of abode, English St, Armagh

DATED this 20th day of Nov., One thousand eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Thomson of Glasgow University being a (1) Doctor of Medicine and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution - 2nd House in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Suzanne McAfee, a Stationer daughter, from the Retreat, Richill, Co. Armagh, and that the said Suzanne McAfee — is a (5) person of unsound mind — and a proper person to be detained 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 about diseases from which she thinks she suffers, and that she will be highly injurious to those around her.—

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex Thomson M.D. &c.
Place of abode, 27 Castle Street, Dumfries

DATED this Twenty Second day of November, One thousand eight hundred and ninety five 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 B. B. Ferrar
being (1) M.D. Univ. Dubl.
hereby certify, on soul and conscience, that I have this day, at (2) The Retreat, Richill
in the County of Armagh, seen and personally examined Susanna McAfee, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

B. B. Ferrar MD

DATED, this 20th day of November, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Susanna Mc Afee to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address, Susan McAfee

Date, 20th November 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, Honorary Sheriff Substitute of the the County of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Susan Mc Afee, The Retreat, Richill, Co Armagh, Certificates under the hands of Benjamin Banks Ferrar, 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 (2) Susanna Mc Afee, The Retreat, Richill, Co Armagh, (Peters' Daughter), and that the said Susanna Mc Afee is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Susanna Mc Afee as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Susanna Mc Afee which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty-third day of November, One thousand eight hundred and ninety-five years.

W. A. Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

MEDICAL CERTIFICATE No. I.

I, the undersigned Benjamin Banks Ferrar —
being a (1) M.D. Univ. Dubl. —
and being in actual practice as a (2) Physician —
do hereby certify, on soul and conscience, that I have this day, at (3) The Retreat, Richill — in the County of Armagh — separately from any other Medical Practitioner, visited and personally examined (4) Susanna McAfee, The Retreat, Richill, Co Armagh. — and that the said Susanna McAfee — is a (5) person of unsound mind, and a proper person to be detained 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 incurable disease which gives to other people cancer.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

Name and Medical Designation, Place of abode, _____

DATED this day of One thousand eight hundred and

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Thomson of Glasgow University being a (1) Doctor of Medicine and Surgeon and Physician and Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution — 2nd House in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Susanna Mc Afee, a Stationer's daughter, from the Retreat, Richill, Co. Armagh, and that the said Susanna McAfee — is a (5) person of unsound mind — and a proper person to be detained 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 about diseases from which she thinks she suffers, and that she will be likely injurious to those around her.—

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

(7) *State the information and from whom derived.*

Name and Medical Designation, Alex. Thomson M.D. &c.
Place of abode, 27 Castle Street, Dumfries

DATED this Twenty Second day of November, One thousand eight hundred and ninety five years —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned B. B. Ferrar
being (1) M.D. Univ. Dubl.
hereby certify, on soul and conscience, that I have this day, at (2) The Retreat, Richill
in the County of Armagh, seen and personally examined Susanna McAfee, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

B. B. Ferrar MD

DATED, this 20th day of November, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address, _____

Date, _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, Honorary Sheriff Substitute of the the County of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Susan McAfee, The Retreat, Richill, Co Armagh, Certificates under the hands of Benjamin Banks Ferrar, 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 (2) Susanna McAfee, The Retreat, Richill, Co Armagh, (Peters' Daughter), and that the said Susanna McAfee is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Susanna McAfee as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Susanna McAfee, which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty-third day of November, One thousand eight hundred and ninety-five years.

W. H. Shortt

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7746

Name, Susanna McAfee

Date of Admission, 21 November 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum or the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway,
and his Substitutes,—

The Petition of Christopher French of 5 Raglan road, Dublin, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth French Rosemore Terenure, Dublin, your Petitioner's (1) sister, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Elizabeth French to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) C. French

DATED this 15th (2) day of June, One thousand eight hundred and ninety five.

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth French.
2. Sex and Age,	female. age 70 years.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any).	daughter of late Wm French Lieut in 6th Dragoon Guards (Inspector in Ireland) Longford
5. Religious persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Cloonyginin Co: Roscommon and Dublin
7. Place where Found and Examined,	Rosemore Terenure. Dublin.
8. Length of Time Insane,	about 40 years.
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	For many years she was under the care of Dr Gregory in his establishment at Drogheda & Dublin. Afterwards with Mrs Stanley.
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,	Christopher French 5. Raglan road Dublin Brother and Guardian of Patient none of family have been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of November, One thousand eight hundred and ninety five.

(To be signed by party applying) C. French

No. 7115

MEDICAL CERTIFICATE No. I.

I, the undersigned Conolly Norman

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.,* Member of the Royal College of Physicians in Edinburgh.

being a (1) Fellow of the Royal College of Physicians, Ire.

(2) *Physician or Surgeon, or otherwise as the case may be*

and being in actual practice as a (2) Physician,

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

do hereby certify, on soul and conscience, that I have this day, at (3) Rosemore Terrace, in the County of Dublin, separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a Pauper, state so.*

visited and personally examined (4) Miss Elizabeth French, and that

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

the said Elizabeth French, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She takes no [notice] of her surroundings. When I addressed her, she rarely answered me only by saying "yes" or "no" which words she used without any intelligence.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother Christopher French tells me that she has been for many years in a demented state & that she exhibits delusions like —.

Name and Medical Designation, Place of abode, Conolly Norman M.D. Richmond Asylum, Dublin

DATED this seventh day of November One thousand eight hundred and ninety five.

MEDICAL CERTIFICATE No. II.

I, the undersigned Arthur Roby,

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.,* Member of the Royal College of Physicians in Edinburgh.

being a (1) Member of the Royal College of Physicians, Ireland,

(2) *Physician or Surgeon, or otherwise as the case may be.*

and being in actual practice as a (2) Physician & Surgeon,

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

hereby certify, on soul and conscience, that I have this day, at (3) Rose Mount, Terenure, in the County of Dublin, separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a Pauper, state so.*

visited and personally examined (4) Miss Elizabeth French, and that

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

the said Elizabeth French, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) – Utter indifference to her surroundings – No sign of intelligence – I have known this lady for many years, I believe for the whole of the attack of dementia

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Same information from her brother Mr Christopher French

Name and Medical Designation, Place of abode, Arthur Roby M.D. M.R.C.P.I. J.P. (Co. Dublin) Keeper. Richmond Asylum. Dublin

DATED this 13th day of March, One thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)

in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

DATED, this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address, _____

Date, _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, _____ Sheriff Substitute of ~~the the County of~~ Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (1) Christopher French, 5 Raglan Road, Dublin, Certificates under the hands of Conolly Norman, and Albert Croly, _____, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Elizabeth French, Rossmore Terenure, Dublin, (Petrés Sister) and that the said Elizabeth French, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Elizabeth French, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth French _____ which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eighteenth day of November One thousand eight hundred and ninety five years. Four Words Deleted -

Geo. Campion

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7747

Name, Elizabeth French

Date of Admission, 22 November 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum or the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway;
_____ *and his Substitutes;—*

The Petition of Mrs. Frances E. Kennedy, 10 Livingstone Avenue, Sefton Park, Liverpool, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Harriet Elizabeth Kennedy, 10 Livingstone Avenue, Sefton Park, Liverpool, _____ your Petitioner's (1) daughter, _____ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Harriet Elizabeth Kennedy, _____ to the Crichton Royal Institution at Dumfries, and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which the Petitioner stands to Lunatic.

(To be signed by the Party applying) Frances E. Kennedy

DATED this twenty third (2) day of November, — One thousand eight hundred and ninety five years.—

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Harriet Elizabeth Kennedy.
2. Sex and Age,	Female. 30.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any).	Previously governess.
5. Religious persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	?
7. Place where Found and Examined,	10 Livingstone Avenue & in 1894 Huskisson Hospital
8. Length of Time Insane,	about 6 to 7 months each time in Asylum
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	21.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Sue Brook Liverpool. June 1894, but must have been longer
12. Duration of Existing Attack,	Hereditary.
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether dangerous to others,	no; has shaken others by the hair.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jerrit Kennedy. father. grandmother brother & sister for a short time only.
20. Special circumstances (if any) preventing the 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 November, One thousand eight hundred and ninety five years.

(To be signed by party applying) Frances E. Kennedy

MEDICAL CERTIFICATE No. I.

I, the undersigned Archibald Bruce Kennedy
being a (1) Member of the Royal College of Surgeons (Eng) &c.
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3)
10 Livingstone Avenue, Liverpool in the County of
Lancashire separately from any other Medical Practitioner,
visited and personally examined (4) Harriet Elizabeth Kenny
10 Livingstone Avenue, Liverpool and that
the said Harriet Elizabeth Kenny is a (5)
Person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Very talkative
rambling says that there are disreputable people in
the house; that they all call her Lady that murder may come
that she is afraid her food may be drugged that she was tempted
[illegible] person [illegible] because
[illegible]

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) Her mother tells me that this daughter says her self
wonders about the house at night (not true) that she declared her own
poisoned her husband. By Cook - Lady Summers - that a spirit comes & lies
the foot of her bed all night - that there is mocking in her room all night
that she is ill now does & would like death.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

Name and Medical Designation, Archibald Bruce Kennedy M.R.C.S. L.R.C.P. (Edin).
Place of abode, 59 Princes Avenue - Liverpool.

DATED this 20th day of November, One thousand eight hundred and 95.

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Bruce Macdonald
being a (1) [illegible] Member of Edinburgh & Physician
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 6 Rodney
Street Liverpool, in the County of
Lancashire separately from any other Medical Practitioner,
visited and personally examined (4) Harriet Elizabeth Kenny
10 Livingstone Avenue Liverpool and that
the said Harriet Elizabeth Kenny is a (5)
Person of unsound mind, and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) In excited state
writes says she has had poison
some writes that some of them want
at home and is very irritable & excited

2. ~~Other facts (if any) indicating Insanity communicated to me by~~ the
~~others:~~ (7) In an [illegible] at present
She also says her meals
were drugged and she was unconscious
after for a month

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

(7) *State the information and from whom derived.*

Name and Medical Designation, A. B. Macdonald M.B. C.M.
Place of abode, 6 Castle St Liverpool

DATED this 23rd day of November, One thousand eight hundred and Ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Archibald Byrne Jennel —
being (1) Member of Royal Coll of Surgeons &c —
hereby certify, on soul and conscience, that I have this day, at (2)
10 Livingstone Avenue, Liverpool —
in the County of Lancashire —, seen and personally examined
Harriet Elizabeth Kenney —, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Archd Byrne Jennel

DATED, this 23rd day of November One thousand eight hundred and 95.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Harriet Elizabeth Kenney to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address, Frances Elizabeth Kenney

Date, 22nd November 1895

ORDER TO ... TRANSMISSION AND ...

I, William Young Harries Shortt, Honorary Sheriff Substitute of ~~the the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Mrs Frances E. Kenney, 10 Livingstone Avenue, Sefton Park, Liverpool, Certificates under the hands of Archibald Burns Jennel — and Alexander Dall MacDonald —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Harriet Elizabeth Kenney, 10 Livingstone Avenue, Sefton Park, Liverpool. (Her Daughter) and that the said Harriet Elizabeth Kenney is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Harriet Elizabeth Kenney, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Harriet Elizabeth Kenney, — which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty-fifth day of November, One thousand eight hundred and ninety-five years.

W. H. Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

MEDICAL CERTIFICATE No. I.

I, the undersigned Archibald Burns Kennedy ——— being a (1) Member of the Royal College of Physicians Edinr &c. and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 10 Livingstone Avenue, Liverpool ——— in the County of Lancashire separately from any other Medical Practitioner, visited and personally examined (4) Harriet Elizabeth Kenney 10 Livingstone Avenue, Liverpool ——— and that the said Harriet Elizabeth Kenney —— is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Very talkative rambling says that there are disreputable people in the house; that they all call her Lady & that murder may be committed that she is afraid her body may be dragged that she was tortured in a [illegible]

2. Other facts (if any) indicating Insanity communicated to me by (7) State the information and from whom derived.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, ———

Place of abode, ———

DATED this ——— day of ——— One thousand eight hundred and ———

(1) *Set forth the qualification entitling the person certifying to grant the Certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise as the case may be.

