Sheriff's Warrants

Publication/Creation

1882-1883

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N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained. } 1882 & 83 [FORM A]

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

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

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

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

The Petition of Alexander Hewison, Inspector & Poor for Morton, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Philadelphia Telfer —— 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 Philadelphia Telfer —— 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.

Alexr. Hewison

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

DATED this Thirty first day of December, One thousand eight hundred and eighty one.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Philadelphia Telfer
2. Sex and Age,	About 50
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Thornhill Morton
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	About 2 weeks
9. Whether First Attack,	First
10. Age (if known) on First Attack,	50
11. When and where previously under Examination and Treatment,	No where
12. Duration of Existing Attack,	2 weeks
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,	Morton.
18. Date of becoming Chargeable,	31st Decr 1881.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Andrew Stirling 15 Saddle Lane Butcher gate Carlisle son in law
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	not Known

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

DATED this Thirty first ~~day~~ of December, One thousand eight hundred and eighty one.

(*To be signed by Party applying*) Alexr Hewison

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 David Low being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) North Drumlanrig Street Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Philadelphia Telfer and that the said Philadelphia Telfer is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her faculties of attention and comparison are impaired; great irritability at trifling circumstances. Great difficulty in directing attention to and steadily occupying the mind with a train of thought. Sleepless at night time.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She gets restless & jumps out of bed at night time. Paces the floor occasionally to give her body exercise. Laughs at trifling circumstances, and sometimes bursts into tears. Once shewed the floor with matches.

1. Mrs Sharpe the attendant
2. Mrs Forrimer a neighbour.

Name and Medical Designation, Thomas David Low M.B. C.M.

Place of Abode, Thornhill Dumfriesshire

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Monat 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) North Drumlanrig Street, Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Philadelphia Telfer and that the said Philadelphia Telfer is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She had a number of distinct in various plans which she kept arranging and rearranging for no apparent purpose. On being told the name of a particular plan she said she knew it quite well but how long it was or why the person who gave the name could not tell how.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She laughed & cried alternately without apparent cause was very restless at night. Informed by the attendant

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

Place of Abode Langholm,

DATED this Thirtieth day of December One thousand eight hundred and Eighty one

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, ~~David Boyle Stope~~ George Whitelaw, Honorary, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Aswiany, Inspector of Poor, Morton, Certificates under the hands of Thomas Davidson and John Mowat, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Philadelphia Telfer, Domestic Servant, Thornhill (a Pauper) and that the said Philadelphia Telfer, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Philadelphia Telfer 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 Philadelphia Telfer, which accompanied the said Petition.

DATED this Thirty first day of December One thousand eight hundred and eighty one years. Three words deleted.

Geo Whitelaw

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

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

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Philadelphia Telfer

2nd January 1882

6965

[FORM B²]

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

GENERAL BOARD OF LUNACY 27 DEC 81 SCOTLAND

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

I, the undersigned Alexander Sim being desirous to transfer James MacDonald Sim at present a Patient in Mavisbank, and (¹) detained at my instance from the said Asylum to the Crichton Royal Institution hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James MacDonald Sim 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.

Alexander Sim

(²) Brother to patient

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

DATED at Leith this 24th day of December One thousand eight hundred and eighty-one

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Macdonald Sim
2. Sex and Age,	Male. Twenty years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Clerk in mercantile Office
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	1st May 1881.
7. Length of time Insane,	about one year & a half
8. Whether first Attack,	first attack
9. Age (if known) on first Attack,	about 18 to 19 -
10. Duration of existing Attack,	
11. Supposed Cause,	Masturbation
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	probably not.
14. Whether Dangerous to others,	Yes.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Alex. Sim, 4 Summerfield, Leith, brother
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,	or Mrs. Isabella Sim, 4 Summerfield, Leith - Mother. No previous case of insanity in family.

James Macdonald Sim 2nd Jan 1882

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

(*To be signed by the Applicant*) Alexander Sim

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

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

MEDICAL CERTIFICATE.

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

I, the undersigned James Allan Philip being (1) a graduate in medicine of Aberdeen University hereby certify that I have this day at (2) – Mavisbank personally examined Mr James Macdonald Sim at present a Patient in said Asylum, and with respect to his Mental State that he has delusions that he is deprived of certain rights by his relatives, that he is king of the Irish &c. He has erotic tendencies and has shown dangerous violence. ; and with respect to his Bodily Health and Condition that he is free from organic affection, but is debilitated from delusions affecting his sleep &c. & also from prolonged self abuse.

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 at Dumfries

James Allan Philip

Dated this 20th day of December One thousand eight hundred and eighty one.

SANCTION BY THE BOARD OF LUNACY.

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

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

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Mr Alexander Sim to authorize the transfer of James Macdonald Sim from Mavisbank Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Jas Macdonald Sim as requested.

John Sibbald Commissioner.

Dated at Edinburgh, this 27th day of December One thousand eight hundred and eighty-one.

Date of Sheriff's order – 5 May 1881.

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

[FORM A]

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

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

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

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

The Petition of John Johnston. Inspector of Poor. Penninghame

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

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

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

J. Johnston
Inspector of Poor, Penninghame

(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 January One thousand eight hundred and Eighty two years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Wilson Peattie
2. Sex and Age,	58. male.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Tailor's cutter.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	36 Queen St. Newton Stewart = Penninghame
7. Place where Found and Examined,	gradually breaking up for last 6 months
8. Length of time Insane,	yes
9. Whether First Attack,	58.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	assumed an acute form for a few weeks
12. Duration of Existing Attack,	only
13. Supposed Cause,	alcohol.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Tendency that way, occasionally
16. Whether Dangerous to others,	no —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Edinburgh
18. Date of becoming Chargeable,	2 January 1882.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	No one previously insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

DATED this Second day of January One thousand eight hundred and Eighty two years

(*To be signed by Party applying*)

J. Johnston
Inspector of Poor
Parish of Penninghame

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, James Clark being a (1) Member of the Faculty of Physicians and Surgeons, Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 36 Queen St. Newton Stewart Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Wilson Pattie, Tailor Pauper, 36, Queen St, Newton Stewart, and that the said James Wilson Pattie is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Marked impairment of all his mental powers, associated with delusions of various kinds

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife and son.
He accused his wife of having given him poison and requested her to give him a knife to "rip himself down"

Name and Medical Designation, James Clark, Surgeon

Place of Abode, Newton Stewart

DATED this Fifth day of January One thousand eight hundred and Eighty Two Years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Gibbons Dickson being a (1) Doctor of Medicine - University of Glasgow and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) 36 Queen Street Newton Stewart Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Wilson Pattie, Tailor 36 Queen Street, Newton Stewart - pauper and that the said James Wilson Pattie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Excited - restless - incoherent - memory impaired and numerous delusions with regard to himself, his friends and surroundings

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife and son say that by turns he is talkative and excitable at times morose and silent: is given to wandering from home and that on several occasions he has used violence.

Name and Medical Designation, James G. Dickson. M.

Place of Abode Woodlea, Newton Stewart

DATED this Fifth day of January One thousand eight hundred and Eighty two years.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Mackie (1) Esquire Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John Johnston Inspector of Poor Penninghame
Certificates under the hands of James Clark, Surgeon, Newton Stewart and James G. Dickson M.D. Newton Stewart being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Wilson Reattie Pauper and that the said James Wilson Reattie is a (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 Wilson Reattie Pauper as a Patient into the (6) Public — Asylum of the Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Wilson Reattie which accompanied the said Petition.

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

Wm Mackie

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

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

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James Wilson Beattie

6th January 1882

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

[FORM A]

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

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

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

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

The Petition of Gilbert Anderson Gemmell farmer Garpel Muirkirk A.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Anderson Gemmell 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 Hugh Gemmell to the Crichton Royal Institution and to sanction his admission into the said Asylum.

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

Anderson
Gff

Gilbert A. Gemmell

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

DATED this 12th (4) day of January One thousand eight hundred and eighty-two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Hugh Anderson Gemmell
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	New Galloway
7. Place where Found and Examined,	Glenwell Cottage New Galloway
8. Length of time Insane,	2½ months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	34
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	2½ months
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Gemmell his mother Glespinside, Douglas Lanarkshire No insanity in family
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	~~Not chargeable to Union. Under no previous~~ Examination & Treatment before he came under mine in Crichton. Cobalt Cott. No supposed cause to 18 months

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

DATED this 5th day of January One Thousand eight hundred and eighty-two

(*To be signed by Party applying*) Gilbert A. Gemmell

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Lawley Williamson
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) Clear Well College
New Galloway in the County of
Kirkcudbrightshire separately from any other Medical Practitioner,
visited and personally examined (4) Hugh anderson Semmell, Clear
Well College New Galloway and that
the said Hugh anderson Semmell is a (5) person of unsound
mind and a proper Person to be detained
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 Hugh anderson
Semmell told me he is a member of the Secret police and
threatened to strike me when I endeavoured to restrain him
going into his bedroom to carry out imaginary duties connected with
the police. Patient Exam Medicine at all times of the night & day
hastily clad in pursuit of imaginary individuals and at other times
2. Other facts (if any) indicating Insanity communicated to me by others: (7) in
Fact of Patient hearing imaginary voices directing
talking to him and pursuing these individuals to
locations when they have appeared to him, & they
charged people with stealing his sheep some time since without

Name and Medical Designation, R. L. Williamson M. D. Edin.
New Galloway

Place of Abode, New Galloway

DATED this 5th day of January One thousand eight
hundred and eighty two.

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, 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) Clear Well College New
Kirkcudbrightshire in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Hugh anderson Semmell
and that
the said Hugh. A. Semmell is a (5) person of
unsound mind and a proper person to be detained
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 never remembers
some of his visits he can converse with and sounds of
noises which keep him awake at night. He is talking quite
he can repeat what he hears the people saying
He never sees any of those he hears talking yet he believes
in their presence & is somewhat credulous as to what is said
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Those about him say that he mutters out of the
the people who may have an unbalanced
condition He is difficult to restrain when thoughts
excited by the voices

Name and Medical Designation, Walter Lorraine M.B. Edin

Place of Abode Castle Douglas

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

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Gilbert Anderson Gemmell, Farmer, Garpel, Muirkirk.
Certificates under the hands of Robert Lamley Williamson
and Walter Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Anderson Gemmell, Farmer, New Galloway (Schoolmaster) and that the said Hugh Anderson Gemmell is a (5) person of unsound mind

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

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

David Boyle Hope

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

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

2

1732
Hugh Anderson
Gemmel
6th January 1882

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

[FORM A]

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

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

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

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

The Petition of John Maxwell. Inspr. of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Little or Campbell. your Petitioner's (3) pauper. chargeable to Lochmaben. is at present in a state of Mental Derangement, and 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 Little or Campbell —— to the Southern Counties asylum and to sanction her admission into the said Asylum.

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

John Maxwell

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

DATED this Seventh (4) day of January — One thousand eight hundred and eighty 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,	Margaret Little or Campbell
2. Sex and Age,	Female. aged 55 years.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous occupation (if any),	Housewife —— Same.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Same House. Prior Lochmaben.
7. Place where Found and Examined,	40 Glasgow Street. Maxwelltown
8. Length of time Insane,	about 1 week at present.
9. Whether first Attack,	Fourth.
10. Age (if known) on first Attack,	45 years.
11. When and where previously under Examination and Treatment,	Southern Counties asylum
12. Duration of existing Attack,	about 1 week.
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Lochmaben
18. Date of becoming Chargeable,	Not Known
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Campbell. daughter 40 Glasgow St. Maxwelltown yes a sister. in an asylum at Edinburgh
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 January One thousand eight hundred and eighty two years

(To be Signed by Party applying) John Maxwell. Inspector of the Poor. for the Parish of Troqueer.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Surgeons, & Royal College of Physicians Edinburgh. and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 40 Glasgow St. Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Margaret Little or Campbell, Pauper 40 Glasgow Street. Maxwelltown and that the said Margaret Little or Campbell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks incoherently, and does not give intelligent answers to questions asked. She is very suspicious of her neighbours, and refuses to take her food.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her daughter states that she will not take food; she told the Inspector of Poor that if she had a change of clothes she would soon recover. Has been three times previously confined in an Asylum.

Name and Medical Designation, James Hunter Dryden LRCP. LRC. S. Edr.

Place of Abode, 45 Buccleuch Street. Dp.

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons 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) 40 Glasgow Street Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Margaret Little or Campbell, Pauper, 40 Glasgow Street, Maxwelltown and that the said Margaret Little or Campbell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder. She is melancholic does not answer questions readily

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been an inmate of the Southern Counties Asylum and from the report I see she has a sister in an Asylum near Edinburgh

Name and Medical Designation, John Cunningham MD LRCP

Place of Abode, 35 Buccleuch Street, Dump

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope — (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell, Inspector of Poor, Troqueer
Certificates under the hands of James Hunter Dryden —
and John Cunningham, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Little or Campbell Widow, 40 Glasgow Street, Maxwelltown (a Pauper) and that the said Margaret Little or Campbell (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 Little or Campbell 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 Little or Campbell which accompanied the said Petition.

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

David Boyle Hope

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

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

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515

Margaret Little
or Campbell
1st January 1882

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

[FORM A]

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

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

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

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

The Petition of John Maxwell Insp. of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Rigg 43 Church St 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 Rigg — to the Southern Counties asylum and to sanction his admission into the said Asylum.

John Maxwell

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

DATED this Fourteenth (4) day of January. One thousand eight hundred and eighty two years.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Robert Rigg.
2. Sex and Age,	Male. aged 40 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Labourer, Single
5. Religious Persuasion, so far as known,	Not supe. thought to be Roman Catholic
6. Previous Place of Abode,	43 Church St Maxwelltown
7. Place where Found and Examined,	43 Do Do.
8. Length of time Insane,	about a week.
9. Whether First Attack,	First.
10. Age (if known) on First Attack,	40 years
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	about a week.
13. Supposed Cause,	alcoholism
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not known
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueer
18. Date of becoming Chargeable,	12th January. 1882.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Rigg. Mother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

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

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

Insp. of Poor. Troqueer.

P.P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal college of Surgeons & 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) 43 Church St. Maxwelltown Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Robert Riff, Pauper and that the said Robert Riff is a (5) person of unsound mind and a proper Person to be detained 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 refuses to answer questions, & take food. is very indecent in behaviour, He persists in stating he has authority from the Lord without anyone who comes near him.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother states he has taken runs about the streets in a state of nudity. She also says he has become violent & indecent in conduct.

Name and Medical Designation, James Hunter Dryden M.R.C.P. & R.C.S.E.

Place of Abode, 45 Buccleuch St.

DATED this 12th day of January One thousand eight hundred and eighty two years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons in Edinburgh & Phy and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Southern County Asylum, Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Robert Riff, Pauper, 43 Church Street Maxwelltown and that the said Robert Riff, 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) His facial expression indicates mental disorder. He is very taciturn & has a suspicious look in his eyes.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of Poor, Maxwelltown tells me that the said Robert Riff is violent in his behaviour & his mother says that he is indecent in his conduct.

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

Place of Abode 15 Buccleuch Street, Dumfries

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Hunter Dryden being (1) a Licentiate of the Royal Colleges of Physicians Surgeons Edinr. hereby certify, on soul and conscience, that I have this day, at (2) 43 Church St in the County of Kirkcudbright, seen and personally examined Robert Rigg, Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

James Hunter Dryden LRCP. LRCSEd.

DATED this twelfth day of January One thousand eight hundred and eighty two

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

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

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Maxwell. Inspector of Poor. Troqueer, Certificates under the hands of James Hunter Dryden and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Rigg. labourer, 43 Church St. Maxwelltown. a pauper and that the said Robert Rigg is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Rigg as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Rigg which accompanied the said Petition.

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

David Boyle Hope

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

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

2/
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Robert Rigg
12th January
1882

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

[Form A]

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

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

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

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

The Petition of John Hamilton, Inspector of Poor Torthorwald.

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

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

John Hamilton

Dated this 16th —— (4) day of January —— One thousand eight hundred and 82.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Thomson
2. Sex and Age,	Male about 60
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Collin
7. Place where Found and Examined,	do.
8. Length of time Insane,	two weeks
9. Whether first Attack,	first
10. Age (if known) on first Attack,	about 60
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,	Torthorwald
18. Date of becoming Chargeable,	16th January 1882
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elisabeth Thomson, Wife. residing at Collin, Torthorwald.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 16th —— day of January —— One thousand eight hundred and 82.

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

Inspector of Poor P.P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians & Royal college of Surgeons Edinburgh
and being in actual practice as a (2) physician & surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Collin, parish of Torthorwald in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Thomson, a pauper Collin village, Torthorwald 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder, he is restless & suspicious, and admits that he meditates ~~suicide~~ suicide

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he has several times threatened suicide. He has during the last fortnight been very excitable; and irritable in temper.

Name and Medical Designation, James Hunter Dryden LRCP

Place of Abode, 18 Buccleuch St Dumfries

DATED this 15th day of January One thousand eight hundred and eighty two years

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William Smith Kerr
being a (1) graduate of Glasgow University &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Collin Shortwood, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Thomson, a pauper 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is quite melancholic. Fails to sleep especially at night and sleepless. He has a foreboding of something happening to him

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife and others see a great change in him they are frightened for him since he spoke of committing suicide

Name and Medical Designation, W.S. Kerr M.B. &c

Place of Abode, Dumfries

DATED this 15th day of January One thousand eight hundred and Eighty two Years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, William Smith Kerr
being (1) Graduate of Glasgow University &c
hereby certify, on soul and conscience, that I have this day, at (2) Collin
in the County of Dumfries, seen and personally examined
John Thomson, a pauper, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

W. S. Kerr M.B.C.M.

DATED this 15th day of January One thousand eight hundred and eighty two yrs.

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Hamilton,
Inspector of Poor, for Thornhill
Certificates under the hands of James Hunter Dryden
and William Smith Kerr, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Thomson, Tailor, Collin (a Pauper) and that the said John 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 John Thomson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Thomson which accompanied the said Petition.

DATED this Sixteenth day of January, One thousand eight hundred and eighty two.

David Boyle Hope

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

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

2
517
John Thompson
15 January
1882

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

[FORM A]

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

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

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

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

The Petition of John Maxwell, Insp.r of Poor Dragueer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Campbell. 40 Glasgow St.

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

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

John Maxwell. Insp.r

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

DATED this Sixteenth (4) day of January. One thousand eight hundred and eighty 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,	Elizabeth Campbell
2. Sex and Age,	Female. aged 30 years.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Seamstress. formerly Domestic Servant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	40 Glasgow st. Maxwelltown.
7. Place where Found and Examined,	40 Glasgow st. Maxwelltown.
8. Length of time Insane,	about one week.
9. Whether First Attack,	First
10. Age (if known) on First Attack,	30 years.
11. When and where previously under Examination and Treatment,	Never under treatment before about a week. on account of her mother having been removed to the asylum.
12. Duration of Existing Attack,	No
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	Settlement appears to be Lochmaben Dragueer in the first instance —
15. Whether Suicidal,	12th January. 1882.
16. Whether Dangerous to others,	Mother Margaret Campbell. removed to the asylum. on the 4th Jany. Curt.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Has a Sister who is said to have been Insane.
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,	
20. Special circumstances (if any) preventing the 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 January One thousand eight hundred and eighty two years.

(To be signed by Party applying) John Maxwell.
Inspector of Poor for the Parish of Dragueer.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Surgeons & 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) 40 Glasgow Street Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Campbell, 100 Glasgow St, a pauper and that the said Elizabeth Campbell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is easily excited, & is noisy & unruly, she cannot converse intelligently, she laughs & cries without any apparent cause.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her sister states that patients mother is at present an inmate in Southern Counties Asylum, &c.

Name and Medical Designation, James Hunter Dryden LRCP & S

Place of Abode, 45 Buccleuch St Dumfries

Dated this 15th day of January One thousand eight hundred and eighty two years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons, Edinburgh & Member and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 40 Glasgow Street Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Campbell, 40 Glasgow Street, Maxwelltown Pauper and that the said Elizabeth Campbell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder, her talk incoherently & she is in a wonderful manner to turn around her

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Sleeps very little & is troublesome to them in the house. The mother is an inmate of the Southern Counties Asylum, Dumfries

Name and Medical Designation, John Cunningham MD Edinburgh

Place of Abode 35 Buccleuch Street, Dumfries

Dated this sixteenth day of January One thousand eight hundred and eighty two years

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Stope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell,
Inspector of Poor Dumfries
Certificates under the hands of James Scouller Dryden,
and John Cunningham, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Campbell 40 Glasgow Street Maxwelltown and that the said Elizabeth Campbell, is a (5) Person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Campbell 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 Campbell, which accompanied the said Petition.

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

David Boyle Stope

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

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

2
518
Elizabeth Campbell
16th January
1882

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

[FORM A]

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

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

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

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

The Petition of John Johnston Inspector of Poor Penninghame humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Dewar, Labourer, Queen Street Newton Stewart your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Dewar to the Public Asylum of the Southern Counties, Dumfries and to sanction his admission into the said Asylum.

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

J. Johnston
Inspector of Poor
Penninghame

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

DATED this Seventeenth (4) day of January One thousand eight hundred and Eighty two years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Dewar
2. Sex and Age,	male. 26
3. Married, Single, or Widowed,	single (illegitimate)
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Newton Stewart
7. Place where Found and Examined,	police station, Newton Stewart
8. Length of time Insane,	incipient for some time
9. Whether First Attack,	no
10. Age (if known) on First Attack,	was ill for two days at the New
11. When and where previously under Examination and Treatment,	Year 1880 - supposed after drinking
12. Duration of Existing Attack,	Two days.
13. Supposed Cause,	Epilepsy
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	sometimes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
18. Date of becoming Chargeable,	17th January 1882
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother, Margaret Dewar Queen St. Newton Stewart
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

DATED this Seventeenth day of January One thousand eight hundred and Eighty two years

(To be signed by Party applying)

J. Johnston P. P.
Inspector of Poor
Penninghame

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Clark
being a (1) Licentiate of the Faculty of Physicians
and Surgeons, Glasgow.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the police station
Arthur St. Newton Stewart in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) John Dewar Labourer,
Queen St. Newton Stewart, Pauper and that
the said John Dewar is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Subject for years to epilepsy and latterly
to paroxysms. Saw him in on today, he was
furious: & is in my opinion dangerous to others
His mental powers are being gradually impaired, & to do me
he was should not last night. By God. That Consulting was pass
2. Other facts (if any) indicating Insanity communicated to me by others: (7) Patient
His mother states that he has often told her that he is
in him to do a good that he will take both her life
and his father's, but hers first.