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, 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 Grace Macdonald being a (1) Licentiate of Edinburgh & 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) Argyle Institution, ——— in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Harriet Elizabeth Kenney 10 Livingstone Avenue Liverpool ——— and that the said Harriet Elizabeth Kenney — is a (5) Person of unsound mind, and a proper person to be detained 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 excited & restless, says she has had previous attacks that since I [illegible] at home and is very violent & has to be

2. ~~Other facts (if any) indicating Insanity communicated to me by~~ others: (7) in an [illegible] She also says her mother has been dropped and she has been [illegible] for a month

(7) State the information and from whom derived.

Name and Medical Designation, A. G. Macdonald M.D. Edin. & Glas.

Place of abode, Argyle Institution

DATED this 23rd day of March, One thousand eight hundred and Ninety Nine.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise as the case may be.

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Archibald Burns-Jeromel —
being (1) Member of Royal College of Surgeons. &c. —
hereby certify, on soul and conscience, that I have this day, at (2)
10 Livingstone Avenue, Liverpool —
in the County of Lancashire —, seen and personally examined
Harriet Elizabeth Kenney —, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

A Burns-Jeromel

DATED, this 25th. day of November One thousand eight hundred and 95.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, ——————

Signature and Address, ——————

Date, ——————

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~the~~ William Young Harries Shortt, Honorary Sheriff Substitute of ~~the the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Mrs Frances E. Kenney, 10 Livingstone Avenue, Sefton-Park, Liverpool, Certificates under the hands of Archibald Burns Jeromel — and Alexander Dall MacDonald —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Harriet Elizabeth Kenney, 10 Livingstone Avenue, Sefton-Park, Liverpool. (Wife) (Daughter) and that the said Harriet Elizabeth Kenney is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Harriet Elizabeth Kenney, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Harriet Elizabeth Kenney, ——————— which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty-fifth day of November, One thousand eight hundred and ninety-five years.

W. H. Shortt

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7728

Name, Harriet Elizabeth Kenney

Date of Admission, 22 November 1895

N.B.—*This Form shall also in the keeping of the Superintendent of the Asylum to the Order of the Sheriff obtained.*

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway, =

and his Substitutes,—

The Petition of William Clark, Farmer, Corra Kirkgunzeon;

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Janet Copland or Clark, your Petitioner's (1) 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 Janet Copland or Clark, to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(1) State Degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) William Clark

DATED this Twenty third — (2) day of November,— One thousand eight hundred and ninety five years.

(2) The date of the Petition must be within four 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 ~~Clark~~ Copland or Clark.
2. Sex and age,	Female 56.
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Corra Kirkgunzeon
7. Place where found and examined,	Corra & Dumfries.
8. Length of time Insane,	three Weeks.
9. Whether First Attack,	
10. Age (if known) on First Attack,	189/
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Crichton Institution previously at Home three weeks
12. Duration of Existing Attack,	Previous Attacks.
13. Supposed Cause,	No.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Clark Son Corra.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.
	None. Kirkgunzeon.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty third day of November — One thousand eight hundred and ninety five years.

(To be signed by the Party applying) William Clark

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Surg[illegible]
of the University of Edinburgh ——————
and being in actual practice as a (2) General Practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3) Corra
Kirkgunzeon ——————— in the County of
Kirkcudbright, separately from any other Medical Practitioner,
visited and personally examined (4) Janet Copland or Clark,
——————— and that
the said Janet Clark is a (5) Person of
Unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I observe that
he a relapse of mental symptoms
for which she was previously confined.
I gait incoherent in her talk

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She
has her Son tells me, been sleepless
& very irritable & a little violent

Name and Medical Designation, Robert M'Kechnie

Place of Abode, Dalbeattie

DATED this twenty-third day of November, One
thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith ——————
being a (1) Practitioner in Medicine & Member of the Royal Coll
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on Soul and Conscience, that I have this day, at (3) 49 Castle
Dumfries ——————— in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Janet Copland or Clark. Co
Kirkgunzeon and that
the said Janet Copland or Clark is a (5) Person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane
excited appearance, rambling
incoherent conversation & delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
We have my reason, we that she is
under continual excitement & is always
screaming aloud.

Name and Medical Designation, John Smith M.B.

Place of Abode, 49 Castle St Dumfries

DATED this twenty third day of November, One
thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, being (1) a Surgeon in Dumfries hereby certify on Soul and Conscience, that I have this day, at (2) 47 Castle Dumfries in the County of Dumfries, seen and personally examined Janet Copland or Clark, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said Person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

John Smith M.D.

DATED this twenty third day of November, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Janet Clark to whom the foregoing Certificate of Emergency refers.—

Relationship or other capacity in which Applicant stands to Patient, Son

Signature and Address, William Clark
Corra Kirkgunzeon

Date, 23rd Nov! 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute of ~~the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) William Clark, Farmer, Corra, Kirkgunzeon, Certificates under the hands of Robert Mc Herchar, 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 (2) Janet Copland or Clark, Corra, Kirkgunzeon (Patrol Mother), and that the said Janet Copland or Clark, is a (3) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Copland or Clark, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Copland, or Clark, which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty-sixth day of November One thousand eight hundred and ninety-five years.

Geo: Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7149

Name, Janet Copland or Clark

Date of Admission, 23 November 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum under the order of the Sheriff thereof.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway,

and his Substitutes,—

The Petition of William Thomson, Grocer, 256 Buchanan Street Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that George Thomson, 244 Buchanan Street, Glasgow, your Petitioner's (1) 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 authorise the transmission of the said George Thomson to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) William Thomson

DATED this 28th (2) day of November, One thousand eight hundred and ninety five years.

(2) The date of the Petition to be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any 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 Thomson.
2 Sex and Age,	Male. 45.
3 Married, Single, or Widowed,	Single.
4 Condition of Life, and previous Occupation (if any).	Licensed Grocer.
5 Religious persuasion, so far as known,	Protestant.
6 Previous Place of Abode,	244 Buchanan Street Glasgow.
7 Place where Found and Examined,	" " " "
8 Length of Time Insane,	About two weeks.
9 Whether First Attack,	First attack.
10 Age (if known) on First Attack,	45.
11 When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Nowhere.
12 Duration of Existing Attack,	About two weeks.
13 Supposed Cause,	Unknown.
14 Whether subject to Epilepsy,	No.
15 Whether Suicidal,	No.
16 Whether dangerous to others,	No.
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18 Date of becoming Chargeable,	
19 Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship, (if known), and whether any Member of his Family known to be or to have been Insane,	William Thomson (Brother) a sister aged 42 was for one year under treatment & lived for five or six years after.
20 Special circumstances (if any) preventing the 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 Nov^{r} — One thousand eight hundred and Ninety five.

(To be signed by party applying) William Thomson.

MEDICAL CERTIFICATE No. I.

I, the undersigned George Yeaman, ——— being a (1) Doctor of Medicine Glasgow University and being in actual practice as a (2) Physician, ——— do hereby certify, on soul and conscience, that I have this day, at (3) 244 Buchanan St Glasgow, in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) George Thomson Licensed Grocer 244 Buchanan St and that the said George 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) Delusions. People Watch for him: Some have even followed him notices about him appear in the Papers. Some under dread Calamity impend &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Persons follow him & talk about him he has been saying he is afraid of Detectives. Memory has become defective: taciturn & excitable by turns.

Name and Medical Designation, Jno. Yeaman M.B.
Place of abode, 2 Albany Place Glasgow

DATED this 26th day of Nov. One thousand eight hundred and Ninety five 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.*

from Brother & Landlord.

MEDICAL CERTIFICATE No. II.

I, the undersigned Peter Murray Kerr ——— being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner, hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, ——— in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) George Thomson Licensed Grocer 244 Buchanan St. Glasgow, and that the said George Thomson, ——— is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is very dull and stupid. Takes a long time to answer any question. Says that people follow him about & that at night he hears them talking about him. Has delusions

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Kerr M.B.
Place of abode, 20 Castle Street Dumfries

DATED this twenty-eighth day of November, One thousand eight hundred and ninety-five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned George Yeaman, ——
being (1) M. D. of Glasgow University —— (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) (2) State place of examination.
244 Buchanan St Glasgow ——
in the County of Lanark —, seen and personally examined
George 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.

Geo. Yeaman M. D.

DATED, this 26th day of Nov. One thousand eight hundred and Ninety five Years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein George Thomson, ——
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother
Signature and Address, William Thomson 256 Buchanan St Glasgow
Date, 26 Nov 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion —— Sheriff Substitute
~~of the the County~~ of Dumfries & Galloway, at Dumfries, (1) Insert Name & Designation
having had produced to me, with a Petition at the instance of (1) William Thomson, Grocer, 256 Buchanan Street, Glasgow.
Certificates under the hands of George Yeaman, ——
and Peter Murray Kett, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) George Thomson, Licensed Grocer, (2) Describe him, and if a Pauper, state so.
244 Buchanan Street, Glasgow (Ctn's Birth), and that the said
George Thomson, is a (3) person of unsound mind, (3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said George Thomson, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Thomson, ——
which accompanied the said Petition.

DATED this twenty eighth day of November One thousand eight hundred and ninety five years. Four words deleted

Geo. Campion

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7750

Name, George Thomson

Date of Admission, 26 November 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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. McWilliam, Insp. of Poor, Lanarkshire,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Lowden, ——

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Lowden, —— to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Alex. McWilliam, Insp. of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirtieth (4) day of November, —— One thousand eight hundred and Ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Lowden
2. Sex and Age,	Female — 64 years
3. Married, Single, or Widowed,	Single — Domestic Servant.
4. Condition of Life, and previous Occupation (if any),	Protestant, C. of Scotland.
5. Religious Persuasion, so far as known,	Lived in Bankend for many years.
6. Previous Place of Abode,	Bankend Carluveroch.
7. Place where Found and Examined,	Since August
8. Length of time Insane,	59.
9. Whether First Attack,	Southern Counties, 1890.
10. Age (if known) on First Attack,	Since August.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Neglecting.
12. Duration of Existing Attack,	No
13. Supposed Cause,	Threatens it.
14. Whether subject to Epilepsy,	By
15. Whether Suicidal,	Carluveroch
16. Whether Dangerous to others,	29th Nov. 1895.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sister Bankend — Mother and brother more insane.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Lowden
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated

DATED this 29th day of November, — One thousand eight hundred and Ninety five —

(To be signed by the Party applying) Alex. McWilliam Insp. of Poor

P. T.

No. 7150

MEDICAL CERTIFICATE, No. 1.

I, the undersigned, Alexander Ball, MacDonald
being a (1) Graduate of Edinburgh University,
and being in actual practice as a (2) General Practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) Blackrock
Cavalaverock, in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Lowden,
Pauper of Dumfries, and that
the said Margaret Lowden, is a (5) Person
of unsound mind, and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is restless, excitable, thinks she is bound to Ring Her
Sister a Crime: me will shunned to keep to
prevent her doing so. Wanders about - Awakes
has been in an Asylum twice before

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her
Husband & Son tells me she has
talked of drowning herself,

Name and Medical Designation, A. B. MacDonald M.B.C.M.

Place of Abode, 18 Castle St Dumfries

DATED this 29th day of November, One thousand eight
hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Richard B. Lorraine,
being a (1) Graduate of Edinburgh University,
and being in actual practice as a (2) Medical Practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) Southern
County Asylum, in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Lowden, (a pauper),
Bankend, Cavalaverock, and that
the said Margaret Lowden, is a (5) person
of unsound mind, and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, *or* a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is very depressed
and dull, has delusions, she feels as if
she would like to kill her sister.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Richard B. Lorraine MB CM

Place of Abode 26 Castle St. Dumfries

DATED this thirtieth day of Nov! One thousand eight
hundred and ninety four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Dall MacDonald, being (1) duly Edin. Hon. — Member Royal hereby certify, on soul and conscience, that I have this day, at (2) in the County of Dumfries, seen and personally examined Margaret Lowden, Bankend, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A. D. MacDonald M.D.

Dated this 29th day of November, One thousand eight hundred and ninety five.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, — (1) Sheriff Substitute — of the (2) Dumfries and Galloway, at 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 Alexander Dall MacDonald, — and Richard B. Lorraine, — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Lowden, Bankend, Carlaverock, (a pauper) and that the said Margaret Lowden, — is a (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 Lowden, — 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 Lowden, which accompanied the said Petition.

Dated this Second — day of December, — One thousand eight hundred and ninety-five years.

Geo. Campion

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

I hereby request the Superintendent of the Crichton Royal Institution, at Dumfries, to receive therein Margaret Lowden to whom the foregoing Certificate of Emergency refers -
29 November 1895.

Alex. McMillan
Inspector of Poor
Cruikaverock

7751

Margaret Lowden
Canonmilk

Adm. 29 November 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum or the order of the Sheriff examined.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries Galloway: ——
——— *and his Substitutes,—*

The Petition of John Park Motherwell.
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Thomas Park, 8 Hamilton Street, Motherwell,

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) Son - Thomas Park, - is at present in 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 Thomas Park, ———
——— to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) John Park

(2) The date of the Petition to be within fourteen clear days following the dates of the Medical Certificate.

DATED this 30th (2) day of November, One thousand eight hundred and 95.

STATEMENT.

If any 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 Park.
2. Sex and Age,	Male. aged
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any)	Builder. & Mason.
5. Religious persuasion, so far as known,	Protestant
6. Previous Place of Abode,	8 Hamilton St, Motherwell, Lanarkshire.
7. Place where Found and Examined,	8 Hamilton St Motherwell.
8. Length of Time Insane,	Four weeks.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	No where.
12. Duration of Existing Attack,	Four weeks.
13. Supposed Cause,	Alcoholism
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 Park. Father 8 Hamilton St. Motherwell. Not known any member of this 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 30th day of November, One thousand eight hundred and 95.

(To be signed by party applying) John Park

MEDICAL CERTIFICATE No. I.

I, the undersigned David Jones, M.B.C.M., —
being a (1) Lecturer Physician and Surgeon, —
and being in actual practice as a (2) Physician and Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3)
8 Hamilton St Motherwell Lanarkshire — in the County of
Lanark — separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Park Miner & Builder
8 Hamilton St Motherwell Lanarkshire, and that
the said Thomas Park, ——— is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Restless wandering about in an aimless fashion. Forgetful,
loss of memory, cannot express himself in words. A great effort
to pronounce some words. Hallucinations of vision and
Hearing with the best clothes and watches about him.

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) His Father and Brother inform me that
the whole house at night, wandering about talking over
shouting and talking to unseen persons, supposed to be
connected about the house.

Name and Medical Designation, David Jones MB.
Place of abode, Motherwell

DATED this 29th day of November, One thousand
eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Thomson
being a (1) Doctor of Medicine of Glasgow, ——
University and Surgeon
and being in actual practice as a (2) Physician and Surgeon,
hereby certify on soul and conscience that I have this day, at (3) The
Crichton Royal Institution - 2nd House in the County of
Dumfries, — separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Park, Builder,
8 Hamilton Street, Motherwell, Lanarkshire, and that
the said Thomas Park, ——— is a (5)
person of unsound mind — and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) When Spoken
to mumbles in an unintelligible manner, appears
incapable of carrying on Conversation: has a
depressed appearance: very unsteady in his gait.

2. Other facts (if any) indicating Insanity communicated to me by
others: (7)

Name and Medical Designation, Alex. Thomson M.D.
Place of abode, 27 Castle St. Dumfries

DATED this Thirteenth day of November, One thousand
eight hundred and ninety five 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 David Jones, M. B. C. M.
being (1) duly qualified Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2)
9 Hamilton St Motherwell,
in the County of Lanark, seen and personally examined
Thomas Park, Master Builder, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

David Jones M. B. C. M.

DATED, this 29th day of November, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Thomas Park,
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address, John Park, Builder, Motherwell.

Date, 30th November, 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute
of ~~the the County of~~ Dumfries and Galloway at Dumfries, (1) Insert Name & Designation
having had produced to me, with a Petition at the instance of (1) John
Park, Builder, Motherwell,
Certificates under the hands of David Jones,
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 (2) Thomas Park, 9 Hamilton Street, Motherwell, (Peters Son), and that the said Thomas Park is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Thomas Park, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Park, which accompanied the said Petition.

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Second day of December, One thousand eight hundred and ninety five years.

Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7752

Name, Thomas Park

Date of Admission, 30 November 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum under the order of the Sheriff mentioned.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway:

_____ *and his Substitutes,—*

The Petition of Alexander Gardner, 18 Bachelor's Walk, Lisburn, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret Green Gardner, 18 Bachelor's Walk, Lisburn, Co Antrim, _____ your Petitioner's (1) Sister, _____ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Margaret Green Gardner, _____ to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Alexander Gardner

DATED this Second (2) day of December, One thousand eight hundred and ninety five years.

(2) The date of the Petition to be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any 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. Green. Gardner.
2 Sex and Age,	Female. 61.
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any).	no particular occupation.
5 Religious persuasion, so far as known,	Church of Ireland.
6 Previous Place of Abode,	18 Bachelors Walk, Lisburn.
7 Place where Found and Examined,	Do. Do.
8 Length of Time Insane,	Fourteen days.
9 Whether First Attack,	No.
10 Age (if known) on First Attack,	about 54.
11 When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	District Asylum, Belfast 1889 two months. 1891. five months.
12 Duration of Existing Attack,	Fourteen days.
13 Supposed Cause,	Domestic afflictions.
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,	Alexander Gardner. 18 Bachelors Walk, Lisburn, Brother. Three other members of the family 2 Brothers & 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 Second day of December, One thousand eight hundred and ninety five years.

(To be signed by party applying) Alexander Gardner

No. 7152

MEDICAL CERTIFICATE No. I.

I, the undersigned John McCaw, ——————
being a (1) Medical Doctor, ——————
and being in actual practice as a (2) Physician, ——
do hereby certify, on soul and conscience, that I have this day, at (3)
—— —— Dublin Road — in the County of Antrim
Ireland — —— separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Green Gardner,
and that
the said Margaret Green Gardner, —————— is a (5) person
of unsound mind, —— and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She imagines the servant in the house has become turned against her. She tells me she would not take any food from her for she would poison her. She says this girl has stolen money from her & that there are detectives in the house. She feels a hand under her pillow at night & hears various noises in her room. She

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The lady of the house told me she came into her room in a state of excitement said she was not safe another night there & that she knew the den of iniquity she had to live in.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

Name and Medical Designation, Place of abode, John McCaw MD, R.U.I., 78 Dublin Road - Belfast.

DATED this 30th day of November, One thousand eight hundred and ninety-five.

MEDICAL CERTIFICATE No. II.

I, the undersigned George St George ——————
being a (1) Member of King and Queens College of Physicians
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 18 Bachelors
Walk - Lisburn, —————— in the County of
Antrim, — separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Green Gardner
and that
the said Margaret Green Gardner, —————— is a (5)
a Person of Unsound Mind, — and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She suffers from Delusions. Imagines she is being robbed by the Servants and others in the house. Told me she felt a hand under her pillow at night. Talks incessantly in a wild incoherent manner

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

Name and Medical Designation, Place of abode, Geo & St George L.R.C.S.Ed. 3 Seymour St Lisburn.

DATED this 1st day of December, One thousand eight hundred and ninety-five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned George S. George, being (1) Member of King's & Queen's College of Physicians Ireland hereby certify, on soul and conscience, that I have this day, at (2) 18 Bachelor's Walk, Lisburn, in the County of Antrim, seen and personally examined Margaret Greer Gardner, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) Medical qualification.

(2) State place of examination.

George S. George M.R.C.P.I & L.R.C.S.I.

DATED, this 1st day of December, One thousand eight hundred and Ninety-five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Margaret Greer Gardner, to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Alexander Gardner. Brother.

Signature and Address, 18, Bachelor's Walk Lisburn

Date, 2nd December, 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute of ~~the the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Alexander Gardner, 18 Bachelor's Walk, Lisburn, Certificates under the hands of John McCaw, and George St George, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Margaret Greer Gardner, 18 Bachelor's Walk, Lisburn, Co. Antrim, (Petn's Sister), and that the said Margaret Greer Gardner, is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Margaret Greer Gardner, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Greer Gardner, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Fourth day of December One thousand eight hundred and ninety five years.

Jno. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

MEDICAL CERTIFICATE No. I.

I, the undersigned Thomas Dunlop, being a (1) Bachelor of Medicine & Master in Surgery and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Keir Mill, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Marion Wood or Young. Keir mill and that the said Marion Wood or Young is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Occasionally she has a vacant expression in her face and is in a state of catalepsy. Fancies she is doomed to go to hell. asked me if I had met Christ on the road, or was I sent to save her. Talks of nothing but religion.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her soul was lost. She has to be set up on the chuch Tower and Crucified. and her Aunts tombstone is "waggle" before her.

Mr. Scott. Keir mill.

Name and Medical Designation, Thomas Dunlop M.D.
Place of abode, Thornhill.

DATED this Second day of December, One thousand eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned John Mac Robertson, being a (1) Bachelor of Medicine, and being in actual practice as a (2) Physician & Surgeon, hereby certify, on soul and conscience that I have this day, at (3) Keir Mill, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Marion Young, and that the said Marion Young, is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Very restless and anxious about her Children Appeals to me to save her from being burned today on the Church Tower.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) In agony regarding her soul to be killed by Mr Scott & Mr Young as she wished to go to the manse for the Minister.

Matthew Young (Husband)

Name and Medical Designation, J Mac Robertson M.B.C.M.
Place of abode, Penpont

DATED this Third day of December One thousand eight hundred and Ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Thomas Dunlop
being (1) Bachelor of Medicine & Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Keir Mill
in the County of Dumfries, seen and personally examined Marion Wood or Young, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Thomas Dunlop M.B. Ch.

DATED, this Second day of December One thousand eight hundred and ninety-five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address, _____

Date, _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Lamb Sheriff Substitute
of the ~~the~~ County of Dumfries and Galloway
having had produced to me, with a Petition at the instance of (4) James Wilson Moir Inspector of Poor Keir
Certificates under the hands of Thomas Dunlop
and Wm Mair Robertson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Marion Young Keir Mill Keir (a Pauper) and that the said Marion Young is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Marion Young as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marion Young which accompanied the said Petition.

(4) Insert Name & Designation

(5) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Fourth day of December One thousand eight hundred and ninety five years. Jo: Lamb

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7754

Name, Marion Young
Keir

Date of Admission, 5 December 1895

GENERAL BOARD OF LUNACY
30 NOV 95
SCOTLAND

12382

[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 Giles Mc Jones being desirous to transfer Annie Begg Morrison at present a Patient in Lanark District Asylum, and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor, from the said Asylum to the Crichton Royal Asylum at Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Annie Begg Morrison 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.

Giles Mc Jones
Insp. of Poor, Dumfries

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Dumfries this 29th day of November One thousand eight hundred and Ninety five years

STATEMENT.

1. Christian Name and Surname of Patient at length,	Annie Begg Morrison
2. Sex and Age,	Female. 30 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant.
6. Date of Admission into Asylum,	13th November. 1895.
7. Length of time Insane,	About three weeks
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	30 years
10. Duration of existing Attack,	About three weeks.
11. Supposed Cause,	Drink
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Yes.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of her Family known to be, or to have been Insane,	Husband. James Morrison, 21. Leeds St. Airdrie. None known.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Giles Mc Jones

DATED this 29th day of November One thousand eight hundred and Ninety five years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

No. 1154

MEDICAL CERTIFICATE.

I, the undersigned Archibald Campbell Slack being (1) a Doctor of Medicine of Edinburgh University hereby certify that I have this day at (2) Lanark District Asylum Hartwood personally examined Annie Beggs Morrison, at present a Patient in said Asylum, and with respect to her Mental State that she is melancholic and has delusions such as that she has seen and heard her husband in this Asylum.

(1) State Medical Qualification.
(2) Name Asylum.