Name and Medical Designation, James Clark, Surgeon

Place of Abode, Newton Stewart

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

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James G. Dickson
being a (1) Doctor of Medicine. University of Glasgow
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) the police
station, Arthur St. Newton Stewart in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) John Dewar, Labourer.
Queen Street, Newton Stewart - pauper and that
the said John Dewar is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Considerable impairment of all the mental faculti
Restlessness, Incitation, makes unmeaning gesti
and gestures, and altogether behaves in a mo
unreasoning manner.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Mother states that he is subject to epilepti
attacks which are increasing in frequency: that he
has frequent fits of excitement during which he is dan
that he has often assaulted her and that he shews childis
on the street

Name and Medical Designation, James G. Dickson, M.

Place of Abode Wooden, Newton Stewart

DATED this seventeenth day of January One thousand eight hundred and Eighty two years.

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Mackie Esquire Sheriff Substitute
of the (3) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John Johnston
Inspector of Poor Kirkinghame
Certificates under the hands of James Clark Surgeon Newton Stewart
and James Dickson M.D. Newton Stewart, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John Dewar, Labourer, Newton Stewart (Pauper) and that the said
John Dewar is a (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 Dewar (pauper) as a Patient into the
(6) Public Asylum of the Southern Counties Dumfries and I authorize
his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Dewar which accompanied the said Petition.

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

Wm Mackie

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

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

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John Dewar

18th January

1882

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

[FORM A]

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

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

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

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

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

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

John Bell. Inspector of Poor.

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

DATED this Twentieth (4) day of January — One thousand eight hundred and Eighty 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,	Isabella Boyes or Laidlaw.
2. Sex and Age,	Female about 35 years.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Keeps a Small Shop formerly Domestic Servant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Craighaugh. Eskdalemuir.
7. Place where Found and Examined,	Langholm Dumfries Shire
8. Length of time Insane,	About two days.
9. Whether First Attack,	Yes —
10. Age (if known) on First Attack,	— —
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Two days
13. Supposed Cause,	Excitement through Business affairs.
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,	Eskdalemuir.
18. Date of becoming Chargeable,	20th January 1882
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Laidlaw. Road Contractor Boathead Eskdalemuir. Brother in Law. 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 Twentieth day of January One thousand eight hundred and Eighty two years—

(To be signed by Party applying) John Bell. Inspector of Poor

P. T.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Gill

being a (1) Bachelor of Medicine & Master of Surgery of the University of Edinburgh & Licentiate of the Royal College of Physicians Edinburgh

and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Buck Hotel High St. Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Isabella Boyes or Laidlaw Shopkeeper Craighaugh Eskdalemuir and that the said Mrs Isabella Boyes or Laidlaw is a (5) person of unsound mind and a proper Person to be detained 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 saw her she was so violent that she required two men to hold her & watch her. When I asked when she came from she would not tell me & on again asking her name she chuckled and replied she would not tell me first that, & then asked me to take Nye & Hope & would tell me what to write. She was constantly talking incoherently & was excited & pleased in her talk. She sometimes sang snatches of hymns & then of secular songs & could not be stopped.

Mrs Johnstone, Pointy, Shiloh St. told me that she came into his house in the morning & sat down in a chair & told his wife that the bottle was hers & that she was sitting a little excited & at last was intimating to stay there. She chatted with them rose & put Mrs Johnstone out of her own house by means of threats & violence & then by means of the door. She was then by means of help removed to the Buck Hotel where I saw her.

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

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

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

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

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

(6) *State the facts.*

Name and Medical Designation, John Gill MB, CM

Place of Abode, Langholm

DATED this 19th day of Jany One thousand eight hundred and eighty-two.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Duncan McCallum Clark

being a (1) Licentiate of Royal College of Physicians Edinburgh & Faculty of Physicians Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Buck Hotel Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Isabella Boyes or Laidlaw Shopkeeper Craighaugh Eskdalemuir and that the said Isabella Boyes or Laidlaw is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is extremely restless & violent. requires to be restrained. & talks incessantly. one time giving quotations from Scripture then great oaths & curses often singing God save the Queen

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Janet Dagleish Langholm & Isabella Scott Langholm their nurses last night— communicated to me that she was taunting some of them & at one time attempted to throw one of the attendants down stairs & threatened to throw herself out— at a high window

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

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

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

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

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

(6) *State the facts.*

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

Name and Medical Designation, Duncan McCallum Clark Clerk & Exper &c

Place of Abode Hartmanor Eskdalemuir

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith
being (1) a Surgeon in Practice in Dumfries
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St. Dumfries
in the County of Dumfries, seen and personally examined
Mrs Isabella Boyes or Laidlaw.
person is of unsound mind, and a proper Patient to be placed in an Asylum.
, and that the said

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

John Smith M.D. &c.

Dated this 20th day of January. One thousand eight hundred and 82 years.

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

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

I, George Whitelaw, — (3) Murray Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) John Bell,
Inspector of Poor, Ecclefechan,
Certificates under the hands of John Gill,
and Duncan McCallum Clark, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Isabella Boyes or Laidlaw, widow Draughan Ecclefechan (a Pauper) and that the said Isabella Boyes or Laidlaw is a (7) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Boyes or Laidlaw as a Patient into the (8) Public — Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Boyes or Laidlaw, — which accompanied the said Petition.

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

Geo. Whitelaw

cert.

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

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

2

520

Isabella Boyes
or Laidlaw
20th January 1882

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

[Form A]

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

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

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

Unto the Honorable the (1) Sheriff of ~~the~~ (2) Dumfries ~~or~~ and Galloway

and his Substitutes—

The Petition of Miles Mc Innes, Inspector of Poor, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Arthur Mc Caffery 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 Arthur Mc Caffery to the Southern Counties Asylum and to sanction his admission into the said Asylum.

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

Miles Mc Innes

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

Dated this twenty third (4) day of January One thousand eight hundred and eighty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Arthur McCaffery
2. Sex and Age,	Male, 54 years of age
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Tramping the Country
7. Place where Found and Examined,	Workhouse Dumfries
8. Length of time Insane,	a few days
9. Whether first Attack,	First Attack as far as Known
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	—
13. Supposed Cause,	unKnown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Not Known~~ Dumfries Incertum
18. Date of becoming Chargeable,	3rd January 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 third day of January One thousand eight hundred and eighty two

(To be Signed by Party applying) Miles Mc Innes

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Arthur McCaffery

23rd January

1882

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

[Form A]

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

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

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

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

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

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

George Hunter
Inspector of Poor

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

Dated this twenty third (4) day of January One thousand eight hundred and eighty two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Brown
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Shoemaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Ringford
7. Place where Found and Examined,	Do.
8. Length of time Insane,	Has become gradually ill since beginning
9. Whether First Attack,	of November
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Not previously ill
12. Duration of Existing Attack,	2 months
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	
hundred and [illegible] (if a	Tongland
[illegible]	19th January 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Brown. Father. Ringford 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 19th day of January One thousand eight hundred and eighty two

(*To be signed by Party applying*) George Hunter.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(6) *State the facts.*

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

He has a somewhat vacant look. keeps up a constant muttering talk to himself while being addressed & and answers questions in an irregular manner

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

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

His mother & sisters say he is much changed in his behaviour towards them at times threatening and sometimes even striking them - prefers to wander by himself and sleeps little sometimes singing during the night.

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

Place of Abode, Castle Douglas

DATED this 19th day of January One thousand eight hundred and eighty two

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William S. S. Reid being a (1) M.B. Cm 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) Ringford in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Alex. Brown Pauper Ringford. and that the said Alexander Brown is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

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

When questioned answers as if just roused from a reverie - He keeps muttering to himself if not questioned answers often at random and seems to suffer from great depression of spirits.

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

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

His sisters say that he seldom speaks unless spoken to & then merely answers questions addressed to him. One or twice he has used threatening language & has even used slight violence to his mother & sister - He also wanders about

Name and Medical Designation, W S S Reid. M.B. Cm.

Place of Abode Oakley - Kirkcudbright

DATED this 22nd day of January One thousand eight hundred and eighty two -

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Alexander Nicolson. Esq. Sheriff-Substitute of the (1) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (2) George Hunter

Certificates under the hands of John Norrison and W. S. S. Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Burns, Pauper and that the said Alexander Burns is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Burns as a Patient into the Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Burns which accompanied the said Petition.

DATED this Twenty third day of January One thousand eight hundred and eighty two

Alex. Nicolson

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

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

2
522
Alexander Brown
23rd January
1882

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

[Form A]

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

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

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

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

The Petition of Robert Kennedy of Newlands Kirkmichael

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

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

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

Robert Kennedy

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

Dated this 25th (4) day of January One thousand eight hundred and eighty two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Gillison
2. Sex and Age,	Male. 82 years past
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	United Presby. Union
6. Previous Place of Abode,	Islesteps Troquer
7. Place where Found and Examined,	do
8. Length of time Insane,	has had attacks for many years
9. Whether First Attack,	No
10. Age (if known) on First Attack,	about 20 years of age
11. When and where previously under Examination and Treatment,	In Crichton Institution
12. Duration of Existing Attack,	a week
13. Supposed Cause,	no known cause
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas Gillison Liverpool 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 25th day of January One thousand eight hundred and eighty two

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

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Alexander Dell Macdonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkcliffe Grozyett Mutlendbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Gillison Dalbeattie Grozyett and that the said John Gillison is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is very talkative excited and ungovernable temperament-

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) has been very violent- for the last night or two & unmanageable told me by his cousin

Name and Medical Designation, A Dell Macdonald

Place of Abode, 18 Castle St-

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Thomas Ferguson being a (1) graduate of Edin: University and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Cuerton Royal Institution Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Gillison and that the said John Gillison is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

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

He is restless & excited - Constantly talking in a disconnected way & repeating the same story over & over again

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

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

By the attendant:- That the patient has been in the Institution twice before

Name and Medical Designation, Thomas Ferguson MB &c

Place of Abode 32 Castle St Dumfries

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Dull MacDonald being (1) Doctor of Medicine Edinburgh Univ. hereby certify, on soul and conscience, that I have this day, at (2) Thornhill Hospital in the County of Dumfries, seen and personally examined John Gillison, and that the said person is of unsound mind, and 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 Dull MacDonald MD

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

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

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

I, William Jardine Maxwell Honorary Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) Robert Kennedy of Newlands Kirkmichael Certificates under the hands of Alexander Dull 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 (5) John Gillison Thornhill Dumfries and that the said John Gillison is a (6) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Gillison as a Patient into the (7) Public Asylum of Crichton Royal Institution and authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Gillison which accompanied the said Petition.

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

W J Maxwell

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

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

1733

John Gillison

January 25th

1885

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

[FORM A]

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

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

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

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

The Petition of John McKay, Labourer, Agneshill, Cummertrees.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane McKay, Domestic Servant, Agneshill, Cummertrees, your Petitioner's (3) Daughter, ———

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

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

John McKay

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

DATED this twenty seventh (4) day of January, ——— One thousand eight hundred and eighty 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,	Jane McKay
2. Sex and Age,	Female, 26 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,	Agneshill, Cummertrees.
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	About one month
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	About 22
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries.
12. Duration of Existing Attack,	About a month
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper. Not chargeable
18. Date of becoming Chargeable,	Not chargeable
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John McKay, Labourer, Agneshill, Cummertrees. (Father) / No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

DATED this twenty seventh day of January ——— One thousand eight hundred and eighty two years.

(To be signed by Party applying) John McKay

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherence of ideas, delusions about her friends and relations, & ordinary circumstances. —

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Previous confinement as a Lunatic &c.

Name and Medical Designation, D Mackenzie MB. & CM

Place of Abode, Annan

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, David Charles Cox being a (1) Licentiate of the Royal College of Physicians in Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Agneshill Cummertrees in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Jane McKay and that the said Jane McKay is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions about himself Friends & attendants—fancies & being ill used by them & by me

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Previous Confinement as a Lunatic & for reasons stated by me before

Name and Medical Designation, D. Chas Cox LRCP E

Place of Abode Annan

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

CERTIFICATE OF EMERGENCY.

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

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

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

Daniel Mackenzie MB. & C.M.

Dated this 26th day of January One thousand eight hundred and eighty two years.

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

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

I, William Jardine Maxwell (1) Honorary Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John McKay Labourer, Agneshill, Dunmuirtrees, Certificates under the hands of Daniel Mackenzie and David Hooper Cox, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane McKay Domestic Servant Agneshill Dunmuirtrees (his daughter) and that the said Jane McKay is a (5) Lunatic and a person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane McKay as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane McKay which accompanied the said Petition.

Dated this twenty seventh day of January One thousand eight hundred and eighty five years.

W. D Maxwell

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

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

2
523
Jane McKay
24th January
1882

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

[Form A]

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

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

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

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

New Swindon Wiltshire The Petition of Robert McKay 12 Henry Street,

Humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William McKay.

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

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

Robert McKay

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

Dated this 30th (4) day of January, One thousand eight hundred and eighty two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William McKay
2. Sex and Age,	Male, 57
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Racks. Torthorwald
7. Place where Found and Examined,	Racks Torthorwald
8. Length of time Insane,	about four weeks
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	57 -
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Four weeks
13. Supposed Cause,	none.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert McKay. 12 Henry St New Swindon, Wiltshire. — 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 28th day of January One thousand eight hundred and eighty two

Robert McKay

(To be Signed by Party applying)

MEDICAL CERTIFICATE, No. I.

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

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

1. Facts indicating Insanity observed by myself: (6) His matters manner. Tells me that he is afraid something will happen to him. that life is a burden to him that he might commit suicide,

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Brother informs me that during the last few days he has been rather confidential. sleeping alone more. cannot be left alone. Talks of injuring himself others.

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

DATED this 27th day of January One thousand eight hundred and 82 years.

MEDICAL CERTIFICATE, No. II.

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

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

1. Facts indicating Insanity observed by myself: (6) His expression of countenance indicate mental disorder. He is very depressed & dejected, and admits that he meditated suicide.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His medical attendant granted a certificate of emergency. Dr Adam informs me that he is restless, morose and has to be watched.

Name and Medical Designation, James Hunter Dryden LRCP &
Place of Abode, 45 Buccleuch St. Dumfries

DATED this 30th day of January One thousand eight hundred and 82 years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Racks Torthorwald
in the County of Dumfries, seen and personally examined
William McKay, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

John Smith MD &c

DATED this 27th day of January One thousand eight hundred and 82 years

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) Robert McKay,
12 Henry Street New Swindon, Wiltshire
Certificates under the hands of John Smith,
and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William McKay, Farmer Racks Torthorwald (Peter's Brother) and that the said William McKay, is a (5) person of unsound mind,

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

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

David Boyle Hope

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

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

1734

William McKay

28th January

1882

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

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

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

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

The Petition of James McLelland, Inspector of Poor, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Gillies is at present in a state of Mental Derangement, and 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 Gillies to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) James McLelland

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

DATED this 28th (*) day of January one thousand eight hundred and eighty Two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Gillies
2. Sex and Age,	Female — 60 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Agricultural labourer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Lower Portling.
7. Place where Found and Examined,	Thornichill, Lochend.
8. Length of time Insane,	About 2 weeks.
9. Whether first Attack,	First Attack.
10. Age (if known) on first Attack,	60 -
11. When and where previously under Examination and Treatment,	Never under treatment before.
12. Duration of existing Attack,	about 2 weeks.
13. Supposed Cause,	Cannot say.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Perhaps a little.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochend.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Gillies, Nether Lochton, Lochend, Nephew. No member of family ever known to be insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNED)* Name, James McLelland
Inspector of Poor

DATED this 28th day of January one thousand eight hundred and eighty Two.

* To be Signed by the Party applying.

Lunacy Board.—Dec.—87.—1200.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Charles Ford being a (1) Graduate of Medicine Univ Edin" and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thornyhill Colvend in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Gillies, Agricultural Labourer and Pauper and that the said Mary Gillies is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating ~~Insanity~~ observed by myself: (6)
Melancholia — Taedium of life, threatened suicide by drowning — refused food & medicines &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The persons with whom she at present stays at Thornyhill state that she threatens to commit suicide — Appears low & broken & suspicious of property being taken from her &c.

(SIGNED) *Name and Medical Designation,* Chas Ford Univ Edin & L.R.C.S.

Place of Abode, Mains Riddell

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Paterson Lewis M.D being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Thornichill, Parish of Colvend in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Gillies, Agricultural Labourer and a Pauper and that the said Mary Gillies is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Melancholy expression of countenance — unwilling to answer questions — does not know her age — does not know how long she has been at Thornichill — does not know what month of the year this is. —

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Eliza Douglas tells me that she is very sullen — that she threatened some time ago to drown herself — told Mr Douglas that she had killed his cows and horses. — Refuses to take food

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

Place of Abode Alma. Dalbeattie.

DATED this twenty fifth day of January one thousand eight hundred and eighty two. —

CERTIFICATE OF EMERGENCY.

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

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

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

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

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

I, George Whitelaw, (1) Honorary Sheriff Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James McLelland Inspector of Poor Colvend Certificates under the hands of Charles Ford and John Paterson Lewis, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Gillies Thornichill Colvend (a Pauper) and that the said Mary Gillies, is a (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 Gillies 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 Gillies which accompanied the said Petition.

~~(SIGNED)~~ Geo Whitelaw

DATED this Twenty eighth day of January one thousand eight hundred and eighty two.

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

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

5

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Mary Gillies

28th January

1882

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

[FORM A]

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

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

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

Unto the Honorable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries ~~Kirkcudbright~~ *and his Substitute,*—

The Petition of William Rush, Glentarras Langholm.

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

(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 Mary Agnes Rush to the ~~Crichton Royal Institution~~ Southern and to sanction her admission into the said Asylum.

William Rush

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

DATED this 30th (4) day of January — One thousand eight hundred and 82.

STATEMENT.

If any 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 agnes Rush
2. Sex and Age,	Female 30 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Helps her Mother at home
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glentarras
7. Place where Found and Examined,	Glentarras Langholm
8. Length of time Insane,	Glentarras Cottage Glentarras
9. Whether First Attack,	7 weeks
10. Age (if known) on First Attack,	yes
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	7 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,	Private patient
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joseph Rush, Father none on Mothers Side have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

DATED this 30th day of January One thousand eight hundred and 82

(To be signed by Party applying) William Rush

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Stuart Carlyle
being a (1) Doctor of Medicine Edinburgh
and Licentiate of the Royal College of Surgeons (Edinburgh)
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Glen Tarras Cottage
in the Parish of Langholm in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Agnes Rush, Glen Tarras Cottage
in the parish of Langholm and that
the said Mary Agnes Rush is a (5) person of unsound
mind — and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Much depression with occasional fits of wild excitement — labours under various morbid delusions — Imagines she is to be killed by some person unknown, and rather than live in such a state has threatened and attempted to destroy herself

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The above facts have also been communicated to me by her Mother Mary Rush and her brother Wm

Name and Medical Designation, W. S. Carlyle M.D.

Place of Abode, Langholm

DATED this 30th day of January One thousand eight hundred and 82

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John 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) Glen Tarras Cottage
in the parish of Langholm in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Agnes Rush, Glentarras Cottage
Parish of Langholm and that
the said Mary Agnes Rush is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 told me that she knew what I wanted, namely
dead. She also said that she received a poisoned
orange from her friends with intent to kill her. She
had also various other delusions which she spoke of in a con-
fused manner.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother Mary Rush & her brother William Rush
have also confirmed told me the same about her delu-
sions that she had attempted to destroy herself. They say they have to
keep a constant watch over her

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

Place of Abode Langholm

DATED this 30th day of Janr One thousand eight hundred and 82.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope. (1) Sheriff Substitute
of the (2) County of Dumfries.
having had produced to me, with a Petition at the instance of (3) William Rush, Glentarras Cottage, Langholm.
Certificates under the hands of William Johnston Carlyle.
and John Gill , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Agnes Rush, Glentarras Cottage, Langholm (Petitioner) and that the said Mary Agnes Rush, is a (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 Agnes Rush, as a Patient into the (6) Public Asylum of ~~Crichton Institution~~, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Agnes Rush, which accompanied the said Petition.

DATED this thirty first day of January One thousand eight hundred and eighty two years. Two hundred sixty.

David Boyle Hope

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

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

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Mary Agnes Rush
31st January
1882

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

[FORM A]

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

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

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

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

The Petition of Alexander Hewison, Inspector of Poor, Morton, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Campbell, 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 Campbell 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.

Alex. Hewison

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

DATED this 31st (4) day of January, One thousand eight hundred and Eighty Two year.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Campbell
2. Sex and Age,	35
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Thornhill
7. Place where Found and Examined,	Thornhill
8. Length of time Insane,	about a fortnight
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	32
11. When and where previously under Examination and Treatment,	Thornhill & S. C. Asylum
12. Duration of Existing Attack,	~~Four months~~ about a fortnight
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	— No
16. Whether Dangerous to others,	— ?,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~The~~ Morton
18. Date of becoming Chargeable,	— 30 Jany 1882
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Her mother Mrs Campbell 153 Drumlanrig street
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not known

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

DATED this 31st day of January One thousand eight hundred and 82

(*To be signed by Party applying*) Alex. Hewison

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Thomas Davidson being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) physician or Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 153 North Drumlanrig Street Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Campbell (pauper) and that the said Margaret Campbell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

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

There is a prevailing idea that the Dr. wants to poison her dread of removal to an asylum; great despondency; refuses to any food, & when spoken to will not reply for some time, the which comes being something altogether different from what was asked.

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

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

Her Mother McCampbell

Absence of sleep at night; constant talking to herself and at times she becomes so excitable as not to be easily managed.

Name and Medical Designation, Thomas Davidson M. B. C.

Place of Abode, Thornhill

DATED this 30th day of January One thousand eight hundred and eighty two

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James S Wilson 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) 153 North Drumlanrig St Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Campbell (Pauper) and that the said Margaret Campbell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

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

Refuses to speak, will not take any food being afraid of poison.

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

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

By her Mother

She has been once confined in an asylum before. Absence of sleep during the night, subject to fits of excitability.

Name and Medical Designation, James S Wilson M.B.

Place of Abode Thornhill

DATED this 31 day of January One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Thomas Davidson being (1) Bachelor of Medicine & Master of Surgery of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 153 North Brunswick St Glasgow in the County of Dumfries, seen and personally examined Margaret Campbell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Thomas Davidson M.B.C.M.

DATED this 30th day of January One thousand eight hundred and eighty two.

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

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

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Stevenson, Inspector of Poor Morton, Certificates under the hands of Thomas Davidson, and James S. Wilson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Campbell, 153 North Brunswick St Glasgow and that the said Margaret Campbell is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Campbell as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Campbell which accompanied the said Petition.

DATED this First day of February One thousand eight hundred and eighty two years.

David Boyle Hope

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

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

2
526

Margaret Campbell
31st January
1882

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

[FORM A]

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

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

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

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

The Petition of Mary Morrison or Beattie ~~Henry~~ Street Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Beattie. Timekeeper Langholm your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Beattie to the Crichton ~~Southern Counties~~ Asylum Dumfries and to sanction his admission into the said Asylum. Two words deleted.