No 7455
Annie Beggs Morrison
Dumfries
Adm. 10 December 1895

; and with respect to her Bodily Health and Condition that they are unpained, and she is anaemic

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Crichton Royal Institution Dumfries

Archibald Campbell Slack

DATED this Twenty seventh day of November One thousand eight hundred and ninety five

---

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) Inspector of Poor Parish of Dumfries. to authorize the transfer of Annie Beggs Morrison from Lanark District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Annie Beggs Morrison as requested.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

J Sm Fraser Commissioner.

DATED at Edinburgh, this 30th day of November One thousand eight hundred and ninety-five.

Date of Sheriff's Order
14th November 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriff or Steward.

Unto the Honourable the (1) Sheriff ~~Wallace, Kirkcudbright~~ of the ~~Stewartry~~ Dumfries *and his Substitutes,*—

The Petition of Robert Grierson Inspector of Poor, Kirkpatrick Durham, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Stitt or Murphy ——— your Petitioner's (2) Pauper ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Stitt or Murphy ——— to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Robt. Grierson. Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eleventh (3) day of December, One thousand eight hundred and Ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Stitt or Murphy.
2. Sex and Age,	Female 51 -
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	House Wife.
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Kirkpatrick-Durham
7. Place where Found and Examined,	Do —
8. Length of time Insane,	About a fortnight.
9. Whether First Attack,	First attack,
10. Age (if known) on First Attack,	51.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	— — —
12. Duration of Existing Attack,	about a fortnight.
13. Supposed Cause,	grief about her family
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes to her husband
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick-Durham
18. Date of becoming Chargeable,	11 December 1895.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Peter Murphy Husband Kirkpatrick Durham Village None known as known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this eleventh day of December, One thousand eight hundred and ninety five.

(To be signed by the Party applying) Robt. Grierson P. P. Inspector

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Charles Wiefrid Lawson
being a (1) Licentiate RCPE. LRCS. Edin. Member of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick & Dunbar village,
in the County of Kirkcudbright
visited and personally examined (4) Jane Stitt or Murphy, Kirkpatrick Dunbar village, pauper,
separately from any other Medical Practitioner, and that
the said Jane Stitt or Murphy is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She sits or lies in an apathetic state and takes no notice of what goes on around her. She alleges that she is in consequence of her husband. She cannot remember recent events, nor numbers of her children.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She takes according to the testimony of her husband fits of shrieking and attempts during them to injure him with any instrument handy. She watches her opportunity and requires to be watched on that account day and night.

Name and Medical Designation, Charles Wiefrid Lawson M.B. C.M.

Place of Abode, 34 George Square Edinburgh

DATED this Eleventh day of December One thousand eight hundred and ninety five

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick-Durham village,
in the County of Kirkcudbright
visited and personally examined (4) Jane Stitt or Murphy, Kirkpatrick Durham village - Pauper
separately from any other Medical Practitioner, and that
the said Jane Stitt or Murphy is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Silent & listless and has no memory for the simplest facts in her family history - Doesn't know how long she has been ill nor the ages of her children She has delusions regarding being cleansed

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her husband Peter Murphy says she is at times violent threatening him with injury silent & sometimes by turns sometimes raving on him at a time

Name and Medical Designation, Walter Lorraine M.B.

Place of Abode Castle Douglas

DATED this 11th day of December One thousand eight hundred and 95

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or 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, George Campion, Sheriff-Substitute, —
of the (3) Dumfries & Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (4) Robert
Grierson, Inspector of Poor, Kirkpatrick-Durham.
Certificates under the hands of Charles Wilford Lawson,
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 (5)
Jane Stitt or Murphy, Kirkpatrick-Durham (Charlie) and that the said
Jane Stitt or Murphy 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 Jane Stitt or Murphy as a Patient into the (7) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Stitt or Murphy, which accompanied the said Petition.

DATED this Twelfth day of December One thousand eight hundred and ninety five years.

Geo. Campion

To the Superintendent of the (8) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 7756

Jane Stitt or Murphy

Kirkpatrick Durham

Adm. 12 December 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Stewartry *of* Kirkcudbright *and his Substitutes,—*

The Petition of

Alex. Kirk, Inspector of Poor, Dalry. Galy.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Wilson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Wilson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(To be signed by the Party applying) † Alex. Kirk

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twelth (4) day of December One thousand eight hundred and Ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Wilson
2. Sex and Age,	Male, age 48.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Teacher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dalry, Galloway
7. Place where Found and Examined,	Kirkcudbright
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 [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Poorhouse. Kirkcudbright
12. Duration of Existing Attack,	
13. Supposed Cause,	~~no~~
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dalry. Galloway.
18. Date of becoming Chargeable,	1832
19. Christian Name and Surname, and Place of Abode of nearest known 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 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 Twelth day of December One thousand eight hundred and 95.

(To be signed by the Party applying) † Alex. Kirk P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wm S. S. Reid being a (1) ~~General Practitioner~~ Batchelor of Medicine & Master of Surgery of Edinburgh University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert Wilson - pauper - Poorhouse Kirkcudbright and that the said Robert Wilson is a (5) person of ~~unsound~~ mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1 Facts indicating Insanity observed by myself: (6)

He tells me he is in great fear of life from his fellow inmates. Asked who was going to kill him he said he dared not tell or he would be destroyed at once. Says he does not rest at all at night.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Wm Ferguson one of the inmates says he does not sleep at all & that if any one moves or coughs in the room, he reaches for his cheek & cries out in great terror.

Name and Medical Designation, W. S. S. Reid. MB: Ca

Place of Abode, Oakley - Kirkcudbright.

DATED this Eleventh day of December One thousand eight hundred and ninety-five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Maxwell R Bow being a (1) Bachelor of Medicine & Master Surgery of Edinburgh University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert Wilson and that the said Robert Wilson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Says that he is in constant fear during the night lest some of the inmates should kill him, & after dying sell his body to a doctor. Keeps awake the whole night on this account, refuses to mention names & if he can help it & make an end of him at once.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Thomas Currie states that Wilson lies awake all night & if anyone moves, or coughs, at once calls out that he hears them coming & asks them not to cut his throat, but to hit him on the head & finish him at once.

Name and Medical Designation, Maxwell R Bow

Place of Abode Oakley, Kirkcudbright

DATED this eleventh day of December One thousand eight hundred and ninety-five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Wellian Darling Lyall, (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Alexander Kirk, Inspector of Poor, Dalry Certificates under the hands of Wilkin S. S. Reid, M, R.C.M. and Maxwell R Rose M.R.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) Robert Wilson, pauper and that the said Robert 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 Robert Wilson as a Patient into the (6) Southern Counties Asylum at Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Wilson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this thirteenth day of December One thousand eight hundred and ninety five

William Darling Lyall

To the Superintendent of the (7) Southern Counties Asylum at Dumfries

(7) Public, District, Parochial, or Private.

No 7757.

Robert Wilson

Delay

Adm. 13 December 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Counties *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of Dana Wallace Inspector of Poor - Parish of Kirkcolm.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie Fraser, Pauper your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Annie Fraser to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Dana Wallace

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of December One thousand eight hundred and Ninety five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Annie Fraser
2. Sex and Age,	24
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,	Poorhouse Stranraer.
7. Place where Found and Examined,	
8. Length of time Insane,	Third
9. Whether First Attack,	14
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Dumfries
12. Duration of Existing Attack,	14 days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcolm
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Yes Mother (dead)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12th day of December One thousand eight hundred and Ninety five

(To be signed by the Party applying) Dana Wallace

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Charles William Peach
being a (1) Bachelor of Medicine and Master in Surgery.
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Wigtownshire Poor's House Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Annie Fraser. and that the said Annie Fraser is a (5) Person of Unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Since her confinement on the 11th of November last; she has become very strange in her manner at times she is morose and sullen and at others wild and excited. When questioned she either refuses to answer or gives an incoherent reply

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Catherine Bunce a fellow inmate tells me, that on various occasions she has tried to strike her with a ~~pot~~ poker & at other times curses and swears and makes use of foul disgusting language. She will often during the night rise up dress herself and go to bed again with her clothing on & will not be led from doing this silently to herself.

Name and Medical Designation, Chas. W. Peach. M.B.C.M.

Place of Abode, Stranraer

DATED this Twelfth day of December One thousand eight hundred and Ninety Five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Laston
being a (1) Doctor of Medicine
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Stranraer Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Annie Fraser and that the said Annie Fraser is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She speaks loudly, excitedly and incoherently. Her demeanour and appearance indicate clearly that she is irresponsible

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She has threatened to strike with a poker the other inmates and has behaved at night in such a noisy manner that the inmates are frightened — Miss Warren the Matron has told me this

Name and Medical Designation, Thomas Laston M.B.

Place of Abode Stranraer

DATED this twelfth day of December One thousand eight hundred and Ninety five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, ____

Signature and Address ____

Date ____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Watson Esquire (1) Sheriff Substitute of the (2) Sheriffdom of Dumfries and Galloway
having had produced to me, with a Petition at the instance of (3) David Wallace Inspector of Poor parish of Kirkcolm
Certificates under the hands of Charles William Peach, Surgeon
and Thomas Easton Physician & Accoucheur being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Annie Fraser, a pauper and that the said Annie Fraser is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said ~~Charles William Peach Annie Fraser~~ as a Patient into the (6) public Asylum of Southern County and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Annie Fraser which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this twelfth day of December One thousand eight hundred and ninety five
three words deleted thereon —

George Watson

To the Superintendent of the (7) public
Asylum of Southern County Dumfries

(7) Public, District, Parochial, or Private.

No 7758

Annie Fraser

Kirkcolm

Adm. 13 December 1895

N.B.—*This Form shall remain in the keeping of the superintendent of the Asylum after the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway, —
and his Substitutes,—

The Petition of Naylor Smythe, Manufacturer, Bobpice Road, Moseley, Birmingham, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Kimberley Fuller, late of 53 Chambers Street, New York. U.S.A. your Petitioner's (1) Cousin, — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said William Kimberley Fuller, — to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Naylor Smythe

DATED this Sixteenth (2) day of December, —One thousand eight hundred and ninety five years.

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

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 Kimberley Fuller.
Sex and Age,	Male. 47.
Married, Single, or Widowed,	Single.
Condition of Life, and previous Occupation (if any),	Merchant in New York.
Religious persuasion, so far as known,	Church of England.
Previous Place of Abode,	late of 53 Chambers Street. New York.
Place where Found and Examined,	Dumfries.
Length of Time Insane,	about 2 years.
Whether First Attack,	Yes.
Age (if known) on First Attack,	45.
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Bloomingdale, New York. 26 Sept 1894 to 31 Aug: 1895.
Duration of Existing Attack,	About 2 years.
Supposed Cause,	Business worries.
Whether subject to Epilepsy,	No.
Whether Suicidal,	Yes.
Whether dangerous to others,	No.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Date of becoming Chargeable,	—
Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joseph Ashbury Fuller, Brother, 53 Chambers Street (Stewarts Buildings), New York.
Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixteenth day of December, One thousand eight hundred and ninety five years.

(To be signed by party applying) Naylor Smythe

MEDICAL CERTIFICATE No. I.

I, the undersigned [illegible] being a (1) [illegible] and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 43 Castle St. Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) William Kimberley Fuller merchant B 53 Chambers St New York — and that the said William Kimberley Fuller is a (5) person of unsound mind — and a proper person to be detained 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 melancholic appearance & gloomy. States his voices are calling to him to commit suicide & that he has not control & might do it.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, [illegible]
Place of abode, 43 Castle St Dumfries

DATED this fourteenth day of December, One thousand eight hundred and ninety four.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise as the case may be.

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Thomas Jefferson being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) William Kimberley Fuller late of 53 Chambers St New York U.S.A. and that the said William Kimberley Fuller is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

He is dull & moody
He says he is troubled with hallucinations voices which come & leave at all times. He heard a voice this morning telling him to break a window - which he accordingly

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas Jefferson M.B.
Place of abode, 16 Castle St Dumfries

DATED this sixteenth day of December, One thousand eight hundred and ninety four.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise as the case may be.

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned John Smith
being (1) Registered in Medicine & Practising Physician
hereby certify, on soul and conscience, that I have this day, at (2) 47 Castle
in the County of Dumfries, seen and personally examined
William Kimberley Fuller, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

John Smith M.D.