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

Mary Beattie

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

DATED this First (4) day of February — One thousand eight hundred and Eighty Two years.—

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Beattie
2. Sex and Age,	Male — about 46 years.
3. Married, Single, or Widowed,	Married.—
4. Condition of Life, and previous Occupation (if any),	Timekeeper at Tweed Factory or Mills.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous Place of Abode,	Henry Street. Langholm. Dumfries Shire.
7. Place where Found and Examined,	Henry Street. Langholm " "
8. Length of time Insane,	About two months—
9. Whether First Attack,	yes—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	About two months.
13. Supposed Cause,	Has been in a weak Nervous State of health
14. Whether subject to Epilepsy,	No.—
15. Whether Suicidal,	Rather inclined in that way
16. Whether Dangerous to others,	Not yet so far as seen
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private Patient.
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wife residing at Henry Street Langholm— Patients Father and Mother were both insane Father Committed Suicide.—
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 February One thousand eight hundred and Eighty Two years.—

(*To be signed by Party applying*) Mary Beattie

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Johnston Carlyle being a (1) Doctor of Medicine (Edinburgh) & Licentiate of the Royal College of Surgeons (Edinburgh) and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Henry St New Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Beattie - Tunekeeper Henry Street - New Langholm and that the said William 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) From the conversation I have had with William Beattie, I consider his Intellect is in a deranged state - Dwells constantly on the utterly ruined state of his affairs - For some months there has been unusual depression of Spirits - From expressions that he has used his friends are apprised of his committing Insanity.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife mentions that at night he is very restless and sleepless - She also corroborates the above facts

Name and Medical Designation, W. J. Carlyle M.D.

Place of Abode, Surgeon

DATED this 1st day of February One thousand eight hundred and 82

MEDICAL CERTIFICATE, No. II.

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

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

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

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

(5) Lunatic, *or* an insane person, *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 Gill being a (1) Bachelor of Medicine & Master of Surgery of Edinburgh University and being in actual practice as a (2) physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Messrs Reid & Taylor's Factory, Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Beattie, Tunekeeper, Henry St. and that the said William 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) When seen he seemed to be suffering under melancholia & was very nervous & depressed. He told me everything was going wrong with him & his conscience was troubling him as he was himself cause of his own ruin & that of his family.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Joseph Park, Clerk in Reid & Taylor's Mill told me he had been somewhat excited for a short time & was to get away from his work with the expressed intention of committing suicide. He had to be watched & guarded after that.

Name and Medical Designation, John Gill M.B., &c.

Place of Abode Langholm

DATED this 1st day of Feby One thousand eight hundred and 82.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mary Morrison or Beattie, Henry Street, Langholm
Certificates under the hands of William Johnstone Carlyle,
and John Gill, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Beattie, Tinsmith, Langholm, (Potts Dugland) and that the said William Beattie, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William B. Beattie as a Patient into the (6) Public Asylum of ~~Southern Counties~~ Dumfries and I authorize his Transmission to the said Asylum accordingly, and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Beattie, which accompanied the said Petition.

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

David Boyle Hope

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

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

1750
William Beattie
2nd February
1882

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

[Form A]

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

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

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

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

The Petition of May allan or newbiggan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William newbiggan your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William newbiggan to the Southern Counties asylum and to sanction his admission into the said Asylum. five words deleted

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

x May Allan

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

Dated this first (4) day of February One thousand eight hundred and Eighty two years

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William newbiggan
2. Sex and Age,	male . 59 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Grocer & Coal merchant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Blackcraig mines minnigaff
7. Place where Found and Examined,	11 weeks
8. Length of time Insane,	second attack
9. Whether First Attack,	49 years.
10. Age (if known) on First Attack,	Blackcraig mines minnigaff
11. When and where previously under Examination and Treatment,	11 ~~nine months~~ weeks
12. Duration of Existing Attack,	not known
13. Supposed Cause,	do
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	not a pauper
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joan newbiggan Blackcraig mines minnigaff Sister was in the Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

Dated this first day of February One thousand eight hundred and Eighty two years

(*To be signed by Party applying*) x May allan

P. p.

No 735
William Beattie
5th February

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Clark being a (1) Licentiate of the Faculty of Physicians and Surgeons, Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Black Craig Minnigaff in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Newbiggan, Gro[illegible] Black Craig, Minnigaff and that the said William Newbiggan is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

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

He is in a state of absolute despair; is subject to both succedal and homi[illegible] impulses. About 10 years ago he attempted [illegible] by cutting his throat when suffering [illegible] an attack similar to the present.

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

Name and Medical Designation, James Clark Surg[illegible]

Place of Abode, N Yolsa Stewart

DATED this Twenty ninth day of January One thousand eight hundred and Eighty two years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Gibbons Dickson being a (1) Doctor of Medicine, University of Glasgow and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) Black Craig Minnigaff in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Newbiggan, Gro[illegible] Black Craig, Minnigaff and that the said William Newbiggan is a (5) person of unsound mind and a proper person to be detained 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, pacing about almost unceasingly. Stat[illegible] that he is lost and beyond hope and that he [illegible] feels impelled to lay violent hands on himself those around him.

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

Name and Medical Designation, James G. Dickson. M.[illegible]

Place of Abode Woodlee. Newton Stewart

DATED this Thirty first day of January One thousand eight hundred and Eighty two years.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope — (1) Sheriff Substitute —
of the (2) County of Dumfries. —
having had produced to me, with a Petition at the instance of (3) Mayallan or Newbiggan, Blackcraig Mines, Minnigaff —
Certificates under the hands of James Clark. —
and James Gibbons Dicksons —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Newbiggan, Grocer &c. Blackcraig Mines, Minnigaff (Mrs. husband) and that the said William Newbiggan — is a (5) person of unsound mind

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

DATED this second — day of February — One thousand eight hundred and eighty two years.

David Boyle Hope

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

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

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William Newbiggin

2nd February

1882

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

[FORM A]

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

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

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

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

The Petition of Miles Mc Innes, Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Caven

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

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

Miles Mc Innes

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

DATED this Second (4) day of February One thousand eight hundred and Eighty Two years

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Caven
2. Sex and Age,	Forty Six years — Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	32 Irish Street Dumfries
7. Place where Found and Examined,	"
8. Length of time Insane,	a month or two
9. Whether First Attack,	This attack
10. Age (if known) on First Attack,	not known
11. When and where previously under Examination and Treatment,	Crichton Asylum Dumfries
12. Duration of Existing Attack,	a month or two
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries Burghers
18. Date of becoming Chargeable,	2nd Feb 1882
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Dan Caven or Robertson 45 High St. Kirkton Cumberland
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

DATED this Second day of February One thousand eight hundred and Eighty Two years

(To be signed by Party applying) Miles Mc Innes
Insp. of Poor
Dumfries

P.T.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) 32 Irish Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Cavin (a pauper) and that the said James Cavin is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Seems morose and unable to comprehend the meaning of question Careless and silent &c &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Landlady states that he has been for some time back, silent and careless about every

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

Place of Abode, Dumfries

DATED this 2 day of February One thousand eight hundred and Eighty two year

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 32 Irish Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Caven, Clerk, Pauper, and that the said James Caven is a (5) person of unsound mind, and a proper person to be detained 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 nervous, restless, and melancholic.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His sister informs me that he was in an Asylum before

Name and Medical Designation, } Hugh Cunningham L.R.C.P. Edin &c

Place of Abode 28 Castle Street, Dumfries

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Hugh Cunningham being (1) Licentiate of the Royal College of Physicians in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 32 Irish Street in the County of Dumfries, seen and personally examined James Carew, Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Hugh Cunningham

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

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

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

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries Certificates under the hands of William Marshall, — and Hugh Cunningham —, being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Carew, 32 Irish Street Dumfries (a Pauper) and that the said James Carew, — is a (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 Carew — as a Patient into the (6) Public — Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Carew, — which accompanied the said Petition.

DATED this Third — day of February, One thousand eight hundred and eighty two years.

David Boyle Hope

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

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

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James Caven

2nd February

1882

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

[FORM A]

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

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

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

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

The Petition of Peter Galloway Inspector of Poor Parish of Mochrum humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary McDonall. Servant. Port William

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

your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Mc Donall to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

Peter Galloway Inspector of Poor

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

DATED this Fourth (4) day of February One thousand eight hundred and eighty two years

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Mc Donall
2. Sex and Age,	Female - Thirty six year
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Port William
7. Place where Found and Examined,	Do -
8. Length of time Insane,	Fourteen days
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	Thirty five years
11. When and where previously under Examination and Treatment,	Residing with her Mother in Port William
12. Duration of Existing Attack,	Fourteen days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Mochrum
18. Date of becoming Chargeable,	5 February 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hall. Port William. Pauper Mother with whom she has resided for some years
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No member of the family known to have been insane

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

DATED this Fourth day of February One thousand eight hundred and Eighty two year

(*To be signed by Party applying*) Peter Galloway Inspector of Poor
Parish of Mochrum P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Robert Bird Selby
being a (1) Doctor of Medicine of Edinburgh & Licentiate of the Roy al College of Physicians Edinburgh
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary McDowall Servant - Portwilliam - Pauper and that the said Mary McDowall is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She refuses to take food
She sits in bed rocking herself backwards & forwards
Speaking to no one & not answering any Questions addressed to her.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has taken little or no food for some days —
Remains in bed & speaks to no one —
from Jane Hall — her mother

Name and Medical Designation, Robert B. Selby
Place of Abode, Portwilliam Wigtownshire

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

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William Anderson
being a (1) Bachelor of Medicine & Master of Surgery
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Port William in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary Mc Dowall and that the said Mary Mc Dowall is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 would not answer the simplest questions such as name & age - Kept rocking herself backwards & forwards & looked very doleful

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother (Jane Hall) says she eats almost nothing & cannot be persuaded to do so, that she will not speak & is low spirited

Name and Medical Designation, Wm Anderson M.B. C.M.
Place of Abode Whithorn Wigtownshire N.B.

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Robert Bird Selby being (1) Doctor of Medicine - Edinburgh - & L.R.C.S. Ed. hereby certify, on soul and conscience, that I have this day, at (2) Portwilliam in the County of Wigtown, seen and personally examined Mary 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.

Robert B. Selby M.D. & L.R.C.S.Ed.

DATED this 3d day of February One thousand eight hundred and eighty two.

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

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

I, William Mackie Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Peter Galloway Inspector of Poor of the ~~Burgh~~ Parish of Mochrum Certificates under the hands of Robert B. Selby M.D. Portwilliam and Wm Anderson M.R.C.V.S. Whithorn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary McDowall Servant Portwilliam (Pauper) and that the said Mary McDowall is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary McDowall (pauper) as a Patient into the (6) Public — Asylum of the Southern Counties Dumfries and I authorize for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary McDowall which accompanied the said Petition.

DATED this fourth day of February One thousand eight hundred and eighty two

Wm Mackie

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

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

2
529
Mary McDowall
4th February
1882

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

[Form A]

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

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

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

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

The Petition of John Ferguson Solicitor Lintittigon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Ferguson, Architect, lately in Dalry, Galloway 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 Ferguson to the Crichton Royal Institution Dumfries, and to sanction his admission into the said Asylum.

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

John Ferguson

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

Dated this Seventh (4) day of February One thousand eight hundred and eighty two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Ferguson
2. Sex and Age,	male - 36 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	He was bred as an Architect but has not practised much on his own account
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	He was three months in Dalry & one months in Lintittigon since Sept 1881
7. Place where Found and Examined,	Lintittigon
8. Length of time Insane,	He was removed to Crichton Royal Institution in February 1880 & kept there till Sept 1881. He had been ill to some extent previously
9. Whether First Attack,	
10. Age (if known) on First Attack,	34
11. When and where previously under Examination and Treatment,	Explained above
12. Duration of Existing Attack,	He has rallied to some extent during these 4 months but has never been completely well
13. Supposed Cause,	constant drugging of himself & the practice of self indulgence
14. Whether subject to Epilepsy,	He is subject to violent muscular agitation at times
15. Whether Suicidal,	only once knew of his going into River but he came out himself
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Ferguson Solicitor Lintittigon William Ferguson, Seedsman, Bellevue Place Lintittigon Brothers no other member of Family was ever insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Seventh day of February One thousand eight hundred and eighty two

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

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Spence
being a (1) Graduate in Medicine
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Bellevue Place Leith
in the County of Leith
separately from any other Medical Practitioner,
visited and personally examined (4) James Ferguson Architect
and that
the said James Ferguson is a (5) person of unsound mi
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Found him excited, loquacious, imagines that his Brothers unnecessa
interfere with his actions. Saw him enter on Sunday last the Free Church in an exc
State and Came after a quarter of an hour. He informs me that he dashed his pens
State Century a considerable quantity of money as a Thanksoffering

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Informed by his Brother, that he has delusions such as that he is
being poisoned. That one brother wants to murder the other. That a Cab
has been guilty of murdering a young Lady in Argyle Square & he will be
hanged for it. That bodies to be and many other such like delusions
as Come & Sees passed from him
was formerly in an Asylum

Name and Medical Designation, } Robert Spence M.D. (Edin
Place of Abode, Leith Walk

DATED this Seventh day of February One thousand eight hundred and Eighty two

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Andrew Wilkinson
being a (1) Physician & Surgeon
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Bellevue Place
Leith
in the County of
Leith
separately from any other Medical Practitioner,
visited and personally examined (4) James Ferguson, residing
with Mr Ferguson writer. Leith and that
the said James 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Hesitates and unsettled
in his actions. Declares that they have
made many attempts to poison him. He
further considers that his Lady passes into other
loving Ladies as others passes into him

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By his Brother, John Ferguson, who states
that James accuses him of any crimes among
others of attempting to poison him, that he
was dull in bed at night, accuses persons of poisoning &c

Name and Medical Designation, } Andrew Wilkinson, L.R.C.P.E., L.R.
Place of Abode Leith Walk

DATED this seventh day of February One thousand eight hundred and Eighty Two years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned ~~Andrew Gilmour~~ I, the undersigned, James M. McCulloch, M.D. being a Graduate of the University of Edinburgh, being (1) ~~a Sheriff or magistrate and medical Practitioner~~ hereby certify, on soul and conscience, that I have this day, at (2) ~~[illegible]~~ the Christton Asylum in the County of ~~[illegible]~~ Dumfries, seen and personally examined James Ferguson, and that the said James Ferguson person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

~~Andrew Gilmour, M.B., C.P.S. of F.P.S.G.~~ James M. McCulloch, M.D. &c.

DATED this 7th day of February One thousand eight hundred and 82

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

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

I, David Boyle Stope (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Ferguson, Solicitor Linlithgow, Certificates under the hands of Robert Spence, and Andrew Gilmour, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Ferguson, Architect, Linlithgow (Peter Brother) and that the said James Ferguson, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Ferguson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Ferguson, which accompanied the said Petition.

DATED this Eighth day of February One thousand eight hundred and eighty two years.

David Boyle Stope

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

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

1883

~~William Beattie~~

~~2nd February~~

~~1884~~

1883

James Ferguson

4th February

1883

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

[FORM A]

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

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

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

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

The Petition of John Smallpiece, St Bees, Cumberland,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that 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 Melicent Agnes Smallpiece to the Carlisle Royal Institution, and to sanction her admission into the said Asylum.

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

John Smallpiece.

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

DATED this 9th (4) day of February One thousand eight hundred and eighty two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Melicent Agnes Smallpiece
2. Sex and Age,	Female 46 Last birthday
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Clergyman's wife
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	St Bees Cumberland
7. Place where Found and Examined,	
8. Length of time Insane,	5 days this attack
9. Whether First Attack,	No
10. Age (if known) on First Attack,	37 years
11. When and where previously under Examination and Treatment,	Lancaster R. Lunatic Asylum.
12. Duration of Existing Attack,	5 days
13. Supposed Cause,	Suppression of menses
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,	X
18. Date of becoming Chargeable,	X
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Rev. John Smallpiece (Husband.) St Bees. Cumberland
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 9th day of February One thousand eight hundred and eighty two

(*To be signed by Party applying*) John Smallpiece.

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Alexander Dall MacDon[illegible] being a (1) graduate of Edinburgh Univ[illegible] and being in actual practice as a (2) Physician & Surgeo[illegible] hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Melicent Agnes Small[illegible] St Bees Cumberland and that the said Melicent Agnes Smallpiece is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is very exc[illegible] and incoherent - answering pre[illegible] irrelevantly

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible] husband ~~[illegible]~~ Dr Lawson of Whitehaven inform me that for the last few days she has been viole[illegible]

Name and Medical Designation, A D MacDonald

Place of Abode, 18 Castle St Dum[illegible]

DATED this 9th day of February One thousand eight hundred and eighty two

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alexander Thomson being (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Melicent Agnes Smallpiece - St Bees, Cumberland and that the said Melicent Agnes Smallpiece is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Acute Mania - raving and talk[illegible] incoherently - very noisy -

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by her husband that she was in the Crichton Institution on a previous occasion; and has again become quite unmanageable.

Name and Medical Designation, Alex Thomson MD

Place of Abode Dumfries

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Dall MacDonald being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 18 Castle St Dr. in the County of Dumfries, seen and personally examined Melicent Agnes Smallpiece, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

A D MacDonald MD

DATED this 9th day of February One thousand eight hundred and eighty two

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

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

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

DATED this Tenth day of February One thousand eight hundred and eighty two years.

David Boyle Hope

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

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

1934

Wm H. A. Smallpiece

9th Feby

1882

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

[Form A]

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

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

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

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

The Petition of John Hamilton, Inspector of Poor, Forthwald

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

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

your Petitioner's (3) pauper

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

John Hamilton Inspector of Poor
Forthorwald

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

Dated this ninth (4) day of February One thousand eight hundred and eighty two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Mans
2. Sex and Age,	Male. 46
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Agricultural Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Maxwellhaugh, Troqueer.
7. Place where Found and Examined,	Racks
8. Length of time Insane,	a few days.
9. Whether First Attack,	46
10. Age (if known) on First Attack,	Never previously under treatment.
11. When and where previously under Examination and Treatment,	a few days.
12. Duration of Existing Attack,	cause of birth.
13. Supposed Cause,	No.
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Forthorwald
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	eighth February 1882.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	David Bell or Mans (Wife) Racks, Forthorwald.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

Dated this ninth day of February — One thousand eight hundred and eighty two

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

P. T.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Hunter Dryden being a (1) Licentiate of Royal Colleges of Physicians Surgeons Edinburgh and being in actual practice as a (2) Physician Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Racks, Lochrwald in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Marrs, a pauper and that Racks. the said John Marrs is a (5) person of unsound mind and a proper Person to be detained 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 and depressed, & not inclined to converse. He has attempted suicide by cutting his throat.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he has been in very low spirits for some time, and she is afraid to stay alone him.

Name and Medical Designation, J. Hunter Dryden MRCS

Place of Abode, 45 Buccleuch St.

DATED this 8th day of February One thousand eight hundred and eighty two years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Smith Kerr being a (1) graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Racks, Lochrumbo in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Marrs, a pauper, and that the said John Marrs is a (5) person of unsound mind and a proper person to be detained 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 reticent, dull, depressed, melancholy. Says he has felt so for some time and that his mind was gone. He attempted suicide last night by cutting his throat. The wounds are

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife and neighbours say he has been very abstracted & low spirited. They are quite nervous about him. They found him last night behind a door with a razor trying to

Name and Medical Designation, W. S. Kerr M.B. C.M.

Place of Abode Dumfries

DATED this 8th day of Feby One thousand eight hundred and Eighty Two years.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope. (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Hamilton, Inspector of Poor, Lothonwald.
Certificates under the hands of James Hunter Dryden.
and William Smith M.D. &c.
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Marrs, Farmservant, Racks, Lothonwald, a pauper, and that the said John Marrs is a (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 Marrs as a Patient into the (6) Public Asylum of Southernbounties 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 Marrs which accompanied the said Petition.

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

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southernbounties.
Dumfries.

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

2
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John Marrs
9th February
1882

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

[Form A]

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

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

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

Unto the Honourable the (1) Sheriff of (2) _____

of Dumfries & Galloway *and his Substitutes*—

The Petition of William Brown, Miners Place, Dumfries.

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

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

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

William Brown

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

Dated this 10th (4) day of February. One thousand eight hundred and 82 years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Brown.
2. Sex and Age,	Male. 33.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Harness maker
5. Religious Persuasion, so far as known,	Established Church of Scotland.
6. Previous Place of Abode,	1 Mining Place
7. Place where Found and Examined,	14 Castle St Dumfries
8. Length of time Insane,	about two years.
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	31
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	2 years.
13. Supposed Cause,	None.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Brown. 1 Mining Place Dumfries. Father. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 10th day of February One thousand eight hundred and eighty two.

(To be Signed by Party applying) William 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, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Brown, Harness Maker 1 Murray Place Dumfries and that the said John Brown is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane appearance & actions. incoherency of speech. incorrect & contradictory statements.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father informs me that during the last two years owing to his mental condition he has been unable to work. Lately has occasionally been violent striking his mother & being otherwise unmanageable

Name and Medical Designation, John Smith MD &c

Place of Abode, 14 Castle St. Dumfries

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Brown Harness Maker 1 Murray Place Dumfries and that the said John Brown is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His whole appearance indicates mental weakness. He has delusions regarding his food which he wont take at all thinks it is poisoned

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father informs me that he has been lately dangerous to his mother having struck her on several occasions & being unmanageable

Name and Medical Designation, William Carruthers MD &c

Place of Abode, Royal Infirmary Dumfries

DATED this 11th day of February One thousand eight hundred and eighty two years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries in the County of Dumfries, seen and personally examined John Brown, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

John Smith M.D. &c.

DATED this 6th day of February One thousand eight hundred and eighty two.

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Brown 1 Murray Place, Dumfries, Certificates under the hands of John Smith and William 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) John Brown, Harness Maker, 1 Murray Place, Dumfries (Edinburgh) and that the said John Brown is a (5) person of unsound mind, and an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Brown as a Patient into the (6) Public Asylum of Southern Counties and I authorize you Transmission to the said Asylum accordingly; and I transmit to you herewith the said Medical Certificates, and a Statement regarding the said John Brown which accompanied the said Petition.

DATED this thirteenth day of February One thousand eight hundred and eighty two years.

David Boyle Hope

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

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

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531
John Brown
11th February
1882

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

[FORM A]

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

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

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

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

The Petition of John Hamilton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Rae or Carlyle 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 Rae or Carlyle to the Southern Counties Asylum and to sanction her admission into the the said Asylum. Three words deleted

John Hamilton

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

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

DATED this 20th (*) day of February One thousand eight hundred and eighty two

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Rae or Carlyle
2. Sex and Age,	Female; 39
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	labouring woman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Collin
7. Place where Found and Examined,	Elizafield
8. Length of time Insane,	
9. Whether first Attack,	No
10. Age (if known) on first Attack,	about 34
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	about a week
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Torthorwald
18. Date of becoming Chargeable,	30th November 1874
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 20th day of February One thousand eight hundred and 82

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

Inspector of Poor

Torthorwald

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Physicians and Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Shingfield Northwold, Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Mary Kae or Carlyle, a Pauper and that the said Mary Kae or Carlyle is a (5) person of unsound mind and a proper person to be detained 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 excited and at times violent, & cannot talk sensibly, she threatens her neighbours with violence, she has mental delusions.

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

Her sister informs me that she has been formerly resident in the Southern Counties Asylum, She has used violence to her sister, & has destroyed her

Name and Medical Designation, J. Hunter Dryden LRCPS

Place of Abode, 45 Buccleuch St.

DATED this 20th day of February One thousand eight hundred and eighty two Years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University & Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Mary Kae or Carlyle, a Pauper Northwold. Dumfries and that the said Mary Kae or Carlyle is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is in a state of acute mania. Talking incoherently, delusions of persecution, restless, and excited.

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

Has been a patient before

Name and Medical Designation, W. S. Kerr M.D. & C.M.

Place of Abode, Dumfries

DATED this 20th day of February One thousand eight hundred and eighty two Years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Hunter Dryden
being (1) a Licentiate of the Royal College of Physicians Surgeons Ed.
hereby certify, on soul and conscience, that I have this day, at (2) Elizafield Torthorwald
in the County of Dumfries, seen and personally examined
Mary Rae or Carlyle, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

J Hunter Dryden LRCP. LRCS Ed.

DATED this 20th day of February One thousand eight hundred and eighty two year

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Hamilton.
Inspector of Poor. Torthorwald.
Certificates under the hands of James Hunter Dryden.
and William Smith Kerr. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Rae or Carlyle. Elizafield. Torthorwald (a pauper) and that the said Mary Rae or Carlyle is a (5) person of unsound mind and a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Rae or Carlyle 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 Rae or Carlyle which accompanied the said Petition.

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

David Boyle Hope

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

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

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Mary Kaeor Carlyle
20th Feby
1882

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

[FORM A]

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

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

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

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

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

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

John Kelly

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

DATED this 20th (4) day of February One thousand eight hundred and eighty 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,	Elizabeth Mc George or Mc Guffie
2. Sex and Age,	Female 39 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcowan
7. Place where Found and Examined,	Harbour Street Creetown
8. Length of time Insane,	Four days
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	39 Years
11. When and where previously under Examination and Treatment,	Southern counties asylum Dumfries
12. Duration of Existing Attack,	Four days
13. Supposed Cause,	Jealousy
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,	Kirkmabreck
18. Date of becoming Chargeable,	20th February 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Mc Guffie Husband no relations ever known to be Insane before
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

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

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

P. 4

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Mary Mac or Carlyle
[illegible]

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, James Clark being a (1) Licentiate of the Faculty of Physicians and Surgeons, Glasgow. and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Harbour St Creetown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McGeorge or McGuffie, Pauper, Harbour St Creetown and that the said Elizabeth McGeorge or McGuffie is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

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

She is suffering from maniacal delirium & is dangerous to herself and others —

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

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

Name and Medical Designation, James Clark, Surg

Place of Abode, Newton Stewart

DATED this 20th day of February One thousand eight hundred and Eighty Two years —

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William Donald Macleath being a (1) Licentiate of Royal College of Surgeons & Bachelor of Medicine Glasgow University and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Harbour Street Creetown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McGeorge or McGuffie Harbour Street Creetown and that the said Elizabeth McGeorge or McGuffie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

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

That she is suffering from Acute Maniacal delirium and is dangerous herself & others

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

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

Name and Medical Designation, William Donald Macleath Surgeon &c.

Place of Abode Creetown

DATED this twentieth day of February One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, William Donald Mackenzie being (1) Licentiate of Royal College of Surgeon Edin. hereby certify, on soul and conscience, that I have this day, at (2) Harbour House Carlton in the County of Kirkcudbright, seen and personally examined Elizabeth M'George or M'Guffie, and that the said person is of unsound mind, and 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 Donald Mackenzie

DATED this twentieth day of February One thousand eight hundred and eighty two years.

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

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

I, George Whitelaw — (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Kelly, Inspector of Poor, Kirkcudbright, Certificates under the hands of James Lyon, and William Donald 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) Elizabeth M'George or M'Guffie, Harbour House, Carlton (a Pauper) and that the said Elizabeth M'George or M'Guffie, (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 M'George or M'Guffie 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 M'George or M'Guffie, which accompanied the said Petition.

DATED this Twentieth day of February, One thousand eight hundred and eighty two years.

Geo Whitelaw

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

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

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Elizabeth McGeorge
or McGoffie.

20th February
1882

7063.

GENERAL BOARD OF LUNACY 16 FEB 82 SCOTLAND

[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 John Lawson Inspector of Poor Annan being desirous to transfer Sarah Gardiner Adamson at present a Patient in the Royal Edinburgh Asylum, and (*) 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 Sarah Gardiner Adamson and a Medical Certificate with respect to her mental and bodily condition.

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

John Lawson

(†) Inspector of Poor Annan

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

Dated at Annan — this 13th day of February One thousand eight hundred and eighty two.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Sarah Gardiner Adamson
2. Sex and Age,	Female — 60 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and Previous Occupation (if any),	Painters Widow.
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	24th April 1863
7. Length of time Insane,	Not Known
8. Whether first Attack,	"
9. Age (if known) on first Attack,	"
10. Duration of existing Attack,	"
11. Supposed Cause,	"
12. Whether subject to Epilepsy,	"
13. Whether Suicidal,	"
14. Whether Dangerous to others,	"
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Annan Parish
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,	J. Adamson Painter 14 Brea's St Edinburgh Son / Not Known

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

(*To be signed by the Applicant*) John Lawson

Dated this 13th day of February, One thousand eight hundred and eighty two.

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

MEDICAL CERTIFICATE.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians Edinr hereby certify that I have this day at (2) the Royal Edinr. Asylum personally examined Sarah Gardiner or Adamson at present a Patient in said Asylum, and with respect to her Mental State that she is enfeebled in mind, taking no interest in almost anything. His memory is very bad.

; and with respect to her Bodily Health and Condition that they are average.

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

T. G. Clouston M.D. F.R.

DATED this 15th day of Feby. One thousand eight hundred and 82.

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

SANCTION BY THE BOARD OF LUNACY.

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

Application having been made to the Board by (1) the Inspector of Poor, Annan to authorize the transfer of Sarah Gardiner or Adamson, from Edinburgh Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Sarah Gardiner or Adamson as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 16th day of February One thousand eight hundred and 82.

Date of Sheriff's Order:—
24th April 1863.

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

(2) Valid for fourteen days from date.

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Sarah Gardiner or Adamson
21st February 1882

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

[FORM A]

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

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

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

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

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

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

James Austin Inspector of Poor

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

DATED this Twenty fourth (4) day of February One thousand eight hundred and 82

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnes Irving
2. Sex and Age,	Female Fifty
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Weaver Lyon Church of Scotland
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Cample parish of Closeburn
7. Place where Found and Examined,	Cample
8. Length of time Insane,	
9. Whether First Attack,	No
10. Age (if known) on First Attack,	34 years
11. When and where previously under Examination and Treatment,	Southern Counties
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Closeburn
18. Date of becoming Chargeable,	23 February 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Nelson Sharp Campsteaks Sister Has a Nephew also Irving in Southern Counties
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Has been at various times insane

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

DATED this Twenty fourth day of February One thousand eight hundred and Eighty two

(*To be signed by Party applying*) James Austin Inspector

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

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

(6) *State the facts.*

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

An unnatural excitment, which in her case I have known repeatedly to be the precursor of acute mania. her general aspect indicates the first stage of mania

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

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

Alexander McNair who is her master present mentions her discordent talk and states that he is afraid to trust her. Agnes Watt a relation has told me of the excitement that is coming on and her raving talk.

Name and Medical Designation, T B Grierson Surgeon

Place of Abode, Thornhill

DATED this 23d day of February One thousand eight hundred and eighty two

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James S Wilson being a (1) Bachelor of Medicine & master of Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Cample Mills Closeburn in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Irving and that the said Agnes Irving is a (5) Person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Wild look indicating mania. raving talk, cannot answer any question without raving away about somewhere else. Sleepless ness.

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

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

Mr McNair her employer. Say she requires to be watched, and rave on, talking peculiar ideas, she has also been under restraint often in

Name and Medical Designation, J S Wilson M B C M

Place of Abode Thornhill

DATED this 23 day of Feb One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, J S Wilson M B C M.
being (1) Bachelor of Medicine Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Cample Mills
in the County of Dumfries, seen and personally examined
Agnes Irving, and that the said Agnes Irving
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

J S Wilson M B C M.

DATED this 25 day of Feb One thousand eight hundred and Eighty two.

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

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

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

DATED this Twenty fourth of February One thousand eight hundred and eighty two years.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

D
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Agnes Irving
24 May February
1882

(*) Sheriff or Steward.
(†) Shire or Stewartry.

(‡) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(§) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

1. Christian Name length, .
2. Sex and Age,
3. Married, Single
4. Condition of L (if any), .
5. Religious Persu
6. Previous Place
7. Place where Fo
8. Length of time
9. Whether First
11. Age (if known)
12. When and wher tion and Tre
22. Duration of Exc
23. Supposed Cause
24. Whether subjec
25. Whether Suicid
26. Whether Dange
27. Parish or Unio Pauper) in C
28. Date of becomi
29. Christian Name Abode of ne Patient, still known), and Family know sons, .
30. Special circumst insertion of

I certify, that

Dated this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Alexander Kirk Inspector of Poor, Dalry

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Parish Janet Murdoch is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Murdoch 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.

Alexander Kirk Insp. of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (4) day of March One thousand eight hundred and Eighty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Murdoch
2. Sex and Age,	Female age 48
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	has Previously been a Domestic Servant
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Dalry Village Galloway
7. Place where Found and Examined,	Dalry "
8. Length of time Insane,	occasionally for Several Years
9. Whether First Attack,	no
10. Age (if known) on First Attack,	no
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of Existing Attack,	Three weeks
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dalry Parish Galloway
18. Date of becoming Chargeable,	2nd March 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Murdoch a Son Residence not Known a Deceased Brother was Imbecile
20. Special circumstances (if any) preventing the 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 March One thousand eight hundred and Eighty two

(*To be signed by Party applying*) Alex. Kirk Inspector of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert Lawley Williamson being a (1) doctor of medicine of the University of Edinb
and being in actual practice as a (2) physician and surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the back street
Dalry in the County of
Kirkcudbrightshire separately from any other Medical Practitioner,
visited and personally examined (4) Janet Murdoch of the back st
Dalry, Kirkcudbrightshire and that
the said Janet Murdoch 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) Janet Murdoch ha
the delusion that faces floating in the air are
talking to her. She talks nonsense. She talked
aloudly and in an insane manner nearly all the
time of my visit. She very excitable and has insane ap

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Alexander Milroy, Police constable, Dalry, says that h
noticed her face smeared with clay and that the replie
on being asked why she had so smeared it that sh
had done so because it was the clay of her dead Bro th

Name and Medical Designation, R. L. Williamson. M. D.

Place of Abode, New Galloway. Kirkcudbright.

Dated this 2nd day of March One thousand eight hundred and eighty-two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James M. McCulloch, M. D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician in Dumfries
hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle Stre
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Janet Murdoch
and that
the said Janet Murdoch is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She tells me that she h
& sees persons in the air speaking to her & making faces at her,
talks incoherently & wildly & looks insanely.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The above tales that she tore the shutters off her house & th
them & stones at people passing by &c. &c.

Name and Medical Designation, James M. McCulloch M. D.

Place of Abode 16 Castle Street, Dumfries.

Dated this Thirty Third day of March One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Kirk. Inspector of Poor, Dalry, Galloway. Certificates under the hands of Robert Langley Williamson and James Murray M'Culloch, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Murdoch, The Back Street, Dalry, (a pauper) and that the said Janet Murdoch is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Murdoch as a Patient into the (6) Public Asylum of Southernbounties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Murdoch which accompanied the said Petition.

DATED this third day of March One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southernbounties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Janet Murdoch
3rd March
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway *of* *and his Substitutes,*—

The Petition of John Scott Manufacturer Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Jane Little your Petitioner's (3) Cousin once removed is at present in a state of Mental Derangement, and 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 Little to the Crichton Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Scott

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 3rd (4) day of March One thousand eight hundred and Eighty two —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Little
2. Sex and Age,	Female aged 58
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Retired Dressmaker
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	London
7. Place where Found and Examined,	Clay gate Annabie
8. Length of time Insane,	Three ~~months~~ weeks
9. Whether First Attack,	Third attack
10. Age (if known) on First Attack,	56
11. When and where previously under Examination and Treatment,	Manor head Stow, Midlothian Spring months of 1880 and 1881
12. Duration of Existing Attack,	Three ~~months~~ weeks
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet Little (Sister) Elizabeth St. Langholm
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 3rd day of March One thousand eight hundred and Eighty two

(*To be signed by Party applying*) John Scott

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Johnstone Carlyle being a (1) Doctor of Medicine (Edinburgh) and Licentiate of the Royal College of Surgeons (Edinburgh) and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Claygate in the parish of Canonby in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Little, Claygate in the parish of Canonby and that the said Jane Little is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Fits of Excitement, occasionally very restless, irritable and watchful, with various morbid delusions. Imagine her friends are plotting against her —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The above facts have also been communicated to me by Mr. James Scott and Miss Scott, Claygate also by her sister Miss Janet Little —

Name and Medical Designation, W. J. Carlyle M. D.

Place of Abode, Langholm

DATED this 2 day of March One thousand eight hundred and 82

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Rae Anderson being a (1) Doctor of Medicine and Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Claygate in the Parish of Canonbie in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Jane Little, Claygate in the Parish of Canonbie and that the said Jane Little is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very suspicious and very excitable, is quite miserable and makes every one near her so. Her expression of countenance and demeanour also unmistakeably indicate mental delusions,

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr. James Scott & Miss Scott, Claygate, say — She often and persistently expresses a wish to die but wishes her sister to die with her, that she is difficult to manage or [illegible] and consequently is wearing out her sister who requires to be [illegible] on the watch,

Name and Medical Designation, Jas. Rae Anderson M.D.

Place of Abode Eskbank, Canonbie

DATED this 27th day of Feby One thousand eight hundred and 82

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Scott,
Manufacturer, Langholm
Certificates under the hands of William Johnstone Carlyle,
and James Rae Anderson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Little, Claygate Cumbie (Petrs seen - consent) and that the said Jane Little is a (5) person of unsound mind, and an Insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Little as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Little which accompanied the said Petition.

DATED this Third day of March, One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1738
Jane Little
3rd March
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— of the (2) ———
of Dumfries & Galloway at Dumfries and his Substitutes,—

The Petition of ~~Thomas Jnt~~ James D Johnstone, Bankend Workington

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Johnstone, ———

(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 Thomas Johnstone ——— to the Workington Royal Institution ——— and to sanction his admission into the said Asylum.

James D Johnstone

(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 March ——— One thousand eight hundred and eighty two.—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Johnstone
2. Sex and Age,	Male 59 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Blacksmith
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Bankend Workington
7. Place where Found and Examined,	Bankend Workington
8. Length of time Insane,	About a fortnight
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	About a fortnight
12. Duration of Existing Attack,	Quere of None
13. Supposed Cause,	No ~~Cause of None~~
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Workington
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	James Johnstone (Son) Bankend Workington
18. Date of becoming Chargeable,	No Except one Brother who died from Softening of Brain
19. Christian Name and Surname, and Place of Abode of nearest known 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 fourth day of March ——— One thousand eight hundred and eighty two.—

(*To be signed by Party applying*) James D Johnstone

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Johnstone. Blacksmith Burnfoot Waterfoot and the said Thomas Johnstone is a (5) person and a proper Person to be detained of unsound mind under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) His conduct & appearance & rambling incoherent speech. Tells me that several members of his family are continually annoying him. Notwithstanding he states he has been changing & damaging ground - and during the last two

2. Other facts (if any) indicating Insanity communicated to me by others: (7) George S. Telford informs me that during the last two weeks he has been unmanageable & has several times attempted to injure his son & daughter

Name and Medical Designation, John Smith M.D.

Place of Abode 14 Castle St Dumfries

DATED this 4 day of March One thousand eight hundred and 82 years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Johnstone Carlyle
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) Burnfoot Waterfoot in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Johnstone Burnfoot, Waterfoot and that the said Thomas Johnstone is a (5) person and a proper person to be detained of unsound mind under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He behaves with violent excitement - Monkeys about the house in a violent excitable state - He has taken to smashing furniture & has made attempts on his own & his wife's life - He has threatened to kill Dr Dumfries & has made attempts on his own life & has threatened to kill Dr Dumfries

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs James Johnstone is alone with him & states that his conduct is very violent & he is most violent & he has threatened to kill himself & has made attempts on his own life & has threatened to kill Dr Dumfries

Name and Medical Designation, Wm Carlyle M.D.

Place of Abode Langholm

DATED this 3 day of March One thousand eight hundred and 82

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries
in the County of Dumfries, seen and personally examined
Thomas Johnstone, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D.

Dated this 4th day of March One thousand eight hundred and 82 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw Honorary (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James D. Johnstone.
Bankend, Kesterkirk.
Certificates under the hands of John Smith
and William Johnstone Carlyle, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Johnstone, Blacksmith, Bankend, Kesterkirk Parish, and that the said
Thomas Johnstone is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Johnstone as a Patient into the (6) Public Asylum of Crichton Institution, and I authorize Yes Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Johnstone, which accompanied the said Petition.

Dated this sixth day of March One thousand eight hundred and eighty two years.

Geo. Whitelaw
Hony. S.S.

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution.
Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1739
Thomas Johnstone
4 March 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,—*

The Petition of Robert Hugh Bradford Inspector of Poor of the Parish of Leswalt humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Burns Gordon or Glen a Pauper ~~your Petitioner's~~ (3) at present under the Jurisdiction of the Petitioner is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Burns Gordon or Glen to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

R H Bradford

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Eighth (4) day of March One thousand eight hundred and Eighty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Burns Gordon or Glen.
2. Sex and Age,	Female 42 Years
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Pauper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Shenchan Street Stranraer
7. Place where Found and Examined,	Larg— Parish of Leswalt
8. Length of time Insane,	since 6th March Cut.
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries.
12. Duration of Existing Attack,	unknown.
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Mochrum
18. Date of becoming Chargeable,	Has been nearly two years in Leswalt, during which time Mochrum has supported her
19. Christian Name and Surname, and Place of Abode of nearest known 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 McDowall or Morland Larg— Aunt.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 9th day of March One thousand eight hundred and Eighty two

(*To be signed by Party applying*) R H Bradford

Insp of Leswalt

MEDICAL CERTIFICATE, No. I.

I, the undersigned, David Easton
being a (1) Doctor of medicine & Licentiate of the Royal College of Surgeons & Edinburgh
and being in actual practice as a (2) Physical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Sarq
Parish of Leswalt Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Burns or Glen
and that
the said Jane Burns or Glen is a (5) person of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She has a wild restless appearance. Constantly shifting her position. Constantly talking in a wild & incoherent manner, at times laughing immoderately then suddenly uses the most obscene & filthy language. Accuses her friends & crew of evil motives & deceit & is shewing signs of violence.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Jane Reid and Jane McDonald corroborate above statement.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or 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, David Easton M.D.
Place of Abode, Stranraer

DATED this seventh day of March One thousand eight hundred and eighty two.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians and a Licentiate of the Faculty of Phys. & Surg. Glasgow
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Sarq in the Parish of Leswalt in the County of Wigtown
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Burns or Glenn
a Pauper and that
the said Jane Burns or Glen is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Has a wild and excited appearance, Rambles continually in her conversation, using improper language. Says that she has revelations and destroyed her outrageous.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her aunt Jane McDowall says she has been quite outrageous for last two days & has delusions to be 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, Hugh Cochrane Surgeon R.N. (ret.)
Place of Abode Stranraer

DATED this eighth day of March One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Maclean Eyrum (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Robert High Bradford Inspector of Poor of the Parish of Leswalt
Certificates under the hands of David Easton Doctor of Medicine Thurman
and Hugh Cochrane Surgeon there , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Burns or Glen residing at Lang Leswalt a pauper, and that the said Jane Burns or Glen is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Burns Gordon or Glen as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Burns Gordon or Glen which accompanied the said Petition.

DATED this Eighth day of March One thousand eight hundred and eighty two years

P. MacLean Sh. Sub.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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Jane Birnie Gordon
or Glen
8th March 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,*—

The Petition of Nithbank Thornhill John Hastings, Coachman, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robena Hastings ——— 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 Robena Hastings ——— to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Hastings

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 8th (4) day of March — One thousand eight hundred and eighty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robena Hastings
2. Sex and Age,	Forty two
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Evangelical Union
6. Previous Place of Abode,	Carronbridge
7. Place where Found and Examined,	Nithbank Cottage
8. Length of time Insane,	A few days
9. Whether First Attack,	Second Attack
10. Age (if known) on First Attack,	It would be about 39.
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	A few days
13. Supposed Cause,	Constitutional
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	She has spoken of Suicid
16. Whether Dangerous to others,	She has threatened those about her
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	She is not at present a Pauper her birth place is Durrisdeer.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Her eldest brother is James Hastings residing in Thornhill. No relations known ever 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 8th day of March — One thousand eight hundred and eighty two

(*To be signed by Party applying*) John Hastings

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Boyle Grierson being a (1) Licensite of the Royal College of Surgeons of Edin[illegible] and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Nithbank Co[illegible] in the Parish of Morton in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robena Hastings and that the said Robena Hastings is a (5) Insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Incesant talking quite incoherent, no distinct [illegible] or train of thought, words without meaning at times violent in her actions. She is in state of acute mania. sleepless.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her brother John Hastings and his wife state that for forty hours she had talked with intermission. that she is quite demented [illegible] that she never answers with any understa[illegible]

Name and Medical Designation, T. Grierson

Place of Abode, Thornhill

DATED this 8th day of March One thousand eight hundred and eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Davidson being a (1) Graduate of Glasgow University and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) Nithbank Cottages in the parish of Morton in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robina Hastings and that the said Robina Hastings is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Sleeplessness, Refuses food or at least takes only a very li[illegible] once a day. Her speech is incoherent & rambling she [illegible] & sings for hours until her voice is gone while at such a continuous clapping of hands takes place

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has asked Mrs Hastings to kill her & threatens to do herself. Is violent & tries to bite. Also attempts to [illegible] Gives no direct answer to questions put to her.