DATED, this Fourteenth day of December, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein William Kimberley Fuller
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Cousin

Signature and Address, Naylor Smythe Boppice Rd Moseley.

Date, 14th December, 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute
of ~~the the County of~~ Dumfries and Galloway at Dumfries,
having had produced to me, with a Petition at the instance of (1) Naylor Smythe, Manufacturer, Boppice Road, Moseley, Birmingham,
Certificates under the hands of John Smith,
and Thomas Ferguson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) William Kimberley Fuller, late of 53 Chambers Street, New York, U.S.A. Private Resource, and that the said William Kimberley Fuller is a (3) person of unsound mind,
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said William Kimberley Fuller, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Kimberley Fuller, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Seventeenth day of December, One thousand eight hundred and ninety-five years.

Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7759

Name, William Kimberley Fuller

Date of Admission, 14 December 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum under the order of the Sheriff endorsed.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries & Galloway, *and his Substitutes,—*

The Petition of John Mc Clellan, Inspector of Poor, Anwoth, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Agnes Bennett or Morran, your Petitioner's (1) pauper — is at present in 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 Agnes Bennett or Morran, to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) State degree of relation, or other capacity in which Grantor stands to Lunatic.

(To be signed by the Party applying) John Mc Clellan, Inspector of Poor, Anwoth.

(2) The date of the Petition to be within fourteen clear days following the dates of the Medical Certificate.

DATED this the 17th (2) day of December, — One thousand eight hundred and ninety-five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Agnes Bennett or Morran.
Sex and Age,	Female forty-five years of age.
Married, Single, or Widowed,	Married.
Condition of Life, and previous Occupation (if any).	Servant.
Religious persuasion, so far as known,	Protestant,
Previous Place of Abode,	Gatehouse,
Place where Found and Examined,	Garden Street, Gatehouse.
Length of Time Insane,	For nearly a year.
Whether First Attack,	First attack.
Age (if known) on First Attack,	forty-five years of age.
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Has never been in asylum before.
Duration of Existing Attack,	For nearly a year
Supposed Cause,	Can't say.
Whether subject to Epilepsy,	no
Whether Suicidal,	Has threatened to drown herself.
Whether dangerous to others,	Has attacked her daughter.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Chargeable to the Parish of Girthon~~ Anwoth.
Date of becoming Chargeable,	The 17th December 1895.
Christian Name and Surname, and place of Abode of nearest known 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 Morran, Husband, residing in Digby Street, Gatehouse. William Bennett Brother residing in Flat Street Gatehouse. No other Member of her family has suffered from insanity.
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 the 17th day of December, — One thousand eight hundred and ninety-five.

(To be signed by party applying) John Mc Clellan, Inspector of Poor, Anwoth.

No. 1159

MEDICAL CERTIFICATE No. I.

I, the undersigned James Nichol Cory, being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Gordon St, Gatehouse of Fleet, in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes Bennet or Morran and that the said Agnes Bennet or Morran is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

She is very much excited + very restless, continually talking + declaiming loudly. In conversation she is quite incoherent + rambling + imagines all sorts of nonsense.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She wanders from her home further than usual, in an aimless way, threatening to drown herself + is telling dangerous tho' friends, this communicated to me by Williamina Bennet her Brother.

Name and Medical Designation, Place of abode, J Nichol Cory, L.R.C.P. Edin. Woodlyn, Gatehouse of Fleet

DATED this Twenty sixth day of December, One thousand eight hundred and Ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Dott, 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) Gordon Street Gatehouse in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes Bennet or Morran and that the said Agnes Bennet or Morran is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

She is incoherent in her conversation, Restless and unable to take Care of herself.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother Williamina Bennet informs me she threatened to commit suicide. She has assaulted her daughter and she does not sleep at night.

Name and Medical Designation, Place of abode, Alexander Dott M.B. Ch. Gatehouse on Fleet

DATED this 27th day of Dec, One thousand eight hundred and Ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)

(1) State medical qualification.

(2) State place of examination.

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

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address, _____

Date, _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute ~~of the the County~~ of Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) John McClellan, Inspector of Poor, Anwoth, Certificates under the hands of James Nichol Cox, and Alexander Dott, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Agnes Bennett or Morran, Gordon Street, Gatehouse, (a pauper), and that the said Agnes Bennett or Morran, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Agnes Bennett or Morran, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Bennett or Morran, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eighteenth day of December One thousand eight hundred and ninety five years.

Geo. Campion

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7760

Name, Agnes Bennett or Morran
Anwoth

Date of Admission, 18 December 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Sheriffdom~~ of Dumfries and Galloway *and his Substitutes,*—

The Petition of James Mc William Inspector of Poor Kirkcowan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper Sarah Millar

is at present in a state of Mental Derangement, and 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 Millar to the Southern Counties asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) James Mc William Insp. of Poor Kirkcowan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twentieth (4) day of December One thousand eight hundred and 20th Ninety five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Millar
2. Sex and Age,	Female 19 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Balminnoch, Kirkcowan
7. Place where Found and Examined,	Balminnoch Gardeners Lodge Kirkcowan
8. Length of time Insane,	
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Fifteen years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Balminnoch Kirkcowan Southern Counties asylum 14th Aug. 1891
12. Duration of Existing Attack,	Some weeks
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No —
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Seems to strike when excited
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Cross Michael Kirkcudbright
18. Date of becoming Chargeable,	20th December 1895
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hunt Gardeners Lodge Balminnoch Kirkcowan Helen Millar mother " " 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 20th day of December One thousand eight hundred and ninety five

1895 *(To be signed by the Party applying)* James Mc William Inspector of Poor Kirkcowan

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Willox Mc Fadyean being a (1) Licentiate of the Royal College of Physi... E...
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Balminnoch parish of Kirkcowan in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Sarah Millar pauper-lunatic and that the said Sarah Millar is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is incoherent in conversation, extremely excitable, hilarity & rest... being most manifest- threatening all the mem... of the family & outsiders.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Grandfather Robert Irish residing at Blmenno... informs me that she has 8 times him; & also he... mother, who is married with the balance of the ch... She wanders about at night was wandering for se... days - was found lying in a ditch by the Policeman...

Name and Medical Designation, A. M. Mc Fadyean

Place of Abode, Kirkcowan

DATED this 20th day of December One thousand eight hundred and ninety five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Brown Carrie
being a (1) Bachelor of medicine & Master of Surgery of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Sarah Millar, Pauper. Candyside Lodge, Balminnoch and that the said Sarah Millar is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is dull & apathetic, nervous, excited & uproarious by turns. Is very incoherent & contradictory in her statements & assertions. Wanders about in an aimless fashion

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Brown Carrie, M...

Place of Abode, Crichton Royal Institution, Dum...

DATED this twentieth day of December One thousand eight hundred and ninety five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Alexander Millot M'Fadyen being (1) a Licentiate of the Royal College of Physicians Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Balminnoch in the County of Wigtown, seen and personally examined Sarah Millar pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A M'Fadyen

DATED this 20th day of December One thousand eight hundred and ninety five

(1) State medical qualification. (2) State place of examination.

Wm Keowan 20 December 1895

To Superintendent of the Southern Counties Asylum Dumfries

Sir

Please admit the above Sarah Millar to the Southern Counties Asylum on the above Certificate of Emergency by Dr M. Fadyen dated 20 December 1895

James M. William, Insp. of Poor

Wm Keowan

20/12/95

[illegible] One thousand eight hundred and ninety five years.

J & D Lamplugh

To the Superintendent of the (3) Public Asylum of Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Willox Mc Fadyean being a (1) Licentiate of the Royal College of Physicians Edin and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Balmuinoch parish of Kirkcowan in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Sarah Millar pauper-lunatic and that the said Sarah Millar is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is incoherent in conversation, extremely excitable, hilarity & restlessness most manifest- threatening all the members of the family & outrageous.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Grandfather Robert Kirk residing at Blairmore informs me that she has struck him, & also her mother with it marked with the violence & the ill

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street, and number of the house (if any), or other like particulars.
(4) Insert Designation and Residence, and if a Pauper state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is dull & apathetic, nervous, excited & uproarious by turns. Is very incoherent & contradictory in her statements & assertions. Wanders about in an aimless fashion

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Bryson Currie, M.

Place of Abode Crichton Royal Institution, Du

DATED this twentieth day of December One thousand eight hundred and ninety five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Alexander Willox Mc Fadyen being (1) a Licentiate of the Royal College of Physicians Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Balminnoch in the County of Wigtown, seen and personally examined Sarah Millar pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A. W. McFadyen

DATED this 20th day of December One thousand eight hundred and ninety five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute of ~~the~~ (3) Dumfries & Galloway, at Dumfries having had produced to me, with a Petition at the instance of (3) James McWilliam, Inspector of Poor, Kirkcowan. Certificates under the hands of Alexander Willox McFadyen and Hugh Brown Currie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Millar, Balminnoch, Kirkcowan. (pauper) and that the said Sarah Millar is a (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 Millar 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 Millar which accompanied the said Petition.

DATED this Twenty first day of December One thousand eight hundred and ninety five years.

G. D. Campion

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 7761

Sarah Millar

Kirkcowan

Adm. 20 December 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries & Galloway
and his Substitutes,—

The Petition of Surgeon. Captain Thacker, A.M.S.
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Edward Woodcock Thacker, Kilkea House, Maryborough. Queen's Co.: —
(1) State degree of relation or other capacity in which Petitioner stands to Lunatic.
your Petitioner's (1) 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 authorise the transmission of the said Edward. Woodcock. Thacker, to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) R. C. Thacker
Surg Captain A.M.S

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 21st (2) day of December, One thousand eight hundred and ninety five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Edward. Woodcock Thacker.
2. Sex and Age,	Male - age. 36 yrs.
3. Married, Single, or Widowed,	Single -
4. Condition of Life, and previous Occupation (if any).	Farmer. - Farming. -
5. Religious persuasion, so far as known,	Church of Ireland.
6. Previous Place of Abode,	Kilkea House Maryboro. Queen's Co. Ireland.
7. Place where Found and Examined,	Private Hospital Claremont St. Dublin.
8. Length of Time Insane,	about five days.
9. Whether First Attack,	Second. attack.
10. Age (if known) on First Attack,	32 yrs.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Under observation Private Hosp. Claremont St.
12. Duration of Existing Attack,	Recovered sufficiently to be removed in a week. about 10 days.
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether dangerous to others,	No so far as my observation goes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Nil
18. Date of becoming Chargeable,	Nil.
19. Christian Name and Surname, and place of Abode of nearest known 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. C. Thacker Curragh Camp. Kildare Ireland. Brother. 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 21st day of December, One thousand eight hundred and ninety five.

(To be signed by party applying) Robert. C. Thacker
Surg Captain A.M.S

MEDICAL CERTIFICATE No. I.

I, the undersigned Francis Thomas Heuston. ——
being a (1) Fellow of the Royal College of Surgeons, and a Doctor of Medicine of the Royal University —
and being in actual practice as a (2) Surgeon. ——
do hereby certify, on soul and conscience, that I have this day, at (3) The Pound Hospital Charlemont Street, Dublin in the County of Dublin, — separately from any other Medical Practitioner, visited and personally examined (4) Edward Woodcock Thacker and that the said Edward Woodcock Thacker, is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) ~~Lunatic~~ Sleeplessness. Rambling conversation, fearing of hurt, fear of bodily injury to self, fear of injuring some one, Shakes Most of his relatives have just died.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

Name and Medical Designation, Francis Thomas Heuston
Place of abode, 15 St. Stephens Green Dub.

DATED this 18th day of December, One thousand eight hundred and Ninety five.

MEDICAL CERTIFICATE No. II.

I, the undersigned Consulting Physician Edward Woodcock Thacker
being a (1) Fellow of the Royal College of Physicians, —
and being in actual practice as a (2) Physician ——
hereby certify, on soul and conscience, that I have this day, at (3) Charlemont Private Hospital, Dublin, — in the County of the City of Dublin, separately from any other Medical Practitioner, visited and personally examined (4) Edward Woodcock Thacker —— and that the said Edward Woodcock Thacker, is a (5) person of unsound mind, and a proper person to be detained 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 tells me that he believes every one envied him the dead that he is terrified at every noise that he would like to be in an asylum where he would not be

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Exposure for Hire

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

Name and Medical Designation, Conolly Norman
Place of abode, Richmond Asylum, Dublin

DATED this certificate day of December, One thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Conolly Norman, being (1) Fellow of the Royal College of Physicians, Ireland, hereby certify, on soul and conscience, that I have this day, at (2) No. Charlemont St. Private Hospital Dublin, in the County of City of Dublin, seen and personally examined Edward Woodcock Thacker, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Conolly Norman

DATED, this 18th day of December one thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Edward Woodcock Thacker, to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother.