Mrs Hastings
John Hastings her brother

Name and Medical Designation, Thomas Davidson M.B.C.

Place of Abode Thornhill Dumfries

DATED this eighth day of March One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Hastings, Coachman Nithbank, Thornhill
Certificates under the hands of Thomas Boyle Grierson
and Thomas Davidson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robena Hastings Nithbank Cottage, Thornhill, Peter Sister and that the said Robena Hastings, is a (5) Insane person, and a person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robena Hastings 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 Robena Hastings which accompanied the said Petition.

DATED this Ninth day of March, One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Robena Hastings
9th March
1882

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

Superintendent.

DATED at this (4) day of

One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(7)

DATED this day of One thousand eight hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

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Lunacy Board
9th March
1852

(~~Copy~~.)

23 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and of Galloway *and his Substitutes,—*

The Petition of Thomas Kennedy, Inspector of Poor, Parish of humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Booth 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 Booth 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.

Thomas Kennedy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Ninth (4) day of March One thousand eight hundred and Eighty two years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Booth
2. Sex and Age,	Male, 62 years
3. Married, Single, or Widowed,	widower
4. Condition of Life, and previous Occupation (if any),	formerly a Labourer & Fish Hawker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Sandmill Parish of Stoney Kirk
7. Place where Found and Examined,	Sandmill Parish of Stoney Kirk
8. Length of time Insane,	Several attacks since April 1850.
9. Whether First Attack,	Fifth
10. Age (if known) on First Attack,	30 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries
12. Duration of Existing Attack,	Has been excited for a few weeks.
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stoney Kirk
18. Date of becoming Chargeable,	First chargeable on 27th April 1850 and almost constantly ever since—
19. Christian Name and Surname, and Place of Abode of nearest known 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 Booth, Son, residing at Sandmill Parish of Stoney Kirk- His daughter Catherine weak minded-
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Ninth day of March One thousand eight hundred and Eighty two

(To be signed by the Party applying) Thomas Kennedy Inspector

(~~Copies~~.)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Charles Morland Rop 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) Sandmill in the Parish of Stoney Kirk in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Booth, a pauper residing at Sandmill and that the said James Booth is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Inappropriate, obscene and abusive language. extravagant behaviour and evidently a disturbed mind. I have seen the patient several times of late and his general conduct indicates Insanity—

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I am informed he committed a violent assault on Robt. Sproat residing at Sandmill. His daughter fled from the house being frightened for her life

(7) *State the information, and from whom derived.*

Name and Medical Designation, C M Ross M D

Place of Abode, Lake Cottage, Sandhead

DATED this Eighth day of March One thousand eight hundred and Eighty two years

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Edinburgh and a Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Sandmill in the parish of Stoney Kirk in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Booth, a pauper residing at Sandmill, and that the said James Booth is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Has an excited appearance and talks in an incoherent manner sings and shouts in an outrageous manner.

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His son, James, says he has been outrageous for some time and has threatened violence. Robert Sproat says when in Booths house, Booth used violence & with difficulty he got clear.

(7) *State the information, and from whom derived.*

Name and Medical Designation, Hugh Cochrane L.R.C.P. Ed. L.F.P.S. Glasg.

Place of Abode Stranraer

DATED this Ninth day of March One thousand eight hundred and eighty-two.

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of the poor of the parish of Stoneykirk
Certificates under the hands of Charles Morland Ross Physician & Surgeon
~~and~~ Stoneykirk and Hugh Cochran Surgeon Stranraer being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Booth a pauper and that the said James Booth is a (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 Booth as a Patient into the (6) public Asylum of Southern Counties Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Booth which accompanied the said Petition.

DATED this Ninth day of March One thousand eight hundred and eighty two

M. Mund

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff ~~of the (2) Sheriff~~
of Dumfries & Galloway —and his Substitutes,—
The Petition of James Gibson, Auchencairn, Castle Douglas,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Boyslop Gibson
your Petitioner's (3) Wife
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Boyslop Gibson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

James Gibson

DATED this ~~Tenth~~ (4) day of March One thousand eight hundred and eighty-two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Name and Surname of Patient at	Agnes Boyslop Gibson
Age,	Female. 60 years
Single, or Widowed,	married
Rank of Life, and previous Occupation	Cottar's wife. formerly dressmaker
Religious Persuasion, so far as known,	Protestant
Usual Place of Abode,	Auchencairn
Where Found and Examined,	Auchencairn.
Duration of time Insane,	one year and seven months
Whether First Attack,	Continuation of first attack
Age (if known) on First Attack,	58 years
Asylum where previously under Examination or Treatment,	Crichton Royal Institution
Duration of Existing Attack,	one year and seven months
Supposed Cause,	Fever
Whether subject to Epilepsy,	No
Whether Suicidal,	no
Whether Dangerous to others,	very irritable
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Parish becoming Chargeable,	
Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if any), and whether any Member of the Family known to be or to have been Insane,	James Gibson, Auchencairn, Castle Douglas Her Husband — Her Sister Mrs Bryan was for a few months confined in the Crichton Royal Institution
Circumstances (if any) preventing the Insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

This Tenth day of March One thousand eight hundred and eighty two

(*To be signed by Party applying*) James Gibson

P. P.

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eigh
hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of the poor of the parish of Stoney Kirk
Certificates under the hands of Charles Morland Ross Physician & Sur
~~and~~ Stoney Kirk and Hugh Cochran Surgeon Stranraer being two Medical Person
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic
Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Booth a pauper and that the said
James Booth is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you t
receive the said James Booth as a Patient into th
(6) public Asylum of Southern Counties Dumfries and I authoriz
Transmission to the said Asylum accordingly; and I transmit you herewit
the said Medical Certificates, and a Statement regarding the said James Boo
which accompanied the said Petition.

DATED this Ninth day of March One thousand eigh
hundred and eighty two

M. Rhind

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1. Ordinary Admission Papers
2. Corrected Medical Cer-

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ *of* Dumfries & Galloway —*and his Substitutes,*—

The Petition of James Gibson, Auchencairn, Castle Douglas, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Hyslop Gibson your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Hyslop Gibson 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.

James Gibson

Eleventh

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Tenth~~ (4) day of March One thousand eight hundred and eighty-two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated:

1. Christian Name and Surname of Patient at length,	Agnes Hyslop Gibson
2. Sex and Age,	Female. 60 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Petitioner's wife. formerly dressmaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Auchencairn
7. Place where Found and Examined,	Auchencairn.
8. Length of time Insane,	one year and seven months
9. Whether First Attack,	Continuation of first attack
10. Age (if known) on First Attack,	58 years
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of Existing Attack,	one year and seven months
13. Supposed Cause,	Fever
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	very irritable
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	James Gibson. Auchencairn, Castle Douglas Her Husband — The Sister Mrs Pagan was for a few months confined in the Crichton Royal Institution.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Tenth day of March One thousand eight hundred and eighty two

(*To be signed by Party applying*) James Gibson

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Walter Lorraine
being a (1) Graduate 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) Auchencairn
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Hyslop Gibson
and that the said Agnes Hyslop Gibson is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Excitable restless & fidgetty - She cannot sit quiet for more than a few seconds shifting her chair & talking about the room

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband says she is very restless at night - sleeps some mornings about two hours during the day & wanders about the house

Name and Medical Designation, Walter Lorraine MD

Place of Abode, Castle Douglas

DATED this 10th day of March One thousand eight hundred and 82

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Cunningham
being a (1) Member of the Royal College of Physicians and Surgeons Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries, in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Hyslop Gibson, married, Auchencairn Village, Kirkcudbright and that
the said Agnes Hyslop Gibson is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder, She speaks in an absent minded manner,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She was an inmate of this Institution for the period of nineteen months and her husband obtained permission to take her home only on her own responsibility. She very willingly & unreservedly Replies

Name and Medical Designation, John Cunningham M.B. C.M. Edin

Place of Abode 35 Buccleuch St Dumfries

DATED this eleventh day of March One thousand eight hundred and eighty two.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Walter Lorraine being (1) Graduate of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Auchencairn in the County of Kirkcudbright, seen and personally examined Agnes Hyslop Gibson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Walter Lorraine

DATED this 10th day of March One thousand eight hundred and 82

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Gibson Auchencairn Castle, Douglas Certificates under the hands of Walter Lorraine and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Hyslop Gibson, Auchencairn Castle Douglas and that the said Agnes Hyslop Gibson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Hyslop Gibson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Hyslop Gibson which accompanied the said Petition.

DATED this Thirteenth day of March One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1742

Agnes Hyslop Gibson

11th March

1862

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Inverness and his Substitutes.

The Petition of Alexander McMillan [name changed on marriage to Mackenzie]

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane McMillan (now Mackenzie)

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane McMillan to the Royal Asylum, Aberdeen, and to sanction her admission into the said Asylum.

Alexander McMillan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this tenth (4) day of March One thousand eight hundred and eighty 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,	Jane McMillan
2. Sex and Age,	Female. 28 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer's daughter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Berryhillock, Aberdeen
7. Place where Found and Examined,	Keithock
8. Length of time Insane,	Five weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	28 years
11. When and where previously under Examination and Treatment,	Keithock
12. Duration of Existing Attack,	Five weeks
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	March 11th 1882 Alexander McMillan, Keithock Husband. No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this tenth day of March One thousand eight hundred and eighty two years

(To be signed by Party applying) Alexander McMillan

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Bond being a (1) Bachelor of Medicine and a Master of Surgery and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Glenluce in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mrs Jane McMillan Glenluce and that the said Mrs Jane McMillan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Vagueness of expression
Restlessness during the day
When spoken to she answers in a whisper so low as to make it impossible to understand what she is saying.
Crying out for short periods when there is no evident necessity

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Occasional sudden outbursts of Anger and violence having sworn at her Parents and assaulted her Mother by strikin[illegible] attempting to throw herself over the stair railing and [illegible] out by the window — communicated by Parents and husband

Name and Medical Designation, John Bond M.B.C.M.

Place of Abode, Glenluce

DATED this Tenth day of March One thousand eight hundred and Eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William McNeil being a (1) Doctor of Medicine of the University of Edinburgh and a Licentiate of the Royal College of Surgeons Edin[illegible] and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Glenluce in the parish of Old-Luce in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane McMillan wife of Mr Alexr McMillan farmer residing there and that the said Jane McMillan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She lies in a quiet listless state, when spoken to refuses to answer or answers incoherently. Cries out out "Oh dont" Oh dont: when no one is speaking to her or molesting her &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother says she is greatly changed of late, talks incoherently becomes violent and screams violently after a sleep or re[illegible] Her husband corroborates above and says she has attempted to [illegible] herself over the stairs and repeatedly tried to throw herself out of the window —

Name and Medical Designation, William McNeil M.D. L.[illegible]

Place of Abode Stranraer

DATED this Eleventh day of March One thousand eight hundred and Eighty-two —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Mackean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Alexander McMillan farm Manager residing in Glenluce
Certificates under the hands of John Bond Batchelor of Medicine Glenluce
and William McNeil Doctor of Medicine Stranraer being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Hill or McMillan wife of the said Alexander McMillan and that the said Jane Hill or McMillan is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Hill or McMillan as a Patient into the (6) public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Hill or McMillan which accompanied the said Petition.

DATED this Eleventh day of March One thousand eight hundred and eighty two

P. Mackean
Sh: Sub

MJ

To the Superintendent of the (7) public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2

540

Jane Hill or McMillan

15th March

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Dumfries & Galloway and his Substitutes,—

The Petition of William Macrae, Inspector of Poor, Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Jane Newall your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Jane Newall to the Public Asylum of the Southern Counties, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Wm Macrae

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (4) day of March One thousand eight hundred and Eighty-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,	Sarah Jane Newall
2. Sex and Age,	Female, age, 29 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper, domestic servant
5. Religious Persuasion, so far as known,	Protestant, Free Church
6. Previous Place of Abode,	Barr, parish of Kirkcowan
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	A few days at this time, previous from June to Nov. 81
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	28 years
11. When and where previously under Examination and Treatment,	In parish of Portpatrick
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no
17. Parish ~~or Union~~ to which the Lunatic (if a Pauper) is Chargeable,	Wigtown
18. Date of becoming Chargeable,	16 Nov. 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane,	Father James Newall, residence unknown, was considered somewhat soft or fatuous. Mother Annie Oliver or Newall resides at 2 Silvester Street Liverpool. No relative except as above known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Was insane from June to Nov. 81 (as above) and repeatedly very excited since.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifteenth day of March One thousand eight hundred and Eighty-two years

(*To be signed by Party applying*) Wm Macrae Inspector of Poor Wigtown P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Pilken being a (1) Bachelor of Medicine and Master in Surgery of the University of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Low Vennel Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Sarah Jane Newall a pauper residing at Low Vennel and that the said Sarah Jane Newall is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 told me she had been in Heaven last night and had her arms round Jesus. She is restless and excited and talks and laughs incessantly. Several times she stopped laughing abruptly and cried, because she said I had put my hands on her wheels was untrue, she constantly and aimlessly fingers a bundle of yarn and says she is knitting stockings

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs McCourt, her landlady told me she had emptied the contents of the chamber pot into the bed during the night and laughed and talked incoherently during the whole of the night

Name and Medical Designation, James Pilken MB

Place of Abode, Wigtown

DATED this Thirteenth day of March One thousand eight hundred and Eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Charles McBride 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) Low Vennel Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Sarah Jane Newall a Pauper - Low Vennel and that the said Sarah Jane Newall is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Rambling and Incoherent talk, laughing and Crying. Says "every one knows she is in" Her hands are engaged incessantly tossing up at yarn on her lap

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs McCourt her landlady at Low Vennel says that she has talked all night getting out and in her bed repeated & would not take food

Name and Medical Designation, Charles McBride M

Place of Abode Wigtown

DATED this Thirteenth day of March One thousand eight hundred and Eighty two years —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig, ~~(Sheriff)~~ Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Mackie, Inspector of Poor, Wigtown
Certificates under the hands of James Pleken, M.B. C.M. Wigtown
and Charles McBride, M.D. Wigtown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Sarah Jane Newall, Pauper and that the said
Sarah Jane Newall, Pauper is a (5) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Jane Newall, Pauper as a Patient into the (6) Public Asylum of the Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Jane Newall, Pauper which accompanied the said Petition.

DATED this thirteenth day of March One thousand eight hundred and eighty two. one word deleted

John Doig. S.S.

To the Superintendent of the (7) Public
Asylum of the
Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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Sarah Jane Newall

13th March

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Dumfries and Galloway *and his Substitutes,—*

The Petition of John Carter

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Carter your Petitioner's (*) 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 Mary Carter 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.

John Carter

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth (*) day of March One thousand eight hundred and Eighty two -

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Carter
2. Sex and Age,	Female 58
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	England
6. Previous Place of Abode,	Do.
7. Place where Found and Examined,	—
8. Length of time Insane,	N.
9. Whether First Attack,	Returned from Asylum 8th March Current
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	Yes.
14. Whether subject to Epilepsy,	England
15. Whether Suicidal,	3 May 1861
16. Whether Dangerous to others,	See Form A of date 3 May 1861
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	John Carter - Son
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of March One thousand eight hundred and eighty two

(*To be signed by Party applying*) John Carter

P.T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm. Swanston Spence Reid being a (1) Bachelor of Medicine & Master of Surgery of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Longland in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Carter. Pauper - Widow - Longland and that the said Mary Carter is a (5) person of Unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Intense restlessness during my examination of her. Could not be got to answer some simple questions [illegible] to her though she easily answered others. Want of [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

By her daughter-in-law Wm. Carter { Violent dislike to her daughter-in-law & attempted violence towards her. Was under the impression that certain articles of furniture &c. in the house had been stolen & shewed dread of the consequences.

Name and Medical Designation, } W. S. S. Reid.

Place of Abode, Oakley. Kirkcudbright.

DATED this 17th day of March One thousand eight hundred and eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm. Johnstone being a (1) M.R. of Edinr. University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Longland Village Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Carter - Pauper and that the said Mary Carter is a (5) person of unsound mind and a proper person to be detained 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 believes that all her friends are going to injure her that she is miserable and wishes to die - &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

that she is dangerous to those [illegible] her - that she has only returned from an Asylum [illegible] &c.

Name and Medical Designation, } Wm. Johnstone M.R.

Place of Abode Kirkcudbright

DATED this 17th day of March One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright,
having had produced to me, with a Petition at the instance of (3) John Carter
Baker in Tongland
Certificates under the hands of W. S. Reid
and Wm Johnstone , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Carter - a pauper and that the said
Mary Carter is a (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 Carter as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this Seventeenth day of March One thousand eight hundred and eighty two years

Alex. Nicolson

To the Superintendent of the (7)
Southern Counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Mary Carter
11th March
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~County~~ of Dumfries Galloway and his Substitutes,—

The Petition of Margaret Macqueen, East Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Sarah Macqueen 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 Ann Sarah Macqueen to the Crichton Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Margaret Macqueen

DATED this Seventeenth (4) day of March One thousand eight hundred and eighty-two Years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Sarah Macqueen
2. Sex and Age,	female - 60 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	spinster
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	Heck. Lochmaben
7. Place where Found and Examined,	Heell Lochmaben
8. Length of time Insane,	3 months
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	60 years
11. When and where previously under Examination and Treatment,	nowhere before this attack
12. Duration of Existing Attack,	3 months
13. Supposed Cause,	Disease of the Brain (senile)
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	private patient
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Macqueen, Heell Lochmaben sister of patient
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of March One thousand eight hundred and 82 years

(*To be signed by Party applying*) Margaret Macqueen

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Heck Lochmaben Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Ann Sarah Macqueen and that the said Ann Sarah Macqueen is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 rambling incoherency of speech & delusions. She is continuously talking to herself in an excited manner. States her food has been poisoned

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister informs me that she is unmanageable becoming at times very excited & attempting to injure those near her.

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St. Dumfries

DATED this 17th day of March One thousand eight hundred and 82 years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Reid being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Heck, Lochmaben Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Ann Sarah Macqueen and that the said Ann Sarah Macqueen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 keeps up a continual clatter but does not speak or act rationally, alternately crying and laughing, repeats any word she overhears and gets into a passion over some simple remark. Says she is not getting sufficient food which is a delusion

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister says that they can scarcely keep her in bed. Is always worse at night, screaming as loud as she can. Pitching the bed clothes about and sometimes tries to strike those near her

Name and Medical Designation, Thomas Reid M.D.

Place of Abode Lochmaben

DATED this fifteenth day of March One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Neck, Lochmaben
in the County of Dumfries, seen and personally examined
Ann Sarah Macqueen, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

DATED this 13th day of March One thousand eight hundred and 82 years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Margaret Macqueen Neck, Lochmaben,
Certificates under the hands of John Smith
and Thomas Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann Sarah Macqueen Neck, Lochmaben (Potts sister) and that the said Ann Sarah Macqueen is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Sarah Macqueen as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Sarah Macqueen, which accompanied the said Petition.

DATED this Seventeenth day of March, One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1743

Ann Sarah Mc

Queen

18th March

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes.*—

The Petition of Miles Mc Innes, Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Caven

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Parish is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Caven to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Miles Mc Innes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Eighteenth (4) day of March One thousand eight hundred and Eighty Two years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Caven
2. Sex and Age,	male — 46 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	32 Irish Street
7. Place where Found and Examined,	32 Academy Street Dumfries
8. Length of time Insane,	—
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	46
11. When and where previously under Examination and Treatment,	S. C. Asylum Yr which he left about two months ago as Cured.
12. Duration of Existing Attack,	about two months
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	not seen yet
16. Whether Dangerous to others,	not ~~not~~ yet
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries (Melrose)
18. Date of becoming Chargeable,	18th March 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Caven or Robertson, Sister, residing at 46 High Street, Wigton Cumberland 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 Eighteenth day of March One thousand eight hundred and Eighty two years

(*To be signed by Party applying*) Miles Mc Innes

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glas and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Academy Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Cavin and that the said James Cavin is a (5) person of unsound and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently seems morose and silent and unable to compass the meaning of questions &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His friends state that he is sleepless Evans about during the night and imagine that persons are set on destroying him &c

Name and Medical Designation, } Marshall M.D. &c

Place of Abode, Dumfries

DATED this 18th day of March One thousand eight hundred and eighty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow, and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 32 Academy Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Cavin. as Clerk, 32 Irish St Dumfries and that the said James Cavin is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 depressed melancholy appearance: thinks something dreadful is about to happen to him; that attempts are being made to poison him.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by his Sister, that he has been three times in an Asylum: that he was discharged from the Southern Counties Asylum about a fortnight ~~about~~ that he has become worse since, and thinks he is about to be destroyed.

Name and Medical Designation, } Alex Thomson M.D. &c

Place of Abode Castle Street — Dumfries

DATED this Eighteenth day of March One thousand eight hundred and eighty two years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson being (1) a doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) 32 Academy St. in the County of Dumfries, seen and personally examined James Cavan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson MD

DATED this Eighteenth day of March One thousand eight hundred and Eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope. (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles Mc Innes Inspector of Poor, Dumfries Certificates under the hands of William Marshall and William Thomson. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Cavan. 32 Academy Street Dumfries (a pauper) and that the said James Cavan, is a (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 Cavan as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Cavan. which accompanied the said Petition.

DATED this twentieth day of March One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties. Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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James Craven

18th March

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Shire~~ Counties Dumfries and Galloway ~~Wigtown Kirkcudbright~~ *and his Substitutes,—*

The Petition of James M^c. Culloch Inspector of Poor Parish of Glasserton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Sleith being a Pauper on Glasserton

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (3) Parish for which Parish I am Inspector is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Sleith to the Southern Counties Asylum and to sanction his admission into the said Asylum.

James M^c. Culloch

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Second (4) day of March One thousand eight hundred and Eighty Two years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Sleith.
2. Sex and Age,	Male. 77 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Has been a well living man. Thatcher.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Barleyview farm near Whithorn.
7. Place where Found and Examined,	Do. Do. Do.
8. Length of time Insane,	about 3 months but has occassionally been weak minded.
9. Whether first attack,	Never very ill before
10. Age (if known) on first Attack,	Cannot say.
11. When and where previously under Examination and Treatment,	never has been.
12. Duration of existing Attack,	about 3 months.
13. Supposed Cause,	Can state none
14. Whether subject to Epilepsy,	not to my knowledge.
15. Whether Suicidal,	was never known to attempt it.
16. Whether Dangerous to others,	not particularly so.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glasserton Parish.
18. Date of becoming Chargeable,	23rd June 1880.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Jane Donman or Sleith Drumrash near Whithorn. Sister. Have not heard of any.
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 March One thousand eight hundred and Eighty Two years.

(*To be signed by Party applying*) James M^c. Culloch

P. S.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Charles Douglas.
being a (1) Doctor in Medicine of Glasgow University and Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Christopher Steele's house in the Burgh of Whithorn in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Sleith, late Thatcher, at Christopher Steele's, pauper and that the said James Sleith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 the devil tempted him to commit suicide, people at trying to kill him & would have done so if four angels had not come to his relief.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Steele, his landlady informs me he is very filthy in his habits, & will not keep his bed clean, & is constantly talking of seeing angels & spirits

Name and Medical Designation, John C. Douglas. M.D. L.R.C.S.E.

Place of Abode, St Ninians, Whithorn

DATED this Twenty second day of March One thousand eight hundred and eighty two years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Anderson
being a (1) Bachelor of Medicine Master in Surgery of Glasgow University
and being in actual practice as a (2) general medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Christopher Steele's house Whithorn in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Sleith and that the said James Sleith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 his house was surrounded by 40 or 50 persons who meant to murder him for the sake of his little furniture but that four angels came in & saved. The chief angel said to the cloud it was a sin & shame for them to come here to steal from. One very wet day he heard an angel sing all the day in a hole of the dyke. Wants to live in a stable.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Steele with whom he stays says he will not lie content in the bed but would like to be out at unreasonable hours. A Tries to light the lamp during the night. Is sometimes dirty in his habits.

Name and Medical Designation, William Anderson M.B.&C.

Place of Abode, Whithorn, Wigtownshire

DATED this Twenty second day of March One thousand eight hundred and eighty two years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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 Mactie Esquire Sheriff Substitute
of the (3) County of Wigtown
having had produced to me, with a Petition at the instance of (4) James M'Cul-
loch Inspector of Poor of the Parish of Glasserton
Certificates under the hands of John C Douglas M.B. & L.R.C.S. Edin. Wigtown
and William Anderson M.B. C.M. Edin. Wigtown, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5)
James Sleith, late thatcher, Pauper
and that the said James Sleith 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 James Sleith as a Patient into the (7) Public Asylum of the Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Sleith which accompanied the said Petition.

DATED this twenty fourth day of March One thousand eight hundred and eighty two

Wm Mactie

To the Superintendent of the (8) Public
Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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James Sleith
24th March
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) ~~Shire~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Joseph Dickson, Hills, Lochrutton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Dickson your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Dickson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

Joseph Dickson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (4) day of March One thousand eight hundred and Eighty Two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Dickson
2. Sex and Age,	Female Thirty Seven years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers Sister Housekeeper
5. Religious Persuasion, so far as known,	Member of the United Presbyterian Church
6. Previous Place of Abode,	Lochside
7. Place where Found and Examined,	do
8. Length of time Insane,	A week
9. Whether First Attack,	No had an attack 2 years ago
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	At home a week
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Not known
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Dickson Brother None known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of March One thousand eight hundred and Eighty Two

(*To be signed by Party applying*) Joseph Dickson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Dyce Lello being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and Fellow of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dove Cottage Lochmaben Road Lockerbie in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Dickson and that the said Jane Dickson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She talks incoherently and delusions as to her status, with the Lord & most restless and sometimes becomes violent

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her friends state that she never ceases talking and seems about night to be delusional

Name and Medical Designation, William Dyce Lello M.B.

Place of Abode, Breconbank Dumfries

DATED this twenty fourth day of March One thousand eight hundred and eighty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Dickson, Forensic Lockerbie and that the said Jane Dickson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She talks incoherently is very restless, and excited.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham L.R.C.P. & S.

Place of Abode 25 Castle Street, Dumfries

DATED this twenty seventh day of March One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Marshall and Allyn of St Andrews being (1) a Graduate of the Faculty of Physicians & Surgeons Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Sunside Cross Lochrutton in the County of Kirkcudbright, seen and personally examined Jane Dickson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M.D. &c

DATED this 28th day of March One thousand eight hundred and eighty two years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Joseph Dickson, Hills, Lochrutton, Certificates under the hands of William Marshall, and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Dickson, Foreside, Lochrutton, Petn's sister) and that the said Jane Dickson, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Dickson, as a Patient into the (6) Public Asylum of Crichton Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Dickson, which accompanied the said Petition.

DATED this twenty eighth day of March One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (1) Public *Asylum of* Crichton Royal Institution, Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1744

Jane Dickson

24th March

1882

(f) Sheriff or Steward.
(g) Clerk or Secretary.

[e] State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

[f] The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

1. Christian Name
length, .
2. Sex and Age,
3. Married, Single
4. Condition of Li
(If any), .
5. Religious Persua
6. Previous Place
7. Place where Fir
8. Length of time
9. Whether First
10. Age (if known)
11. When and wher
tion and Trea
12. Duration of Exi
13. Supposed Cause
14. Whether subject
15. Whether Suicida
16. Whether Danger
17. Parish or Union
Pauper] is Cl
18. Date of becomin
19. Christian Name
Abode of ne
Patient, and
known), and
Family know
sure, .
20. Special circumst
insertion of n

I certify, that,

Dated this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of William Tait Schuiter Moffat ~~Dumfries~~

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Thomas Crumpton residing in Well Street, Moffat your Petitioner's (3) Client is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Thomas Crumpton to the Crichton Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Tait

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this first (4) day of April One thousand eight hundred and eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Thomas Crumpton
2. Sex and Age,	Male 22
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Gentleman no occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Barbadoes. West Indies
7. Place where Found and Examined,	Moffat
8. Length of time Insane,	about three weeks with lucid intervals
9. Whether First Attack,	no
10. Age (if known) on First Attack,	not known
11. When and where previously under Examination and Treatment,	~~Not~~ Was examined under examination or treatment before
12. Duration of Existing Attack,	about three weeks
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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,	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 first day of April One thousand eight hundred and eighty two

(To be signed by Party applying) William Tait

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William D'Ogly Grange being a (1) Doctor of Medicine & Master in Surg[illegible] of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Well Street Moffat Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) W T Crumpton and that the said W T Crumpton 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) Restlessness suspiciousness of people stealing things from him thinks he is going to get thousands of pounds damages for having been put in the Police cells. Fa[illegible] he is a great [illegible] & of great strength

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Claims £3000 of schoolboard. things which he says were stolen were thrown away by him

Name and Medical Designation, Wm D'Ogly Grange

Place of Abode, Mansfield House [illegible]

DATED this first day of April One thousand eight hundred and eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians & a Licentiate of the Royal College of Surgeons Edinr and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Mr Coupland's Hairdresser. Well Street. Moffat Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Thomas Crumpton and that the said Wm Thos: Crumpton 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) Running about the streets in an excited state with crowds of Children running after him. Suppo[illegible] he is being robbed and that people are going to kill. Suppose he is member of Parliament for the County

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) says he is going to raise an action against the post office & School board for money kept back from him

Name and Medical Designation, James Munro. M.D. L.R.C.S.E.

Place of Abode Vicarlands. Moffat

DATED this First day of April One thousand eight hundred and eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Munro
being (1) Physician & Surgeon
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
William Thomas Crumpton, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro M.D. & Surgeon

DATED this First day of April One thousand eight hundred and eighty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Tait, Solicitor, Moffat,
Certificates under the hands of William D'Oyly Grange —
and James Munro, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Thomas Crumpton, Well Street, Moffat, (Peter Hunt) and that the said William Thomas Crumpton is a (5) Lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Thomas Crumpton as a Patient into the (6) Public — Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Thomas Crumpton, which accompanied the said Petition.

DATED this First — day of April, — One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

William Thomas
Crumpton

2nd April
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* Dumfries and Galloway *and his Substitutes,*—

The Petition of William Watson - Wesleyan Minister - Cockermouth

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Watson - Cockermouth

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Daughter

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Watson to the Public Asylum, Crichton Royal Institution and to sanction her admission into the said Asylum.

N. W. (the words deleted)

William Watson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fifth (4) day of April One thousand eight hundred and eighty two years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Watson
2. Sex and Age,	Female 22 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,	Wesleyan
6. Previous Place of Abode,	7 Fern Bank Cockermouth
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	22 months
9. Whether First Attack,	yes. First attack
10. Age (if known) on First Attack,	20 years
11. When and where previously under Examination and Treatment,	Southport Hydropathic Establishment
12. Duration of Existing Attack,	22 months
13. Supposed Cause,	None 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,	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,	William Watson - 7 Fern Bank - Cockermouth Father None known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifth day of April One thousand eight hundred and eighty two.

(*To be signed by Party applying*) William Watson

P. p.

William Thomas Crumpton

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh Univ
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Watson. Cockermouth
and that
the said Mary 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 excited
manner appearance. Vacant look memory
Speech & delusions. Tells me she saw a cat
before her which was now in her stomach

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her father informs me that she has
lately very much exerted & at times unmanageable
has also threatened to burn herself.
& attempted to take poison
She has many delusions

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St Dumfries

Dated this 3rd day of April One thousand eight
hundred and 82 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, Thomas Ferguson
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Auckton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Watson of
Cockermouth and that
the said Mary 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 variable
in her moods. At one time sitting with averted face &
stopped on the floor & immediately after talking incoherently
& laughing. She states that nobody cares for her & she
does not care for anybody — States that she would rather
not take any food for the middle of the conversation she sprang
& rushed out of the room

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By the Attendant: That she runs about excitedly
walks on tiptoe. That she refuses food —

Name and Medical Designation, Thomas Ferguson M.B. C.M.

Place of Abode 22 Castle St Dumfries

Dated this 5th day of April One thousand eight
hundred and eighty two —

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries
in the County of Dumfries, seen and personally examined
Mary 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.

John Smith M.D.

Dated this 3d day of April One thousand eight hundred and 82 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Watson
Wesleyan Minister, Cockermouth
Certificates under the hands of John Smith
and Thomas Ferguson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Watson, of Cockermouth, Spinster daughter and that the said
Mary Watson is a (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 Watson as a Patient into the (6) Public Asylum of Crichton Royal Institution - and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Watson which accompanied the said Petition.

Dated this fifth day of April One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1747

Mary Watson

3rd April

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of the (2) Dumfries and Galloway — *and his Substitutes,*—

The Petition of John M'Knight. Inspector of Poor Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Telford residing in Langholm your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Telford to the Southern Counties Asylum. Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John M'Knight. Inspector of Poor Langholm.

(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 April — One thousand eight hundred and Eighty 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,	Janet Telford.
2. Sex and Age,	Female. 26 years
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	single and Weaver at Woollen Mill
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	High Street Langholm
7. Place where Found and Examined,	High Street Langholm
8. Length of time Insane,	About one Month
9. Whether First Attack,	yes first.
10. Age (if known) on First Attack,	26 years
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of Existing Attack,	About one month
13. Supposed Cause,	Nothing so far as known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes. attempting to choke herself.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Langholm. Parish
18. Date of becoming Chargeable,	4th April 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Telford. Cooper residing at High Street Langholm. Had 2 uncles. who were Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of April — One thousand eight hundred and Eighty Two years —

(*To be signed by Party applying*) John M'Knight. Inspector of Poor Langholm — P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Johnston Carlyle M.D. being a (1) Graduate of the University of Edinburgh and Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High Street Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Telford, Pauper. High Street, Langholm and that the said Janet Telford is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great depression with various morbid delusions. Imagines she has brought ruin and misery upon her Father. She is occasionally very excited, wanders about the house in a wild insettled state —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister Mrs Inglis has informed me that she has threatened to drown herself and for some time back has to be constantly watched.

Name and Medical Designation, W. Clearyle M.D.

Place of Abode, Langholm

DATED this 3d day of April One thousand eight hundred and 82 —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 University of Edinburgh and being in actual practice as a (2) General medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) High St. Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Telford, Pauper, High St. Langholm and that the said Janet Telford is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) On entering the room where the patient was I found her undressed & her friends persuading her to go into bed. She would not as she wanted to get away into the street. When I spoke to her was most stubborn & would answer hardly anything. She imagined some persons wanted to her away & wanted to fly from them. She was somewhat restless & started when any foot noise fell on the outside stair, & cast uneasy glances about the room. She was however somewhat quieter had been before.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Nicholas Telford her sister told me she had several times wanted to drown as she said she could not live with the uneasy mind she had. She imagined she had been exceedingly cruel to her father in letting him go away to Hawick Dwork, & sometimes went about the house & crying at the top of her voice because she had been so cruel to her father had before when well been very attached to her father.

Name and Medical Designation, John Gill M.B., C.M., &c

Place of Abode Langholm

DATED this 4th day of April One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope. (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John M^c^Knight Inspector of Poor, Langholm,
Certificates under the hands of William Johnston Barbyle
and John Gill, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Telford. High Street. Langholm. (a pauper) and that the said Janet Telford is a (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 Telford as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Telford, which accompanied the said Petition.

DATED this fifth day of April One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

545
Janet Telford
5th April
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ County of Dumfries & Galloway *and his Substitutes,*—

The Petition of Mary Ann Innes, Kilnpottles, St Mungo, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Innes 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 Robert Innes to the ~~Dumfries~~ Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Mary Anne Innes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Thirteenth (4) day of April One thousand eight hundred and eighty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Innes
2. Sex and Age,	Male - 46.
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,	Kilpottles Lochrbie
7. Place where Found and Examined,	Lochrbie
8. Length of time Insane,	A year
9. Whether First Attack,	~~Yes~~ No
10. Age (if known) on First Attack,	45.
11. When and where previously under Examination and Treatment,	Four months ago at Royal Christian Institution
12. Duration of Existing Attack,	a year.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic, (if a Pauper) is Chargeable,	Not chargeable.
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Ann Innes, Kilnpottles, St Mungo. (wife)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Thirteenth day of April One thousand eight hundred and eighty two

(*To be signed by Party applying*) Mary Anne Innes

P. P.

3173
James Telford
5th April

2
546
Robert Innes
13th April
1882

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Shannon or Milligan, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Shannon or Milligan 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.

Miles McInnes

DATED this Eighteenth (4) day of April One thousand eight hundred and Eighty Two years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Shannon or Milligan
2. Sex and Age,	Female – 41 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous occupation (if any),	General Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	no fixed abode
7. Place where Found and Examined,	Parochial Board Office
8. Length of time Insane,	Cant tell
9. Whether first Attack,	yes so far as known
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	nowhere
12. Duration of existing Attack,	
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	13th April 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Shannon or Croskrie New Galloway, Sister, No Nom
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Nom

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of April One thousand eight hundred and Eighty Two years.

(To be Signed by Party applying) Miles McInnes

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physician & Surg Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Parochial board Office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margt Shannon or Mulligan (a Pauper) and that the said Margt Shannon or Mulligan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently Looks vacant and incomprehensible Been ill for some time (such) she to be in sorrow with her got out Not to be left

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Only Clerk state that he saw her running after boys and throwing stones at them &

Name and Medical Designation, William Marshall MB & CM

Place of Abode, Parochial Board Office Dumfries

DATED this 18th day of April One thousand eight hundred and eighty two years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Bachelor in Medicine of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Parochial Board Office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Shannon or Mulligan (a Pauper) and that the said Margaret Shannon or Mulligan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 stupid in appearance, vacant look, incoherent conversation & delusions on religious & other subjects.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of Poor informs me that she has been wandering about the streets in an irregular manner.

Name and Medical Designation, John Smith MB

Place of Abode, 14 Castle St. Dumfries

DATED this 18th day of April One thousand eight hundred and 82 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine & Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Parochial Board Room Dumfries in the County of Dumfries, seen and personally examined Margaret Shannon or Milligan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD

Dated this 18th day of April One thousand eight hundred and 82 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor, Dumfries. Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Shannon or Milligan General Servant presently in Dumfries (Pauper) and that the said Margaret Shannon or Milligan is a (5) person of unsound mind, and a proper Person to be detained and taken care of, no HEREBY AUTHORIZE you to receive the said Margaret Shannon or Milligan as a Patient into the (6) Public Asylum of Southern Counties and I authorize free Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Shannon or Milligan, which accompanied the said Petition.

Dated this nineteenth day of April One thousand eight hundred and eighty two years

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
547
Margaret Shannon
of Dilligan
18th April 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of ~~Dumfries~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of James Hyslop

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Hyslop 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 Helen Hyslop to the Crichton Royal Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Hyslop

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12 - (4) day of april One thousand eight hundred and 82.

STATEMENT.

If any 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 Johnstone Hyslop
2. Sex and Age,	Female 33 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	lives with her father who is a saw miller
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Spottes Saw Mill - Haugh of Urr
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	2 years
9. Whether First Attack,	Had previous attacks
10. Age (if known) on First Attack,	18 years ago
11. When and where previously under Examination and Treatment,	Spottes Mill Haugh of Urr
12. Duration of Existing Attack,	2 years
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Hyslop Spottes Saw Mill Haugh of Urr, Dalbeattie - Father - None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12th day of april One thousand eight hundred and 82.

(*To be signed by Party applying*) James Hyslop

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Meggat 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) Spottes Sa[illegible] in the County [illegible] Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Helen J. Hyslop and that the said Helen J. Hyslop is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a depressed an[illegible] Vacant look - Speaks with hesitancy - will hardly an[illegible] questions - Has many delusions regarding herself which states is all in the head

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister says she has attempted to commit suicide and is always threatening it - Once threw herself in[illegible] and imagines herself all sorts of things

Name and Medical Designation, John Meggat M.B., C.M. Ed[illegible]

Place of Abode, Kirkpatrick Durham Dalbeattie

DATED this 12th day of April One thousand eight hundred and 82 -

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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, 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) Spottes Sa[illegible] Haugh of Urr in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Helen Johnston Hyslop and that the said Helen J. Hyslop is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a depressed melancholy look - answering question with reluctance & [illegible] She expresses regret at her inability at not being [illegible] act correctly & like other people - She has several de[illegible] regarding herself

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister says that she threatens often to comm[illegible] suicide & on one occasion lately nearly succ[illegible] in drowning herself in the Mill Race

Name and Medical Designation, Walter Lorraine M.D.

Place of Abode Castle Douglas

DATED this 12th day of April One thousand eight hundred and 82

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Hyslop. Spottes Saw Mill. Haugh of Urr. Dalbeattie.
Certificates under the hands of John Meggat
and Walter Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Johnstone Hyslop. Spottes Saw Mill. Haugh of Urr. Dalbeattie (Petrus Lauchter) and that the said Helen Johnstone Hyslop is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Johnstone Hyslop as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Johnstone Hyslop which accompanied the said Petition.

DATED this nineteenth day of April One thousand eight hundred and eighty two years

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution.
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1748

Helias Johnstone Hyslop

20 April

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Ayr *and his Substitutes.*

The Petition of Janet Smith

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Smith your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Smith to the Dumfries Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Janet Smith

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (4) day of April One thousand eight hundred and Eighty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Smith
2. Sex and Age,	Male 48 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Foreman Carpet Weaver
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Bank Street
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	a short time
9. Whether First Attack,	First
10. Age (if known) on First Attack,	48 years
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	Religion
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Smith Wife Bank St Kilmarnock
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of April One thousand eight hundred and Eighty two

(To be signed by Party applying) Janet Smith

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Borland M.D. of Glasgow
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 44 Bank St
Kilmarnock in the County of Ayr
separately from any other Medical Practitioner
visited and personally examined (4) William Smyth Joiner
in Carpet Factory 44 Bank St Kilmarnock and th
the said William Smith is a (5) Lunatic
and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Talks incohe
& Imagines that evil spirits are dro
him to destruction

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From his wife { That he is dangerous to him
and others—

Name and Medical Designation, John Borland
Place of Abode, Kilmarnock

DATED this 7th day of April One thousand eig
hundred and eighty two years.—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alexander Marshall M.
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 44 Bank
Kilmarnock in the County of Ayr
separately from any other Medical Practitioner
visited and personally examined (4) William Smith Foreman
Carpet Factory 44 Bank St Kilmarnock and th
the said William Smith is a (5) Lunat
and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Thinks he
the devil and dangerous t
self & others

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From wife & Grandchampers in temper an
Defective from

Name and Medical Designation, Alex Marshall
Place of Abode Kilmarnock

DATED this 7th day of April One thousand eig
hundred and eighty two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Watt (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) Janet Smith residing in Bank Street Kilmarnock
Certificates under the hands of John Borland
and Alexander Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Smith petitioner husband and that the said William Smith is a (5) lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Smith as a Patient into the (6) public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Smith which accompanied the said Petition.

DATED this 20th day of April One thousand eight hundred and eighty two

John Watt

To the Superintendent of the (7) public
Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

William Smith
20th April
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway and his Substitutes—

The Petition of Miles Mc Ames, Inspector of Poor Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Bell

(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 authorise the transmission of the said James Bell to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Miles Mc Ames

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty First (4) day of April One thousand eight hundred and Eighty Two years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Bell
2. Sex and Age,	Male — 55 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous occupation (if any),	Fitter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	37 Shakespeare St
7. Place where Found and Examined,	"
8. Length of time Insane,	"about" 6 weeks
9. Whether first Attack,	no
10. Age (if known) on first Attack,	about 40 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	about 6 weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	21st April 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Anderson wife resides at 37 Shakespeare St. Dumfries
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty First day of April One thousand eight hundred and Eighty Two years

(To be Signed by Party applying) Miles Mc Ames

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, 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 Ingleside
being a (1) Graduate of the Faculty of Physicians and
Glasgow and College of Surgeons
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 37 Shakespeare
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) James Boe Ex Pauper
and that
the said James Boe is a (5) person of
Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Seems insane
And quite incapable of answering questions

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His friends state that he suffers
of Insane Conduct before the Close
of [illegible] by Mr Marshall

Name and Medical Designation, Marshall do do

Place of Abode, Buccleuch St Dumfries

Dated this 24th day of April One thousand eight
hundred and eighty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) licentiate of the Royal College of Physicians Edinburgh
and of the Faculty of Physicians and Surgeons in Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 37 Shakespeare
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Boe, Pauper
and that
the said James Boe is a (5) person of
unsound mind and a proper person to be detained
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 imagines that
has been banished for stealing, and that this is
last day he has to live. Also he is excited and

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife informs me that he was under treat
in an asylum about fifteen years ago

Name and Medical Designation, Hugh Cunningham L.R.C.P.

Place of Abode, 25 Castle Street, Dumfries

Dated this Twenty first day of April One thousand eight
hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Marshall being (1) Graduate of the faculty of Physician and Surgeon Glasgow and College of St Andrews hereby certify, on soul and conscience, that I have this day, at (2) 37 Shakespeare St Dumfries in the County of Dumfries, seen and personally examined James Boe, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Marshall M: D &c

DATED this 21st day of April One thousand eight hundred and eighty two years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw, Honorary (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries, Certificates under the hands of William Marshall, and Hughbunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Boe, Fitter, 37 Shakespeare Street, Dumfries (a pauper) and that the said James Boe is a (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 Boe as a Patient into the (6) Public Asylum of Southernbounties 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 Boe which accompanied the said Petition.

DATED this twenty second day of April One thousand eight hundred and eighty two years.