Signature and Address, R. C. Thacker, Curragh Camp Kildare Ireland.
Lieut. Captain 2nd

Date, 21st December 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Richard Vary Campbell, Sheriff ~~Substitute of the County~~ of Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Surgeon Captain Thacker, A.M.S., Curragh Camp, Kildare, Ireland, Certificates under the hands of Francis Thomas Heuston, and Conolly Norman, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Edward Woodcock Thacker, Farmer, Killeen House, Mageney, Queens Co: Ireland (Present address) and that the said Edward Woodcock Thacker, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Edward Woodcock Thacker, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Edward Woodcock Thacker, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty third day of December, One thousand eight hundred and ninety five years. Five words deleted

R. Vary Campbell

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7702

Name, Edward Woodcock Thacker

Date of Admission, 23 December 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.*

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Kirr or Barr ——— your Petitioner's Pauper is at present in a state of Mental Derangement, and a proper Person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Kirr or Barr —— to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Fourth (*) day of December One thousand eight hundred and Ninety Five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Kirr or Barr
2. Sex and age,	Female. 49 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,	8 High St.
7. Place where found and examined,	Do Do
8. Length of time Insane,	about 4 days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Nowhere,
12. Duration of Existing Attack,	4 days.
13. Supposed Cause,	Excitement.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable	Dumfries.
18. Date of becoming Chargeable	23rd Dec 1895.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Barr, Husband, 8 High Street, Dumfries. None. 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 Third day of December One thousand eight hundred and Ninety Five years.

(To be signed by the party applying) Miles Mc Innes

No. 1102

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Joseph Garibaldi Marshall being a (1) Graduate in Medicine of Glasgow University, Physician and Surgeon, and being in actual practice as a (2) do hereby certify, on Soul and Conscience, that I have this day, at (3) 8 High Street, Dumfries, in the County of Dumfries, separately from any other Medical practitioner, visited and personally examined (4) Mary Kerr or Barr a Pauper and that the said Mary Kerr or Barr, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She has an insane, excited appearance. She talks very incoherently and at times shows symptoms of violence

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her husband and family informs me that She has been "queer" for sometime but yesterday and more so to day she has been violent

Name and Medical Designation. J. J. Marshall M.B.

Place of Abode, 27 Buccleuch St. Dumfries

DATED this Twenty third day of December, One thousand eight hundred and ninety five years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, John Smith, being a (1) Graduate in Medicine of Edinburgh University, and being in actual practice as a (2) Physician & Surgeon do hereby certify, on Soul and Conscience, that I have this day, at (3) 8 High St. Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mary Kerr or Barr, a Pauper and that the said Mary Kerr or Barr, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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 manner appearance rambling incoherent conversation, becomes at times very excited & has delusions regarding her children

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her husband informs me that she has become insane suddenly.

Name and Medical Designation, John Smith M.B.

Place of Abode, 47 Castle St. Dumfries

DATED this Twenty-third day of December, One thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff)

I, the undersigned, Joseph Garibaldi Marshall, being (1) Graduate in Medicine of Glasgow University (1) State qualification. hereby certify, on Soul and Conscience, that I have this day, at (2) 8 High Street Dumfries (2) State place of examination. in the County of Dumfries, seen and personally examined Mary Kerr or Barr, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. G. Marshall M.B &c

Dated this Twenty third day of December, One thousand eight hundred and Ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein Mary Kerr or Barr, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. Inspector of Poor.

Signature and Address, Miles Mc Jones, Insp. of Poor. Dumfries

Date, 23rd Dec. 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, William Young Hennies Shortt, Esq: Sheriff-Substitute ~~of the County~~ of Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles Mc Jones, Inspector of Poor, Dumfries, Certificates under the hands of Joseph Garibaldi 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 (2) Mary Kerr or Barr, 8 High St., Dumfries (a pauper) and that the said Mary Kerr or Barr, is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Kerr or Barr, as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Mary Kerr or Barr, which accompanied the said Petition.

(1) Insert Name and Designation.

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated this Twenty Fifth day of December — One thousand eight hundred and ninety five years. Three words deleted.

W. H. Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7703

Name. Mary Kerr or Barr
Dumfries

Date of Admission, 23 December 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.*

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfriesshire & Galloway, ——— *and his Substitutes,—*

The Petition of John Laurie. Inspector of Poor of the Parish of Annan:—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Helen Skinner or Young, ——— your Petitioner's (1) Pauper, ——— is at present in a state of Mental Derangement, and 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 Skinner or Young to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(1) State Degree of Relationship, or other capacity which Petitioner stands Lunatic.

(To be signed by the Party applying)..... John Laurie

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty fourth (2) day of December, ——— One thousand eight hundred and ninety five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Skinner or Young.
2. Sex and age,	Female. Age 31 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Housewife.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Watchhill, near Annan.
7. Place where found and examined,	Watchhill.
8. Length of time Insane,	Eight months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	—
12. Duration of Existing Attack,	About Eight 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,	Annan.
18. Date of becoming Chargeable,	24th December. 1895.
19. Christian Name and Surname, and place of Abode of nearest known 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 Young. Quarrymen. Watchhill. Husband. No Member of her family known to have been Insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty fourth day of December, One thousand eight hundred and ninety five.

(To be signed by the Party applying)..... John Laurie

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Murdoch, being a (1) Doctor of Medicine of the University of Edinburgh, and being in actual practice as a (2) Physician and Surgeon, do hereby certify, on Soul and Conscience, that I have this day, at (3) the village of Watchhill, near Annan, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Helen Skinner or Young, of Watchhill near Annan - a pauper, and that the said Helen Skinner or Young, is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is sometimes dull & confused - at others morbidly excited almost maniacal - rambling & incoherent in speech - is suspicious & makes untrue accusations against various persons that they call her a "bad woman" & other ill names.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband corroborates above & says she is violent at times - also that she cannot be kept from wandering aimlessly both by day & night.

Name and Medical Designation, Wm. Murdoch. M. D. (Edin.)

Place of Abode, 14 St. John's Road, Annan.

DATED this twenty-fourth day of December, One thousand eight hundred and ninety-five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Lindsay Howie, being a (1) Bachelor of Medicine & Master in Surgery, of Glasgow University, and being in actual practice as a (2) Physician & Surgeon do hereby certify, on Soul and Conscience, that I have this day, at (3) Watchhill near Annan, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Helen Skinner or Young, of Watchhill, near Annan - a pauper, and that the said Helen Skinner or Young, is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Sometimes she sits in a dull melancholic mood: at other times her conduct is loud & boisterous & from her conversation ~~at~~ her mind is distinctly affected.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she is almost uncontrollable at times: wanders about sometimes during the night & day & also corroborates above statement.

Name and Medical Designation, J. Lindsay Howie M.B.

Place of Abode, 25 Port St. Annan

DATED this twenty fourth day of decemb, One thousand eight hundred and ninety-five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Lindsay Howie, being (1) a physician & surgeon of Glasgow University hereby certify, on Soul and Conscience, that I have this day, at (2) Watchhill near Annan, in the County of Dumfries, seen and personally examined Helen Skinner or Young, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.

(2) State place of examination.

And I further certify that the case of the said Person is one of Emergency.

J. Lindsay Howie

DATED this twenty fifth day of December — One thousand eight hundred and ninety-five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Helen Skinner or Young, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address, John Laurie. Annan.

Date, 24th Dec. 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, Hon: Sheriff-Substitute of ~~the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) John Laurie, Inspector of Poor, Annan, Certificates under the hands of William Murdoch, M.D. — and John Lindsay Howie, 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 (2) Helen Skinner or Young, Watchhill, near Annan, ~~in parish of~~ and that the said Helen Skinner or Young, is a (3) person of unsound mind,

(1) Insert Name and Designation.

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Skinner or Young, — as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her — Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Skinner or Young, which accompanied the said Petition.

DATED this Twenty fifth day of December, — One thousand eight hundred and ninety-five years.

W H Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7764

Name, Helen Skinner or Young

aman

Date of Admission, 24 December 1895

N.B.—*This Form shall remain in the keeping of the superintendent of the Asylum after the order of the Sheriff is obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway *and his Substitutes,—*

The Petition of James Masterton, Painter Merchant in Wigton, that Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Neuthead, Alston, John Masterton, Medical Practitioner, your Petitioner's (1) brothers is at present in 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 John Masterton to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) James Masterton, X

DATED this twenty seventh (2) day of December One thousand eight hundred and ninety five years.

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any 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 Masterton
2. Sex and Age,	Male. about forty five years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any).	Medical Profession
5. Religious persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Neuthead, Alston.
7. Place where Found and Examined,	do
8. Length of Time Insane,	Six weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Six weeks.
12. Duration of Existing Attack,	Alcohol
13. Supposed Cause,	Had two Convulsive attacks.
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,	Alexander Masterton, his father, 4 Windsor St. Edinburgh.
19. Christian Name and Surname, and place of Abode of nearest known 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
20. Special circumstances (if any) preventing the 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 December One thousand eight hundred and ninety five years.

(To be signed by party applying) James Masterton X

MEDICAL CERTIFICATE No. I.

I, the undersigned Stewart Carson
being a (1) Bachelor of Medicine & Master of Surgery (Edin. Univ.)
and being in actual practice as a (2) physician & surgeon
do hereby certify, on soul and conscience, that I have this day, at (3)
Nenthorn near Alston in the County of
Cumberland separately from any other Medical Practitioner,
visited and personally examined (4) John Masterton
Nenthead nr Alston and that
the said John Masterton is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) he tells me that he has messages from God. States that the people with whom he lodges are trying to poison him and have obtained a poker to knock out his brains. Such I have seen true.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) that he took off all his clothing in a public road and while naked washed himself at a public well stating as his reason for doing so that he had a message from God to do so (Arthur Holmes Nenthead Nenthead)

Name and Medical Designation, Stewart Carson MB CM (Edin.)
Place of abode, Talon Lodge, Alston, Cumberland

DATED this twenty fourth day of December — One thousand eight hundred and ninety five

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state as.*

(5) *Lunatic, or 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 Glasgow University and Surgeon
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The
Crichton Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) John Masterton, Medical
Practitioner, Nenthead, Alston, Cumberland and that
the said John Masterton is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is in an excited and nervous condition: says he has lost all control of himself: and has acted in such a way that God Almighty does not know what to do with him

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex. Thomson M.D. &c.
Place of abode, 27 Castle St. Dumfries

DATED this twenty seventh day of December One thousand eight hundred and ninety five 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 as.*

(5) *Lunatic, or 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) a Bachelor of Medicine & Master of Surgery
hereby certify, on soul and conscience, that I have this day, at (2)
Newbiggin-on-Alston ~~Cumberland~~
in the County of Cumberland, seen and personally examined
John Masterton, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Stewart Carson M.B. Ch.B. (Edin. Univ.)

DATED, this Twenty fourth day of December One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein John Masterton
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, his brother

Signature and Address, James Masterton 4 Windsor St. Edinburgh

Date, 24th December 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Nesbitt Shortt, Esq. Sheriff Substitute
~~of the the County of~~ of Dumfries & Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (1) James
Masterton, Timber Merchant, 4 Windsor St., Edinburgh.
Certificates under the hands of Stewart Carson
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 (2) John Masterton, Nenthead, near Alston, Cumberland, (Blaisbrothe,) and that the said
John Masterton is a (3) Person of unsound mind
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said John Masterton as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Masterton which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty seventh day of December One thousand eight hundred and ninety five years.

W. Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7765

Name, John Masterton

Date of Admission, 24 December 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the order of the Sheriff is obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries & Galloway
and his Substitutes,—

The Petition of Andrew H. Gregg W.S.
24 Charlotte Square Edinburgh
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Harry Gregg Fisherton House, Salisbury, Wilts
your Petitioner's (1) 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 authorise the transmission of the said Harry Gregg
to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Andrew H. Gregg

DATED this Twenty fifth (2) day of December One thousand eight hundred and ninety five

(2) The date of the Petition not be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Harry Gregg.
2. Sex and Age,	Male — 31 years —
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any).	Healthy — Bank clerk
5. Religious persuasion, so far as known,	Member of Established Church of Scotland
5. Previous Place of Abode,	Edinburgh
7. Place where Found and Examined,	London —
8. Length of Time Insane,	First Known on his arrival from abroad
9. Whether First Attack,	(Australia) about 21st June 1895
0. Age (if known) on First Attack,	31 years
1. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Has been at Fisherton House Asylum Salisbury Wilts since 24th June last.
2. Duration of Existing Attack,	—
3. Supposed Cause,	Not known.
4. Whether subject to Epilepsy,	Not so far as known
5. Whether Suicidal,	
6. Whether dangerous to others,	
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 his Family known to be or to have been Insane,	Andrew H. Gregg W.S. 24 Charlotte Square Edinburgh Brother 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 Twenty fifth day of December One thousand eight hundred and ninety five

(To be signed by party applying) Andrew H. Gregg

2

MEDICAL CERTIFICATE No. I.

I, the undersigned Richard T. Finch
being a (1) Member of the Royal College of Surgeons (Eng.)
and being in actual practice as a (2) Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3)
Fisherton House Salisbury in the County of
Wilts separately from any other Medical Practitioner,
visited and personally examined (4) Harry Glegg of
Fisherton House Salisbury and that
the said Harry Glegg is a (5)
person of unsound mind and a proper person to be
detained 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 suffers from delusions & hallucinations of sight & hearing
says he constantly hears God's voice, giving him all sorts of mes
that he sees God walking about in the form of spirit mist. Says
this spirit of God is made up of the spirits of all the most celebrated men

2. Other facts (if any) indicating Insanity communicated to me by
others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

Name and Medical Designation, Place of abode, Richard T. Finch M.B. Cantab
Fisherton House. Salisbury.

DATED this 17 day of Dec. One thousand
eight hundred and ninety-five

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Thomson
being a (1) Doctor of Medicine & Surgeon Univ. Edin.
and Surgeon
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The
Crichton Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Harry Glegg, Assistant
Clerk, Fisherton House, Salisbury and that
the said Harry Glegg is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is under
the delusion, that he is continually seeing
and conversing with Spirits.

2. Other facts (if any) indicating Insanity communicated to me by
others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

Name and Medical Designation, Place of abode, Alex. Thomson M.D
27 Castle Street, Dumfries

DATED this twenty-fifth day of December One thousand
eight hundred and ninety five years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Richard T. Finch
being (1) a member of the Royal College of Surgeons (Eng)
hereby certify, on soul and conscience, that I have this day, at (2)
Fisherton House Salisbury
in the County of Wilts, seen and personally examined
Harry Glegg, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Richard T. Finch

DATED, this 17 day of Dec. One thousand eight hundred and ninety-five

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Harry Clegg
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address, Andrew H. Clegg

Date, 25th December 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, Advocate, Sheriff Substitute ~~of the the County~~ of Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Andrew H. Clegg, 24 Charlotte Square, Edinburgh.
Certificates under the hands of Richard T. Finch
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 (2) ~~Harry Clegg, 24 Charlotte Square, Edinburgh~~ (His brother) and that the said Harry Clegg is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Harry Clegg as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Harry Clegg which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty seventh day of December One thousand eight hundred and ninety five years.

W H Shortt

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7766

Name, Harry Gregg

Date of Admission, 25 December 1895

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret Richardson Stewart, 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 Richardson Stewart, — to the Crichton Royal Institution at Dumfries, and to sanction admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Seventh (*) day of December One thousand eight hundred and Ninety Five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Richardson Stewart.
2. Sex and age,	Female 46 years.
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Charwoman.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous place of abode,	98 St Michael St.
7. Place where found and examined,	Do
8. Length of time Insane,	About a Year.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Nowhere.
12. Duration of Existing Attack,	Not known.
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable	Dumfries.
18. Date of becoming Chargeable	10th July 1894.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	None known. Not known.
20. Special Circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Fifth day of December, — One thousand eight hundred and Ninety Five Years.

(To be signed by the party applying) Miles Mc Innes

No. 1196

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Joseph Gaubaldi Marshall
being a (1) Graduate in Medicine of Glasgow
University — Physician and Surgeon
and being in actual practice as a (2) 98 St Mich
do hereby certify, on Soul and Conscience, that I have this day, at (3) Street Dumfries, in the County of
Dumfries, separately from any other Medical practitioner,
visited and personally examined (4) Margaret Richardson
Stewart, a pauper, and that
the said Margaret Richardson Stewart is a (5) person of unsound
mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She has a very melancholic appe
ance answers questions incoherently
Imagines people are going to wish to
ask her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The neighbours corroborate the
full of the above delusions.

Name and Medical Designation. J Marshall MB

Place of Abode Buccleuch St Dumfries

DATED this twenty fifth day of December, One
thousand eight hundred and ninety five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith.
being a (1) Graduate in medicine of Edinburgh
University
and being in actual practice as a (2) Physician & Surgeon
do 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) Margaret Richardson or
Stewart, a Pauper, and that
the said Margaret Richardson Stewart is a (5) person of unsound
mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane
appearance & delusions regarding
her neighbours. -

(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

Place of Abode, 47 Castle Dumfries

DATED this 26th day of December, One
thousand eight hundred and ninety five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff)

I, the undersigned, Joseph Garibaldi Marshall, being (1) Graduate of Glasgow [illegible] hereby certify, on Soul and Conscience, that I have this day, at (2) 98 St Michael St Dumfries, in the County of Dumfries, seen and personally examined Margaret Richardson or Stewart, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State Medical Qualifications.
(2) State place of residence.

And I further certify that the case of the said person is one of Emergency.

J. Marshall M.B.C.M.

DATED this twenty fifth day of December One thousand eight hundred and ninety five years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein Margaret Richardson or Stewart, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. } Inspector of Poor.

Signature and Address, Miles Mc Innes, Insp. of Poor.

Date, 25th Dec 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, Hon; Sheriff-Substitute of ~~the County of~~ Dumfries and Galloway, at Dumfries,— having had produced to me, with a Petition at the instance of (1) Miles Mc Innes, Inspector of Poor, Dumfries, Certificates under the hands of Joseph Garibaldi 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 (2) Margaret Richardson Stewart, 98 St Michael Street, Dumfries, a pauper and that the said Margaret Richardson Stewart, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Richardson Stewart, as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Margaret Richardson Stewart, which accompanied the said Petition.

(1) Insert Name and Designation.

(2) Describe him, and if a Pauper, state

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty-seventh day of December One thousand eight hundred and ninety-five years

W. H. Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7767

Name, Margaret Richardson Stewart
Dumfries

Date of Admission, 25 December 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the order of the Sheriff is obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway

and his Substitutes,—

The Petition of Mary Rutherford Ferguson
79 Wellington St. Greenock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Robert Ferguson
79 Wellington St. Greenock

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) Husband — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Robert Ferguson to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) Mary Rutherford Ferguson

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 26th (2) day of Dec. One thousand eight hundred and ninety five

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Ferguson
2. Sex and Age,	Male — 36 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any).	Master Engineer
5. Religious persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	79 Wellington St. Greenock
7. Place where Found and Examined,	79 Wellington St. Greenock
8. Length of Time Insane,	Six months: well since previous attack
9. Whether First Attack,	No — Second attack
10. Age (if known) on First Attack,	31 years
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Crichton Institution 1889
12. Duration of Existing Attack,	six months.
13. Supposed Cause,	None
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether dangerous to others,	Never threatened danger as yet
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and place of Abode of nearest known 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 Rutherford Ferguson 79 Wellington St. Greenock wife Himself the only member who has been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of Dec. One thousand eight hundred and ninety five.

(To be signed by party applying) Mary Rutherford Ferguson

MEDICAL CERTIFICATE No. I.

I, the undersigned James Wallace
being a (1) Phys. & Surg. of the Univ. of Glasgow
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 79 Wellington St. Greenock
in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Robert Ferguson late Engineer
and that the said Robt. Ferguson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He delusions believing that he required no assistance, that we were [illegible] by reading me lectures upon [illegible] by his wife, that he was in danger of losing his situation, [illegible] [illegible] [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 John L. Douglas
being (1) Lic. Roy. Coll. Surg. Edin
hereby certify, on soul and conscience, that I have this day, at (2)
79 Wellington St. Greenock
in the County of Renfrew, seen and personally examined
Robert Ferguson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

John L. Douglas

DATED, this 26th day of Dec.r One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Robert Ferguson
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Wife

Signature and Address, Mary Rutherford Ferguson

Date, Greenock, 26th Dec.r 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~William~~ Young Herries Shortt, Hon.r— Sheriff Substitute
of ~~the the County of~~ Dumfries and Galloway, at Dumfries—
having had produced to me, with a Petition at the instance of (1) Mary
Rutherford Ferguson, 79 Wellington Street, Greenock.—
Certificates under the hands of James Wallace, M.D —
and ~~Alexander Thomson~~ John Campbell 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 (2) Robert Ferguson, 79 Wellington
Street, Greenock. (Petrs Husband) — and that the said
Robert Ferguson — is a (3) person of unsound mind
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE
you to receive the said Robert Ferguson — as a Patient
into the Crichton Royal Institution for Lunatics, at Dumfries, and I
authorize hes — Transmission to the said Institution accordingly: and I
transmit you herewith the said Medical Certificates, and a Statement
regarding the said Robert Ferguson —
— which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty-seventh day of December One thousand eight hundred and ninety-five years.

W. H. Shortt

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 7768

Name, Robert Ferguson

Date of Admission, 26 December 1895

Kirkcudbright
27th December 1895

Unto the Honourable the Sheriff of Dumfries and Galloway or his Substitutes for the Stewartry of Kirkcudbright.

The Petition and Complaint of William Milroy, Procurator Fiscal for the Stewartry of Kirkcudbright for Public Interest.

Humbly Sheweth:

That Margaret Milligan or Thennan, residence, who from ... produced is ... in a state ... ges, was on ... ember eighteen ... and ... at Stepchead ... said Stewartry ... your Lordships ... wins of Section ... ty five and ... after Fifty ... nt forthwith ... Margaret Thennan ... the Crichton ...

Kirkcudbright
27 Dec. 1895

I have today in the Police Office here seen and examined a woman calling herself Margaret Thennan or Milligan and I find her of unsound mind and dangerous to herself and others.

This I certify on Soul and Conscience.

Wm. Gillespie M.D.

Royal

Wm. Milroy
P.F.

Kirkcudbright
27th December 1895

Unto the Honourable the Sheriff of Dumfries and Galloway or his Substitutes for the Stewartry of Kirkcudbright.

The Petition of William Milroy, Procurator Fiscal for the Stewartry of Kirkcudbright.

Humbly Sheweth,

That it is necessary in the Interest of Public Safety that Margaret Sherman or Milligan residence, who from information produced is alleged to be in a state of insanity, was on the eighteenth day of December eighteen hundred and ninety five at Rispehead in the said Stewartry.

That your Lordships powers of Section Sixty five and Section Fifty Seven authorise you forthwith to grant warrant to Margaret Sherman or Milligan to be conveyed to the Crichton Royal

Dec. 27. 1895.

I hereby certify, on soul and conscience, that I have this day at the Police Chambers Kirkcudbright seen and examined Margaret Sherman or Milligan and I find her to be of unsound mind and dangerous to herself and others

W. B. Reid.
M.B. C.M.

X

Kirkcudbright
27th December 1895

Unto the Honourable the Sheriff of Dumfries and Galloway or his Substitutes for the Stewartry of Kirkcudbright.

The Petition of William Milroy, Procurator Fiscal of Court for the Stewartry of Kirkcudbright for the Public Interest.