Geo: Whitelaw

To the Superintendent of the (7) Public *Asylum of* Southernbounties. Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

548

James Doe

21st April 1882.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries of Dumfries and his Substitutes,—

The Petition of John Hamilton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Dickson or Wilson your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Dickson or Wilson to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Hamilton, Inspector of Poor

Dated this 24th (4) day of April One thousand eight hundred and 82

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Dickson or Wilson
2. Sex and Age,	Female about 64
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Collin
7. Place where Found and Examined,	Do:
8. Length of time Insane,	about a week
9. Whether first Attack,	No
10. Age (if known) on first Attack,	about 52
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	10 days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	not known
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	25th April 1882 Husband.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	~~Collin~~ Thomas Wilson 2 Queensbury St. Dumfries
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 25th day of April One thousand eight hundred and 82

(To be signed by Party applying) John Hamilton
Inspector of Poor
Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal Colleges of Surgeons and Physicians Edinburgh
and being in actual practice as a (2) physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Lilly vale Cottage, Collin, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dickson or Wilson, a pauper and that the said Elizabeth Dickson or Wilson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She is very restless and excitable & her facial expression indicates mental disorder, she violent at times

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her daughter informs me that she has several times been an inmate of the Southern Counties asylum, Her conduct has during the last week outrageous

Name and Medical Designation, J Hunter Dryden SRCP

Place of Abode, 45 Buccleuch St D[illegible]

DATED this 25th day of April One thousand eight hundred and 82 years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr
being a (2) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Lilly Vale Cottage Collin in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dickson or Wilson a pauper and that the said Elizabeth Dickson or Wilson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is Excited Irritable. Talking almost incoherently. Demented

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

She has been a patient in an Asylum before

Name and Medical Designation, W S. Kerr M D

Place of Abode, Dumfries

DATED this 25th day of April One thousand eight hundred and Eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate of the Colleges of Physicians Surgeons Edr. hereby certify, on soul and conscience, that I have this day, at (2) Lilly valle Cottage in the County of Dumfries, seen and personally examined Elizabeth Dickson or Wilson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Hunter Dryden
L.R.C.P. & S.E.

DATED this 25th day of April One thousand eight hundred and 82 years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Norman Mackerson (1) Sheriff of ~~the~~ (2) Dumfries and Galloway having had produced to me, with a Petition at the instance of (3) John Hamilton Inspector of Poor Torthorwald Certificates under the hands of James Hunter Dryden and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Dickson or Wilson Housekeeper Collin a Pauper and that the said Elizabeth Dickson or Wilson is a (5) person of unsound mind and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Dickson or Wilson as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this Twenty fifth day of April One thousand eight hundred and eighty two

Norman Mackerson

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.

2

550

Elizabeth Dickson or Wilson

25th April

1882

7152

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY SCOTLAND 28 APR 82

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James Reilly Inspector of the Parish of Irvine being desirous to transfer Peter Wilkie McCulloch at present a Patient in St Cuthbert's Combination Asylum (1) at Edinburgh, detained at the instance of James Craig, Inspector of Poor of said Combination 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 Peter Wilkie McCulloch 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 Reilly

Inspector of the Parish of Irvine

DATED at Stranraer this thirty fifth day of April One thousand eight hundred and eighty two.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Peter Wilkie McCulloch
2. Sex and Age,	male, 21
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Mason
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	22 Feby 1882
7. Length of time Insane,	From that date
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	"
10. Duration of existing Attack,	from 22 Feby last
11. Supposed Cause,	Religious melancholy
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,	Irvine
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Father James McCulloch Glenjorrie Lochrin Glenluce

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) James Reilly

DATED this thirty fifth day of April One thousand eight hundred and eighty two.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

2
551
Peter Wither McCulloch
1st May
1882

(1) State Medical Qualification.
(2) Name Asylum.

MEDICAL CERTIFICATE.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians hereby certify that I have this day at (2) the Royal Edinburgh Asylum personally examined Peter Wither McCulloch at present Patient in said Asylum, and with respect to his Mental State that he is in whom it restless Sleepless and dirty in his habits.

; and with respect to his Bodily Health and Condition that they are weakly

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

T. S. Clouston
F. R.

DATED this 25 day of April One thousand eight hundred and 82.

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) the Inspector of Poor, Inch to authorize the transfer of Peter Wither McCulloch from Edinburgh Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Peter Wither McCulloch as requested.

(2) valid for 14 days from date

[signature] Commissioner.

DATED at Edinburgh, this 28th day of April One thousand eight hundred and 82.

Date of Sheriff's Order:—
24th February 18[illegible]

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) The Sheriffe ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Lilliesgrave 15 South View Heaton-Newcastle-on-Tyne humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Ann Musgrave ——

(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 Ann Musgrave —— to the Crichton Royal Institution —— and to sanction her admission into the said Asylum.

L Musgrave

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Second (4) day of May —— One thousand eight hundred and Eighty Two -

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Ann Musgrave
2. Sex and Age,	Female 39
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	household work
5. Religious Persuasion, so far as known,	presbyterian
6. Previous Place of Abode,	Newcastle 15 So View Heaton
7. Place where Found and Examined,	Newcastle
8. Length of time Insane,	15 Months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	39
11. When and where previously under Examination and Treatment,	first attack
12. Duration of Existing Attack,	15 Months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Melancholice but never attempted Suicide
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,	Simon Musgrave 15 South View Heaton, Newcastle-on-Tyne, 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 Second day of May —— One thousand eight hundred and Eighty Two

(*To be signed by Party applying*) L Musgrave

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow, and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Ann Musgrave Housewife, 15 South View, Heaton, Newcastle-on-Tyne and that the said Elizabeth Ann Musgrave is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her depressed and melancholic appearance: says she feels very low spirits so much so that she cannot attend to her house and family as formerly; is restless, and sleeps badly; fancies some calamity is about to happen; and other similar morbid fancies.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by her husband, Simon Musgrave, that she has been in a very depressed state for some time; that she believes everything is going wrong; that she is quite changed in her habits; that she is restless at night, and cannot attend to her duties as formerly.

Name and Medical Designation, Alex. Thomson M.D.

Place of Abode, Castle St. Dumfries

DATED this Second day of May One thousand eight hundred and Eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Ann Musgrave, Housewife, 15 South View, Heaton, New Castle on Tyne and that the said Elizabeth Ann Musgrave is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She imagines that she is lost both soul and body & she has occasionally destructive impulses.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham L.R.C.P.

Place of Abode 25 Castle Street, Dumfries

DATED this Second day of May One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Alexander Thomson being (1) a Doctor of Medicine of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Elizabeth Ann Musgrave, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson M.D.

DATED this Second day of May. One thousand eight hundred and Eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Simon Musgrave, 15 South View Heaton Newcastle on Tyne. Certificates under the hands of Alexander Thomson and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Ann Musgrave 15 South View Heaton Newcastle on Tyne and that the said Elizabeth Ann Musgrave, is a (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 Ann Musgrave, as a Patient into the (6) Public Asylum of Crichton Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Ann Musgrave, which accompanied the said Petition.

DATED this Third day of May, One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution. Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1750
Elizabetha Ann Musgrave
2nd May
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway and his Substitutes, for the time being

The Petition of James McMurray former Port Hospital Maryhill

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McMurray

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Son

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John McMurray to the Crichton Royal Institution and to sanction his admission into the said Asylum.

James McMurray

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (4) day of May One thousand eight hundred and eighty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John McMurray
2. Sex and Age,	Thirty years & Six Months
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gardening
5. Religious Persuasion, so far as known,	Free Church.
6. Previous Place of Abode,	Port Hospital
7. Place where Found and Examined,	Do
8. Length of time Insane,	one year
9. Whether First Attack,	~~first~~ Second
10. Age (if known) on First Attack,	29 Years
11. When and where previously under Examination and Treatment,	Crichton Institution
12. Duration of Existing Attack,	Yes
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	not since he came home
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Hamilton~~
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James McMurray Port Hospital 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 Second day of May One thousand eight hundred and eighty two

(*To be signed by Party applying*) James McMurray

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Easton being a (1) Doctor of medicine & Licentiate of the College of Surgeons Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Porto Spital Portpatrick Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) John McMurray residing at Portospittal with his father James McMurray and the said John McMurray is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very restless, eyes moving constantly from one object to another, but never looks fare. Answers questions very abruptly by yes or no, and often refuses to at all. Blames his mother for putting a beast into his stomach, that country round betrays him. That the people have an ill feeling him. He wants out of the country. At this moment he is very and silent. Opt and refuses food &c &c He seems to take no interest

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father James McMurray says his nature is changed very cross & stubborn with his parents, that he blames his mother putting a beast in his stomach & is often angry with her on that account. That he is very restless moves constantly from one house to another, wishes to go to sea & be with strangers, wanders about the hills & rocks only without any object in view. Answers questions abruptly or not. Takes no interest in any thing, when contradicted he is very angry & excited looking. Jumps on board vessels when he has a chance

Name and Medical Designation, David Easton

Place of Abode, Stranraer

DATED this second day of May One thousand eight hundred and Eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians and a Licentiate of the Society of Physicians & Surgeons and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 68 George Stranraer, Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) John McMurray, farming Port o'Spittal, Stoneyfirk and the said John McMurray is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Quite restless and answers questions in a very abrupt manner. At times looks at you as if he suspected you were going to do him an injury. Says he could work at home but would be quite bit for it out of

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) McMcCracken who is in charge of him says that a few days ago John McMurray asked Dr Easton to [illegible] him open as he was certain there was a beast in [illegible] wide. His father says he is continually wasting [illegible] and never at rest. Says he could work if he were [illegible] America. Wasting himself & changing his clothing frequently during the day.

Name and Medical Designation, Hugh Cochrane SRCPSA LFB

Place of Abode Stranraer.

DATED this Third day of May One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James McMurray farmer Port o Spittal Stoneykirk
Certificates under the hands of David Easton Doctor of Medicine
and Hugh Cochrane Surgeon both in Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John McMurray son of the said James McMurray and that the said
John McMurray is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John McMurray as a Patient into the (6) public Asylum of Crichton Royal Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McMurray which accompanied the said Petition.

DATED this fourth day of May One thousand eight hundred and eighty two

P MacLean Sheriff Substitute

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.

1751

John McMurray

5th May

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries ~~of~~ and Galloway *and his Substitutes,*—

The Petition of Jane Hannah, Lochroan, Crossmichael,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Hannah 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 Samuel Hannah to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Jane Hannah

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certifications.

DATED this Fifth (4) day of May One thousand eight hundred and eighty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Samuel Hannah
2. Sex and Age,	Male – 67 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Lochroan Crossmichael
7. Place where Found and Examined,	Lochroan
8. Length of time Insane,	Three or four days
9. Whether First Attack,	First
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Four days
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No far as seen yet
15. Whether Suicidal,	Only violent and threatening in his language
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,	Agnes Hannah Lochroan Farm Crossmichael
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of May One thousand eight hundred and eighty two

(*To be signed by Party applying*) Jane Hannah

P. p.

MEDICAL CERTIFICATE, No. I.

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) Hob Roan in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Samuel Hannah / Farmer and that the said Samuel Hannah is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He talks incessantly & insanely - He is outrageous when I attempted to control him. - He labours under delusion about the number of his household particularly his wife

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The folks about him say that he is constantly on the move keeping none tranquil to leave - He got out naked to the stable where his clothes had to be taken when

Name and Medical Designation, Walter Lorraine M.B.

Place of Abode, Castle Douglas

DATED this 4th day of May One thousand eight hundred and eighty two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of the University of Glasgow and Surgeon
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution — in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Samuel Hannah Farmer, Lochroan, Crossmichael and that the said Samuel Hannah is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Talked to me in a very incoherent and rambling manner about various matters connected with his household & family; and then rushed down and began raving -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) - Told by Samuel Breconridge, Farmer and near neighbour - That he has been going about the Farm half naked, with a cloth on his head, talking incoherently, and muttering to himself in an unusual manner, and quite different from his usual state; and then for getting all about them; that he is strong built and has a large frame, and strikes all over the ground with a carving

Name and Medical Designation, Alex Thomson M.D.

Place of Abode Castle Street. Dumfries

DATED this Fifth - day of May. One thousand eight hundred and Eighty two years -

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Walter Lorraine.
being (1) Graduate of Edin: Univer
hereby certify, on soul and conscience, that I have this day, at (2) Loch Roan
in the County of Kirkcudbright, seen and personally examined
Samuel Hannah Farmer, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Walter Lorraine M.D.

DATED this 4th day of May One thousand eight hundred and eighty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw Honorary (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Jane Hannah Lochroan, Crossmichael,
~~Certificates under the hands of Walter 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 (4) Samuel Hannah, Lochroan, Crossmichael, Schoolfather, and that the said Samuel Hannah is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel Hannah as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Samuel Hannah which accompanied the said Petition.

DATED this sixth day of May One thousand eight hundred and eighty two years.

Geo Whitelaw

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.

1752
Samuel Hannah
5th May
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries *Sheriff 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 Thomas Armstrong Rowend Canonbie your Petitioner's (3) A pauper chargable to the Parish of which I am Inspector is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Armstrong to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Rowland Reed

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Fourth (4) day of May One thousand eight hundred and eightytwo.

STATEMENT.

If any 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 Armstrong
2. Sex and Age,	Male, 23 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Working man's son — none
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rowend Canonbie
7. Place where Found and Examined,	
8. Length of time Insane,	Congenital
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Has never been under treatment
12. Duration of existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	At times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Canonbie
18. Date of becoming Chargeable,	1st May 1882
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Armstrong Rowend Canonbie, Father. Two Sisters and one 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 Fourth day of May One thousand eight hundred and eightytwo

(*To be signed by Party applying*) Rowland Reed

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Rae Anderson being a (1) Doctor of Medicine and Licentiate of the Faculty of Physicians & Surgeons. Glasgow. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rowenc in the Parish of Canonbie in the County Dumfries separately from any other Medical Practitio visited and personally examined (4) Thomas Armstrong. Pauper Rowend. Canonbie and the said Thomas Armstrong is a (5) Idiot and a proper person to be detai under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He can only utter monosyllables & certain cries, his cou is vacant and he is quite void of the faculty of reason

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) George Armstrong (his father) & Mrs Warwick Rawen State similar facts to above. They say he cannot put on his clothes but is easily managed & clean in habits. That he about the fields and runs after the sheep & cattle stones &c at them with the object of getting them to run

Name and Medical Designation, James Rae Anderson

Place of Abode, Eskbank, Canonbie

DATED this fourth day of May One thousand ei hundred and eighty two —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Johnstone Carlyle being a (1) Graduate of the University of Edinburgh and Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rowence in the Parish of Canonbie in the County Dumfries separately from any other Medical Practitio visited and personally examined (4) Thomas Armstrong Pauper, Rowence, Canonbie and the said Thomas Armstrong is a (5) Idiot and a proper person to be detai under Care and Treatment, and that I have formed this opinion upon the followi grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is nearly a complete Imbecile — He can only utter in a new, indistinct manner a monosyll which he can understand — He is quite harmless

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father George Armstrong states that he has always been so from Infancy — His mind seems a blank

Name and Medical Designation, W. J. Carlyle M. D.

Place of Abode, Surgeon

DATED this 4th day of May One thousand eig hundred and 82

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Rowland Reed. Inspector of Poor. Canonbie.
Certificates under the hands of James Rae Anderson.
and William Johnstone Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Armstrong. Rowend. Canonbie. (a pauper) and that the said Thomas Armstrong is an (5) idiot,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Armstrong as a Patient into the (6) Public Asylum of Southern Counties and I authorize you — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Armstrong — which accompanied the said Petition.

DATED this fifth day of ~~April~~ May — One thousand eight hundred and eighty two years. One word deleted.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties. Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

352

Thomas Armstrong

6th May

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~
of Dumfries & Galloway *and his Substitutes,—*

The Petition of John C. Boyce, Ravenston Cottage, Whithorn.
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Cecilia Boyce
(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.
your Petitioner's (3) Daughter
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Cecilia Boyce to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

~~Tenth (4) [illegible]~~ John C. Boyce.

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this ~~[illegible]~~ (4) day of May One thousand eight hundred and eighty ~~[illegible]~~ two (82)

STATEMENT.

If any 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 Cecilia Boyce.
2. Sex and Age,	Female: 23 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Daughter of a Clergyman.
5. Religious Persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	Ravenstone Cottage, Whithorn
7. Place where Found and Examined,	Ravenstone Cottage.
8. Length of time Insane,	Nearly two years.
9. Whether first Attack,	No.
10. Age (if known) on first Attack,	No.
11. When and where previously under Examination and Treatment,	At the Crichton Royal Institution, Dumfries.
12. Duration of existing Attack,	Intermittently for some months.
13. Supposed Cause,	Too much mental excitability, and insomnia.
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,	Rev. John C. Boyce, Ravenstone Cottage, Whithorn: her father. One brother is [illegible] imbecile.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this ninth day of May One thousand eight hundred and eighty two.

(*To be signed by Party applying*) John C. Boyce. *

P. p

* Present confined to his bed with severe illness.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Charles Douglas being a (1) Doctor in Medicine of Glasgow University & Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Chaplain's Cottage, Ravenston, Parish of Glasserton in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mary Cecilia Boyce, Daughter of the Revd Mr Boyce, Chaplain's Cottage, Ravenston and that the said Mary Cecilia Boyce is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Wild look, cannot settle or contents herself, will only speak when addressed does not sleep at night, is very outrageous at times & offensive in speech.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Revd John C. Boyce, her father says she is very outrageous at times, imagines the most foolish things & her conversation is very unbecoming & quite unlike her usual

Name and Medical Designation, John C. Douglas M.D., L.R.C.

Place of Abode, St Nicholas, Whithorn

DATED this Eighth day of May One thousand eight hundred and eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh, and of the Faculty of Physicians and Surgeons, Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Cecilia Boyce, daughter of the Revd Mr Boyce, Chaplain's Cottage, Ravenston, and that the said Mary Cecilia Boyce is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a vacant appearance of the countenance, is listless and melancholy.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He brother informs me that she was under treatment in the Crichton Royal Institution sometime ago

Name and Medical Designation, Hugh Cunningham L.R.C.

Place of Abode, 25 Castle Street, Dumfries

DATED this tenth day of May One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Charles Douglas
being (1) a Graduate in Medicine &c.
hereby certify, on soul and conscience, that I have this day, at (2) Ravenstone
in the County of Wigtown, seen and personally examined
Mary Cecilia Boyce, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John C. Douglas M.D.

DATED this Ninth day of May One thousand eight hundred and eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John C. Boyce, Ravenstone Cottage, Whithorn,
Certificates under the hands of John Charles Douglas,
and Hugh Cunningham; being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Cecilia Boyce, Ravenstone Cottage, Whithorn (Rev. Daughter) and that the said Mary Cecilia Boyce, is a (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 Cecilia Boyce as a Patient into the (6) Public Asylum of Crichton Royal Institution ~~and~~ I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Cecilia Boyce which accompanied the said Petition.

DATED this Twelfth day of May One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1953
Mary Cecilia Boyce
10th Day
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of Dumfriesshire and of Galloway — *and his Substitutes.*

The Petition of John Young Inspector of Poor of Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Scott being a person with not known means of support and for whose relief application has been made Pauper

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Scott to the Southern Counties Asylum near Dumfries and to sanction his admission into the said Asylum.

John Young

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twelfth (3) day of May One thousand eight hundred and eighty two years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Scott
2. Sex and Age,	Male. 38 next birthday
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Agricultural Labourer formerly Sailor or Seaman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Annan
7. Place where Found and Examined,	Cummertrees village
8. Length of time Insane,	4 days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	35 years
11. When and where previously under Examination and Treatment,	In Annan
12. Duration of Existing Attack,	4 days.
13. Supposed Cause,	~~not known~~
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Not a pauper~~ Cummertrees.
18. Date of becoming Chargeable,	12th May. 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Scott. Shoemaker Cummertrees. Gilbert his brother has been subject to epileptic seizures —
20. Special circumstances (if any) preventing the 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 May One thousand eight hundred and Eighty Two

(*To be signed by Party applying*) John Young P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, R Baillie Mackean 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) Cummertrees Village in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Scott and that the said James Scott is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I have been seen the said James Scott for years. He has been subject to intermittent attacks of melancholy with delusions — & is now so. He is always a [illegible] of very weak nervous power — morose —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible]ness. Shouting & singing through the night threatens after kicking his sister in law, to [illegible] her seriously

Name and Medical Designation, R Baillie Mackean M.B., C.M.

Place of Abode, Annan

DATED this twelfth day of May One thousand eight hundred and eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Daniel Mackenzie 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) Cummertrees Village in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Scott, and that the said James Scott is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions about ordinary subjects, — incapability to fix his mind on any matter continuously.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Incapacity for any work. Delusions about money, friends, occupations &c.

Name and Medical Designation, D. Mackenzie, M.B. & C.M.

Place of Abode Annan.

DATED this twelfth day of May One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, R Baillie Macbean being (1) physician Surgeon in Annan hereby certify, on soul and conscience, that I have this day, at (2) Cummertrees in the County of Dumfries, seen and personally examined James Scott, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

R Baillie Macbean

DATED this twelfth day of May One thousand eight hundred and eighty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Irving, Inspector of Poor, Cummertrees Certificates under the hands of R. Baillie Macbean 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) James Scott, Labourer, Cummertrees Village (5) and that the said James Scott, is a (6) 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 James Scott as a Patient into the (6) Public Asylum of Southern Counties, and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Scott which accompanied the said Petition.

DATED this Nineteenth day of May, One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
553
James Scott
12th May
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) ~~the Sheriff of the Shire~~ *of* Dumfries & Galloway *Substitutes,—*

~~The~~ Petition of Isaac E. Brownigg Fox Cottage Hatterdale End Penrith.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~his~~ Hannah Bennett

(2) State degree of relationship or other society in which Petitioner stands to Lunatic.

your Petitioner's (2) Sister, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hannah Bennett to the Crichton Royal Institution, ~~to sanction her~~ admission into the said Asylum.

Isaac E. Brownigg.

(3) The date of the petition must be with- fourteen clear days following the dates of the Medical Certificates.

DATED this seventeenth (3) day of May — One thousand eight hundred and eighty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hannah Bennett,
2. Sex and Age,	female thirty two years
3. Married, Single, or Widowed,	Married,
4. Condition of Life, and previous Occupation (if any),	at Home with Parents.
5. Religious Persuasion, so far as known,	Wesleyan,
6. Previous Place of Abode,	Found at Hay Cottage
7. Place where Found and Examined,	Eskdale Dumfries
8. Length of time Insane,	about four years
9. Whether First Attack,	2 years
10. Age (if known) on First Attack,	Mornings side Asylum,
11. When and where previously under Examination and Treatment,	2 years
12. Duration of Existing Attack,	leaving Home to be married.
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Isaac Brownigg Father Fox Cottage Hatterdale End. Penrith.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this seventeenth day of May — One thousand eight hundred and eighty two.