Humbly Sheweth

That Margaret Shannan or Milligan having no fixed place of residence, who from the Medical Certificates herewith produced is certified to be a lunatic, and in a state threatening danger to the lieges, was on the twenty seventh day of December eighteen hundred and ninety five, found or apprehended in that state at Rosehead in the parish of Buittle and said Stewartry.

May it therefore please your Lordships in terms of the provisions of Section fifteen of the Act Twenty five and Twenty six Victoria Chapter Fifty four, to grant warrant forthwith to commit the said Margaret Shannan or Milligan to the Crichton Royal

Wm. Milroy
P.F.

Royal Institution Lunatic Asylum or other place of safe custody: appoint an early day to enquire into the condition of the said Margaret Shennan or Milligan: Direct notice to be given in some newspaper circulated in the Stewartry of Kirkcudbright of such commitment and of your Lordships intention to enquire into the condition of the said Margaret Shennan or Milligan on a day to be so appointed. And to direct notice of this application to be given to Hugh Knox, Inspector of Poor of the said parish of Buittle, within which the said Margaret Shennan or Milligan was found or apprehended, and such further notice as your Lordships shall think fit, and thereafter (finding the Inspector of Poor of the foresaid parish, within twenty four hours after service on him of such notice undertaking to the satisfaction of your

W. H.

3

your Lordship to make due arrangements for the safe custody of the said Mar: :garet Shennan or Milligan) proceed on the day to be so appointed to take evidence of the condition of the said Margaret Shennan or Milligan and on being satisfied that she is a lunatic, and in a state threaten: :ing danger to the lieges to grant warrant to commit her to the said Crichton Royal Institution Lunatic Asylum, or such other Asylum as your Lordship may think proper Also grant warrant to the Super: :intendent of the Asylum to which the said Margaret Shennan or Milligan may be so committed to receive her, and authorising her transmission to such Asylum therein to remain until she be cured, or until Caution shall be found for her safe custody: Further at the time of granting such final warrant of commit: :ment

Wm Miller
Pro

committment, or in proceedings following on this application, pronounce judgment finding the amount of the expenses connected with the said application, enquiry and procedure as the same shall be taxed, and grant Decree for such expenses in favor of the Petitioner. Also Decern in favor of the Superintendent of the Asylum to which the said Margaret Shennan or Milligan may be committed, for the expense of her maintenance, all against the said parish of Buittle, and Hugh Knox as Inspector of, and representing the said parish, reserving relief and recourse to the said parish and Inspector thereof, against all others as accords of law: All in terms of the foresaid Section of the said Act.

According to Justice.

Wil Murray

Pro Fiscal

Kirkcudbright 27 December 1895. The Sheriff Substitute having considered the foregoing Petition with the Medical Certificates and Act of Parliament founded on grants Warrant to Commit Margaret Shennan or Milligan named in the Petition to the Southern Counties Asylum, Dumfries as a place of safe custody ad interim. Further appoints Friday the twenty fourth day of January 1896 at ten o'clock forenoon in the Sheriff Court House here as a Diet for proceeding to enquire into the condition of the said Margaret Shennan or Milligan: grants warrant to cite witnesses for said diet: Directs notice of said Commitment and Diet to be given in the "Kirkcudbright Advertiser" Newspaper as also to the Inspector of Poor of the parish of Buittle and to the nearest of Kin of the said Margaret Shennan or Milligan, all in terms of the Act of Parliament founded on.

Rob. Thorburn.

Kirkcudbright 10 January 1896. The Sheriff Substitute, in respect the Inspector of Poor of the Parish of Buittle has made due arrangement for the safe Custody of the said Margaret Shennan or Millican finds it unnecessary to proceed further in this application. Finds the said Inspector of Poor liable in Expenses as the same shall be taxed by the Auditor of Court to whom remits the account thereof when lodged for taxation and Report and Decerns.

(Signed) Thos. Austin Lyell

Kirkcudbright 20 January 1896. The Sheriff Substitute approves of the Auditors report upon the Account of Expenses incurred by the Petitioner herein, and Decerns against the Inspector of Poor of the Parish of Buittle for the sum of Seven pounds nineteen shillings and sixpence being the taxed amount thereof.

(Signed) Thos. Austin Lyell

Sheriff Court Kirkcudbright

Lunacy Petition

The Procurator Fiscal
Kirkcudbright
— against —
Margaret Shennan or
Milligan

No. 7 of 1895

Date. 27 Dec. 1895

1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the order of the Sheriff is obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway,

and his Substitutes,

The Petition of Christiana Hindle, 8 Fishergate Hill, Preston a Lancashire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Richard Fell Hindle, 8 Fishergate Hill, Preston, Lancashire, ——— your Petitioner's (1) ~~Son~~ husband, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Richard Fell Hindle ——— to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Christiana Hindle

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 30th (2) day of December, One thousand eight hundred and ninety-five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Richard Fell Hindle.
2. Sex and Age,	Male - 55 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any).	Draughtsman.
5. Religious persuasion, so far as known,	Baptist.
6. Previous Place of Abode,	8 Fishergate Hill Preston Lancashire.
7. Place where Found and Examined,	" " "
8. Length of Time Insane,	Depressed about 2 months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	55 years.
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Nowhere.
12. Duration of Existing Attack,	about 2 months.
13. Supposed Cause,	Overwork.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	None.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Christiana Hindle, 8 Fishergate Hill, Preston. Wife of above. Never any member of family been at all Insane -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 30th day of December, One thousand eight hundred and 95.

(To be signed by party applying) Christiana Hindle

MEDICAL CERTIFICATE No. I.

I, the undersigned Joseph Eatough Holden, —
being a (1) Bachelor of Medicine & Master in Surgery, —
and being in actual practice as a (2) Physician & Surgeon, —
do hereby certify, on soul and conscience, that I have this day, at (3)
8 Fishergate Hill, Preston, — in the County of
Lancashire, — separately from any other Medical Practitioner,
visited and personally examined (4) Richard Fell
Hindle, and that
the said Richard Fell Hindle, is a (5)
person of unsound mind, and a proper person to be
detained 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 look about the eyes and altered expression of countenance. Refused to taste food or drink all day, excepting one glass of milk. Rocking himself in a chair with his hands under his shawl all during the whole of my visit. Refusing to answer my questions.

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) Told his wife that they were making a
boiler all wrong at the works, that they were to order
a shaft that would break the first time used, that
there was no power for the standard, no stays, no
accommodation for men, & no money to pay the men.

Name and Medical Designation, J. E. Holden M.B.
Place of abode, Fishergate Hill, Preston

DATED this twenty ninth day of December, — One thousand
eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state as.*

(5) Lunatic, or 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 Robert Charles Brown —
being a (1) Member of the Royal 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) 8 Fishergate
Hill, Preston, — in the County of
Lancashire, — separately from any other Medical Practitioner,
visited and personally examined (4) Richard Fell Hindle,
and that
the said Richard Fell Hindle, is a (5)
person of unsound mind, and a proper person to be
detained 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) He told me that there was not a particle of food in the house although I saw a large supply
(2) He said that a murder was about to take place in the house.

2. Other facts (if any) indicating Insanity communicated to me by
others: (7)
(1) His wife states that he gets no sleep, and that he has worn out his clothes.
(2) His wife says that he refuses to take food

Name and Medical Designation, Robert Charles Brown Physician
M. R. C. S. & L. R. C. P. Edin.
Place of abode, 27 Winckley Square Preston

DATED this twenty ninth day of December One thousand
eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state as.*

(5) Lunatic, or 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 Robert Charles Brown ——
being (1) a Member of the Royal College of Physicians, London
hereby certify, on soul and conscience, that I have this day, at (2) 8 Fishergate Hill, Preston
in the County of Lancashire, seen and personally examined Richard Fell Hindle, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

Robert Charles Brown

DATED, this 29th day of December, One thousand eight hundred and ninety five.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Richard Fell Hindle, — to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Wife

Signature and Address, Christiana Hindle 8 Fishergate Hill, Preston.

Date, Dec: 30th 1895.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, ~~the S~~ —— Sheriff Substitute of ~~the the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Christiana Hindle, 8 Fishergate Hill, Preston, Lancashire, Certificates under the hands of Joseph Eatough Holden, — and Robert Charles Brown —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Richard Fell Hindle, 8 Fishergate Hill, Preston, Lancashire, (Petrs Husband) — and that the said Richard Fell Hindle, is a (3) person of unsound mind, — and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Richard Fell Hindle, —— as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his —Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Richard Fell Hindle, —— which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Thirty-first day of December, — One thousand eight hundred and ninety-five years. Four words deleted

J Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7770

Name, Richard Fell Hindle

Date of Admission, 30 December 1895

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the order of the Sheriff is obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway;

_____ *and his Substitutes,—*

The Petition of Archibald D. Ferguson, Solicitor, Lyndeen, Kilmacolm: humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Alexander Ferguson, jun^r^ 55 Union Street, Greenock, _____ your Petitioner's (1) 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 authorise the transmission of the said Alexander Ferguson, _____ _____ to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Arch^d^ Ferguson
Solicitor Greenock.

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this thirty first (2) day of December, One thousand eight hundred and ninety five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Ferguson, jun^r^
2. Sex and Age,	Male - 35.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Shipowner.
5. Religious persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	55 Union Street, Greenock.
7. Place where Found and Examined,	Liverpool
8. Length of Time Insane,	six months.
9. Whether First Attack,	Yes.
0. Age (if known) on First Attack,	34½ years.
1. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	_____
2. Duration of Existing Attack,	six months.
3. Supposed Cause,	Business strain + Alcoholic excess.
4. Whether subject to Epilepsy,	No.
5. Whether Suicidal,	No.
6. Whether dangerous to others,	No.
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	_____
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,	Alexander Ferguson, Sailmaker, 55 Union St. Greenock -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	_____

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this thirty first day of December, One thousand eight hundred and ninety five years.

(To be signed by party applying) Arch^d^ Ferguson,
Solicitor Greenock

MEDICAL CERTIFICATE No. I.

I, the undersigned William Jaynes, Master of Surgery, being a (1) Bachelor of Medicine & Physician, and being in actual practice as a (2) Physician, do hereby certify, on soul and conscience, that I have this day, at (3) Station Hotel Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Alex. Ferguson Junr. Shipowner of 55 Union St. Greenock, and that the said Alex. Ferguson, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He states that he has made his fortune by ship-owning which is not the case, he is restless, excitable, and has extravagant ideas generally

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Place of abode, William Jaynes M.B. Surgeon Greenock.

DATED this 31st day of Dec. One thousand eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Duncan Otto Macgregor, being a (1) Bachelor of Medicine & Surgery & Glasgow, and being in actual practice as a (2) Physician, hereby certify, on soul and conscience, that I have this day, at (3) Exchange Station Hotel Liverpool, in the County of Lancashire, separately from any other Medical Practitioner, visited and personally examined (4) Alexander Ferguson Junr. Shipowner of 55 Union Street Greenock, — and that the said Alexander Ferguson, Junr, is a (5) person of unsound mind, — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He states he is trading about to make a fortune — he intends ordering ten ships to be built. These statements are the result of mental exaltation amounting to insanity —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Place of abode, Duncan Otto Macgregor M.B. 1 Clan Gardens, Cardiff.

DATED this 31st day of December, One thousand eight hundred and ninety five.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned James Rutherford
being (1) M.D. F.R.C.P.Ed
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution. Dumfries,
in the County of Dumfries, , seen and personally examined Alexander Ferguson jun:, , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

James Rutherford

DATED, this Thirty first day of December — One thousand eight hundred and ninety five years. —

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Alexander Ferguson jun: — to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address, Archd Ferguson, Solicitor, Lynnden Kilmacolm

Date, 31st December 1895

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, Esq: Sheriff Substitute ~~of the the County~~ of Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Archibald D. Fergusson, Solicitor, Lynnden, Kilmacolm, Certificates under the hands of William Cairns, and Duncan Otto Macgregor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Alexander Ferguson, Jr. Ship-owner, 55 Union St. Greenock (Portobello) and that the said Alexander Ferguson jr is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Alexander Ferguson jr as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Ferguson, Junior, which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Third day of January, One thousand eight hundred and ninety six years. four words deleted

W. H. Shortt

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 7771

Name, Alexander Ferguson Jr

Date of Admission, 31 December 1895