(*To be signed by Party applying*) Isaac E. Brownigg

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, being a (1) Alexander Thomson — Doctor of Medicine of the University of Edinburgh and Surgeon — and being in actual practice as a (2) Physician and Surgeon — hereby certify, on soul and conscience, that I have this day, at (3) 27 Nearest Street, Dumfries — Dumfries — in the County separately from any other Medical Practitioner visited and personally examined (4) Hannah Bennett, Toss Cottage, Matterdale, Cumberland and the said Hannah Bennett is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Thinks she is hurt when in bed at night: that the bed is often poisoned with Chloroform & that she requires to watch all night: in order to prevent this being done.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by Mrs Brownrigg, her Sister in Law — that she has many delusions, about being hurt &c: and that she has been under treatment formerly in an Asylum

Name and Medical Designation, Alex Thomson M

Place of Abode, 27 St Dumfries

DATED this Seventeenth day of May One thousand eight hundred and Eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University &c and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Hannah Bennett. Toss Cottage Matterdale, Cumberland and the said Hannah Bennett is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks about unfriendly — Has decided delusions about Dr A of Morningside Edinburgh (where she has been a patient) others, She is excited, restless, knowing &c Mania

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She says herself she was a patient in that asylum.

Name and Medical Designation, W. S. Kerr M.D.

Place of Abode Dumfries

DATED this 14th day of May One thousand eight hundred and Eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson being (1) a doctor of medicine hereby certify, on soul and conscience, that I have this day, at (2) Lewis Street in the County of Dumfries, seen and personally examined Mrs. Hannah Bennett, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson MD

DATED this seventeenth day of May One thousand eight hundred and Eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Isaac T. Brownrigg Fox Cottage Wallerdale Edinburgh Parish, Certificates under the hands of Alexander Thomson and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Hannah Bennett Fox Cottage Wallerdale Edinburgh and that the said Hannah Bennett, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hannah Bennett, 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 Hannah Bennett which accompanied the said Petition.

DATED this Eighteenth day of May One thousand eight hundred and eighty two. Two words deleted.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1754
Hannah Bennett
14th May
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~this~~ (2) Dumfries & Galloway *and his Substitutes,—*

The Petition of Thomas Green Park Road Newcastle on Tyne The Villas Clayton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Fanny Green

(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 Fanny Green to the Crichton Royal Institution and to sanction her admission into the said Asylum.

Thomas Green

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (4) day of May One thousand eight hundred and eighty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Fanny Green
2. Sex and Age,	Female 40 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Merchants wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	Found at Newcastle. Examined at Dumfries.
8. Length of time Insane,	6 months
9. Whether First Attack,	No
10. Age (if known) on First Attack,	About 38 years
11. When and where previously under Examination and Treatment,	Dinsdale Park Darlington
12. Duration of Existing Attack,	6 months
13. Supposed Cause,	Loss of her mother by death
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	T. W. Challoner (her Father) Leazes crescent Newcastle on Tyne
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 May One thousand eight hundred and eighty two

(*To be signed by Party applying*) Thomas Green

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh Univ
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle
Dumfries
Dumfries in the Coun
separately from any other Medical Practitio
visited and personally examined (4) Fanny Green. Merchants
the Willows. Clayton Park Road. Newcastle upon
the said Fanny Green is a (5) person
of unsound mind and a proper person to be deta
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her wild
Maniacal appearance. rambling incohere
of speech & violent expressions & actions,

(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, 14 Castle St Dum

DATED this twenty third day of May One thousand ei
hundred and eighty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Thomson -
being a (1) Doctor of Medicine of the University
of Glasgow and Surgeon -
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The
Corbelton Royal Institution, Dumfries in the County
Dumfries - separately from any other Medical Practition
visited and personally examined (4) Fanny Green, Merchants wi
The Willows, Clayton Park Road, Newcastle-upon-Tyne and t
the said Fanny Green - is a (5) Person
of Unsound mind - and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her wild
maniacal appearance, and raving, noisy,
incoherent utterances.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by the Attendants, in the Institution
that she had been noisy, excited, and ra
for the few hours she had been

Name and Medical Designation, Alex. Thomson M
Place of Abode Castle St - Dumfries

DATED this Twenty third day of May - One thousand eigh
hundred and Eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries
in the County of Dumfries, seen and personally examined
Fanny Green, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD

DATED this Twenty third day of May. One thousand eight hundred and eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Sandys Maxwell Honorary Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Green
the Willows, Clayton Park Road Newcastle-upon-Tyne,
Certificates under the hands of John Smith,
and Alexander Thomson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Fanny Green, the Willows aforesaid (Petitioner's wife) and that the said Fanny Green, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Fanny Green as a Patient into the (6) Public Asylum of Crichton Royal Institution, and authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Fanny Green, which accompanied the said Petition.

DATED this Twenty fourth day of May One thousand eight hundred and eighty two years.

W S Maxwell

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1755

Hanny Green

23rd May

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McDonnes, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Saddler, ——— your Petitioner's (3) Lunatic, ———

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Saddler, ——— to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Miles McDonnes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (4) day of May One thousand eight hundred and Eighty two years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Saddler
2. Sex and Age,	Male 42 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous occupation (if any),	Married, a Saddler
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	~~Castle Douglas~~ 4 Burns Strut Dumfries
7. Place where Found and Examined,	4 Burns Strut Dumfries
8. Length of time Insane,	a few days
9. Whether first Attack,	Third Attack
10. Age (if known) on first Attack,	33 years
11. When and where previously under Examination and Treatment,	S. C. Asylum Dumfries, April 1880
12. Duration of existing Attack,	A few days
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	24 May 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Kirtle wife 4 Burns Strut Dfs 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 Fourth day of May One thousand eight hundred and Eighty two Years

(To be Signed by Party applying)

Miles McDonnes
Supt. of Poor Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the faculty of Physicians and Surgeons Glasgow and Colleges of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 4 Burns's Street in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Saddler (a pauper) and that the said John Saddler is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently. Is in a state of melancholy delirium owing to not receiving any comfort from his bible

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he never rests by night or day Roams about all the time in a [illegible] of nudity

Name and Medical Designation, Wm Marshall M.D. &c

Place of Abode, Buccleuch St Dumfries

DATED this 24th day of May One thousand eight hundred and eight two years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 4 Burns St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Saddler. a pauper and that the said John Saddler is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His restless insane appearance & muttering incoherent speech. Tells me that he is in constant fear something serious will happen to him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he is restless continually & requires constant watch

Name and Medical Designation, John Smith MD &c

Place of Abode, 14 Castle St Dumfries

DATED this 24th day of May One thousand eight hundred and 82 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Marshall, M.D. Edin. & Ed. Lond.
being (1) a Graduate of the Faculty of Physicians and Surgeons Act
hereby certify, on soul and conscience, that I have this day, at (2) 4 Burns's Hotel Dumfries
in the County of Dumfries, seen and personally examined John Saddler, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Marshall M.D.

Dated this 24th day of May One thousand eight hundred and eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) Miles McInnes
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and John Smith being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Saddler, Burns Street, Dumfries, (a Pauper) and that the said John Saddler is a (5) Lunatic, and a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Saddler as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Saddler, which accompanied the said Petition.

Dated this twenty sixth day of May One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of
Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
334

John Saddler

24th May

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,*—

The Petition of Jas Ferenson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Ferenson 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 Ferenson 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.

Jas Ferenson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 30 (4) day of May One thousand eight hundred and ~~Eighty~~ Two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Christal or Ferenson
2. Sex and Age,	Female 47
3. Married, Single, or Widowed,	Housewife
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Kirkendright
6. Previous Place of Abode,	do
7. Place where Found and Examined,	Off & on 4 Years
8. Length of time Insane,	No
9. Whether First Attack,	43
10. Age (if known) on First Attack,	Crichton
11. When and where previously under Examination and Treatment,	4 months
12. Duration of Existing Attack,	Change of Life
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Husband
18. Date of becoming Chargeable,	Jas Ferenson
19. Christian Name and Surname, and Place of Abode of nearest known 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 3 St. Cuthbert Street Kirkendright
20. Special circumstances (if any) preventing the 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 May One thousand eight hundred and 82

(*To be signed by Party applying*) Jas Ferenson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Johnstone
being a (1) M.D. Edin.

and being in actual practice as a (2) physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Castle Street
Kirkcudbright in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Mrs Ferguson
and that
the said Mrs 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That she is
subject of various delusions - varying
time to time - her present delusion is
nature, that she would be a martyr to Neurs
if she did not go about in a half nude stat

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That she will make her Escape to the
in a half naked condition when she c
get the chance of doing so. &c

Name and Medical Designation, Wm Johnstone M

Place of Abode, Kirkcudbright

DATED this 29th day of May One thousand eight
hundred and Eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James M. McCulloch, M.D. &c
being a (1) Graduate of the University of Edinburgh

and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle Str
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Elizabeth Ferguson
and that
the said Mrs Elizabeth 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has the idea th
when she has toothache or other pain she should strip nake
almost naked & go out in public, that boiling water is cold &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
When in pain she does strip naked or almost naked &
out publicly or sits out publicly; insists that boiling w
is cold &c &c

Name and Medical Designation, James M. McCulloch, M.D. &c

Place of Abode 16 Castle Street, Dumfries

DATED this Twentieth day of May One thousand eight
hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Ferguson
No. 3 St. Cuthbert Street Kirkcudbright
Certificates under the hands of William Johnstone and James M. M'Culloch, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Elizabeth Ferguson and that the said
Elizabeth Ferguson is a (5) person of unsound mind;
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Ferguson as a Patient into the (6) Private Asylum of the Crichton Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Ferguson which accompanied the said Petition.

DATED this 31st day of May One thousand eight hundred and eighty-two

David Boyle Hope

To the Superintendent of the (7) Private
Asylum of the Crichton Royal Institution

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1757
Elizabeth Christal
or Ferguson
30th May
1882

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1) J

was received into this House as a (2)
Patient on the (3) day of
and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

Superintendent.

DATED at this (4) day of
One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (5) seen and personally examined
the Patient named in the above Notice,
and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (7)

(8)

DATED this day of One thousand eight hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

~~(Copies.)~~

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries & Gallo[illegible]

~~of~~ ~~and his Substitutes,~~

The Petition of Christopher Pringle Richardson Inspector of Poor of Kelton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Comline 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 Comline to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

C R Richardson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirtieth (4) day of May One thousand eight hundred and Eighty two years. Four words delete

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Comline
2. Sex and Age,	Male, 52
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Bus driver
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	St. Andrew Street Castle Douglas
8. Length of time Insane,	within 24 hours.
9. Whether First Attack,	No
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Dumfries Asylum
12. Duration of Existing Attack,	About 24 ~~months~~ hours.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not known
16. Whether Dangerous to others,	"
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton
18. Date of becoming Chargeable,	Today
19. Christian Name and Surname, and Place of Abode of nearest known 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 Comline, wife. St. Andrew Street, Castle Douglas
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of May One thousand eight hundred and Eighty[illegible]

(*To be signed by the Party applying*) C R Richardson

(~~Copies.~~)

MEDICAL CERTIFICATE, No. I.

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) St Andrews St Castle Douglas in the County of Kirkcudbright — separately from any other Medical Practitioner, visited and personally examined (4) James Comlyne Pauper and that the said James Comlyne is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)

(6) *State the facts.*

He gets into state of maniacal excitement talking & gesticulating violently - He talks in a rambling fashion about absurd matters

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

His wife has noticed for a few days night that he did not sleep & kept much & seemed low & melancholy

Name and Medical Designation, Walter Lorraine MD

Place of Abode, Castle Douglas

DATED this 30th day of May One thousand eight hundred and Eighty two

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Nivison
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) St Andrew St Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Comlyne, Pauper and that the said James Comlyne is a (5) person of unsound mind 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.*

On being spoken to he becomes excited and talks and gesticulates violently. fits of excitement alternating with fits of crying - In talking mixes up people & things in a rambling manner.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

His wife says that two days ago he seemed low in spirits, and last night he became violent in his manner, was sleepless & cried a good deal

Name and Medical Designation, John Nivison M.B. & C.M.

Place of Abode Castle Douglas

DATED this 30th day of May One thousand eight hundred and Eighty two —

(Copies.)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson Esquire (1) Sheriff-Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Christopher Bruce Richardson Certificates under the hands of Walter Browne and John Nivison, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Coulins. Pauper and that the said James Coulins is a (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 Coulins as a Patient into the (6) Dumfries & Galloway 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 Coulins which accompanied the said Petition.

DATED this thirty first day of May One thousand eight hundred and eighty two.

Alex. Nicolson

To the Superintendent of the (7) Dumfries & Galloway
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ (2) of Dumfries & Galloway *and his Substitutes,*—

Cere, Penrith The Petition of John Porter, Harvey Hutton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Dinah Nicholson your Petitioner's (3) Aunt is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Dinah Nicholson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

John Porter

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Third (4) day of June One thousand eight hundred and Eighty Two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Dinah Nicholson
2. Sex and Age,	Female Sixty four
3. Married, Single, or Widowed,	widow
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Penruddock, Penrith
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	3 years
9. Whether First Attack,	not known
10. Age (if known) on First Attack,	61 years
11. When and where previously under Examination and Treatment,	no where
12. Duration of Existing Attack,	8 years
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Sister Mary Robinson Motherby Greystoke Penrith
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third day of June One thousand eight hundred and Eighty two

(*To be signed by Party applying*) John Porter

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Ferguson
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle
Dumfries in the Cou
Dumfries separately from any other Medical Practit
visited and personally examined (4) Dinah Nicholson
and
the said Dinah Nicholson is a (5) person
unsound mind and a proper Person to be det
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She is ~~[illegible]~~ excited noisy & talkat
She says her neighbours have bewitched her leg
tried to bewitch her head — Also that she is be
with Queen Victoria who has made her President of Egyp
the East & West Indies —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By her nephew — That she fancies her ne
try to do her harm & to bewitch her —
By Police Constable Thomas Nicolson — That she
very noisy & troublesome

Name and Medical Designation, } Thomas Ferguson Jr

Place of Abode, 22 Castle St Dumfr

DATED this third day of June One thousand
hundred and eighty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle
Dumfries in the Count
Dumfries separately from any other Medical Practitio
visited and personally examined (4) Dinah Nicholson
and t
the said Dinah Nicholson is a (5) person
unsound mind and a proper person to be detei
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is easily
excited inclined to talk much — She says
leg is her only complaint and that it is bewitch
Says that Queen Victoria is a friend of hers as als
is asked to go to Egypt

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her niece says — that she has told her of
Victoria visiting her occasionally — also
She has been restless and noisy of late

Name and Medical Designation, } Richard B. Lorraine
Mb

Place of Abode 2 Irving Street Dum

DATED this third day of June One thousand eig
hundred and eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the Detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Ferguson being (1) a Graduate of Edinr University hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St Dumfries in the County of Dumfries, Dinah Nicholson, seen and personally examined, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Ferguson MB &c.

DATED this third day of June One thousand eight hundred and eighty two.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Porter, Farmer, Stutton Dodge, Penrith, Certificates under the hands of Thomas Ferguson 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) Dinah Nicholson Widow Pennsylvania, Penrith (Pers amnts) and that the said Dinah Nicholson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Dinah Nicholson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Dinah Nicholson which accompanied the said Petition.

DATED this Fifth day of June One thousand eight hundred and eighty two years.

David Boyle Stope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Diuah Nicholson
3rd June
1882

(a) I, C. D., a justice of the [illegible] for the county, city, or [illegible] of ——, or in the case of justices or of a clergyman [illegible] relieving officer or overseer, [illegible] C. D. and E. F.

(b) Physician or surgeon or apothecary, as the case may be.

(c) Lunatic, or an idiot, or a [illegible] of unsound mind.

(d) Add where the lunatic is [illegible] as being wandering at large, [illegible] words wandering at large, and [illegible] the case of a lunatic sent by [illegible] of the authority given to [illegible] justices, add not under proper [illegible] and control, or and is cruelly [illegible] and [or neglected] by the person [illegible] the care or charge of him, [illegible] any appear to the justices to [illegible] the case.

(e) Where the order directs the [illegible] to be received into any [illegible] other than an asylum of [illegible] county or borough in which [illegible] parish or place from which [illegible] lunatic is sent is situate, or [illegible] a registered hospital or licensed house, it should state that [illegible] justice or justices, or other [illegible] making the order, is or [illegible] satisfied that there is no asylum of such county or borough, [illegible] that the asylum or asylums [illegible] of is or are full; or (as the [illegible] may require) the special circumstances by reason whereof the [illegible] cannot conveniently be [illegible] to an asylum for such first-mentioned county or borough.

(f) Asylum or hospital, or [illegible].

(g) Justices of the peace for the [illegible] or borough of ——; or an [illegible] officiating clergyman of the [illegible] of ——. To be signed by [illegible] justices where required by the [illegible] Act.

(h) The relieving officer of the [illegible] or parish of ——, or an [illegible] of the parish of ——.

(i) Superintendent of the asylum [illegible] county of ——, or the [illegible] hospital of ——, or proprietor [illegible] licensed house of ——, [illegible] the asylum, hospital, or [illegible].

ORDER FOR THE RECEPTION OF A ~~PAUPER~~ Lunatic PATIENT.

Sched. (F.) No. 1.

(a) We the Rev^d. D. M. Schmitzberg and Joseph Barker Esq. Justices of the Peace for the County of Cumberland ~~the undersigned~~, having called to on Assistance a (b) Physician and having personally examined Dinah Nicholson ~~a Pauper~~, and being satisfied that the said Dinah Nicholson is a (c) Lunatic (d) not under proper care and control — and a proper person to be taken charge of and detained under Care and Treatment, (e) and we being satisfied that the Asylum for the County of Cumberland is full hereby direct you to receive the said Dinah Nicholson as a Patient into your (f) Asylum

Subjoined is a Statement respecting the said

Signed, Name (g) D. M. Schmitzberg
Joseph Barker.

Name (h)

Dated the third Day of June One Thousand Eight Hundred and ~~Seventy~~ Eighty two

To The Superintendent of the Asylum
(i) at Dumfries in Scotland

STATEMENT.

If any Particulars in this Statement be not known, the Fact to be so stated.

Name of Patient, and Christian Name at length	Dinah Nicholson
Sex and Age	Female. Sixty four
Married, Single, or Widowed	Widow
Condition of Life, and previous Occupation (if any)	Farmer
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Penruddock
Whether first Attack	First attack
Age (if known) on first Attack	61
When and where previously under Care and Treatment	None
Duration of existing Attack	3 years
Supposed Cause	Unknown
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	Yes
Union to which the Lunatic is chargeable	
Name and Christian Name, and Place of Abode of nearest known Relative of the Patient and Degree of Relationship, if known	

I certify that, to the best of my knowledge, the above Particulars are correctly stated.

(g) Relieving officer or overseer.

Signed, Name (k)

Lunatics 3 and 10.
(16 & 17 Vict. c. 97.)
Pauper Patient.

(10—6.78.) London: Printed by Shaw and Sons, Fetter Lane.

Dinah Nicholson
3rd June
1882

P. p.

MEDICAL CERTIFICATE.—Sched. (F.) No. 3.

I, the undersigned, Michael Maxwell Taylor

being a (a) Doctor of Medicine University Edin

and being in actual practice as a (b) Physician

hereby certify, that I, on the 3rd day of June

at (c) Penrith in

County of Cumberland

(d) Separately from any other medical pra

personally examined Sarah Nicholson

of (e) Penruddock Farmer

and that the said Sarah Nicholson

is a (f) Lunatic and a proper Person to

taken charge of and detained under Care and Treatment, and that I b

formed this opinion upon the following grounds; viz:—

1. Facts indicating Insanity observed by myself (g) Sta

That she is subject of Witchery. That

Queen Elizabeth is risen from the dead & is

to Earl of Derwentwater, & they they now rule

England. States that people come down Chi

at night to injure her.

2. Other facts (if any) indicating Insanity communicated to me

others (h)

Bad & abusive language to neighbou

Throwing stones with intent to inju

others.

Signed, Name, M. M. Taylor, M.D

Place of Abode, Penrith

Dated this Third Day of June

One Thousand Eight Hundred and ~~Seventy~~ Eighty two

(a) *Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, ex. gra.*:—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, *or as the case may be.*

(b) Physician, Surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *In any case where more than one medical certificate is required by this Act, here insert separately from any other medical practitioner.*

(e) *Insert residence and profession, or occupation (if any) of the patient.*

(f) Lunatic, or an Idiot, or a person of unsound mind.

(g) *Here state the facts.*

(h) *Here state the information and from whom.*

MEDICAL CERTIFICATE.—Sched. (F.) No. 3.

I, the undersigned, _____

(a) Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, as the case may be.—Fellow of the Royal College of Physicians London, Licentiate of the Apothecaries' Company, or as the case may be.

being a (a) _____

_____

and being in actual practice as a (b) _____

(b) Physician, surgeon, or apothecary, as the case may be.

hereby certify, that I, on the _____ day of _____

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) _____ in the

County of _____

(d) In any case where more than one medical certificate is required by this Act, here insert, separately from any other medical practitioner.

(d) _____

personally examined _____

(e) Insert residence and profession, or occupation (if any) of the patient.

of (e) _____

_____

_____

and that the said _____

(f) Lunatic, or an Idiot, a person of unsound mind.

is a (f) _____ and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(g) Here state the facts.

1. Facts indicating Insanity observed by myself (g) _____

_____

_____

_____

_____

_____

2. Other facts (if any) indicating Insanity communicated to me by

(h) Here state the information, and from whom.

others, (h) _____

_____

_____

_____

_____

_____

Signed, *Name,* _____

Place of Abode, _____

Dated this _____ Day of _____

One Thousand Eight Hundred and Seventy _____

P. P.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) Shire of Dumfries & Galloway and his Substitutes,—

The Petition of William Homer, Carlton Villa, Weymouth

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marian Homer your Petitioner's (2) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Marian Homer to the Crichton Royal Institution and to sanction her admission into the said Asylum.

William Homer

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

DATED this Seventh (3) day of June One thousand eight hundred and Eighty two.

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Marian Homer
2. Sex and Age,	Female 32 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Not any
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Liverpool & Carlton Villa Weymouth 14 1
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	About Seven Years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	25 years
11. When and where previously under Examination and Treatment,	At Home
12. Duration of Existing Attack,	7 years
13. Supposed Cause,	Ill Health.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has harmed Herself through her illness
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 Homer Carlton Villa Weymouth. Her Father Her Cousin & Uncle.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of June One thousand eight hundred and Eighty two

(To be signed by Party applying) William Homer.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumfries. Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Marian Homer. Carlton Weymouth. and the said Marian Homer. is a (5) person of unsound mind. and a proper Person to be detained under Care and Treatment, 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 restless appearance. delusive ideas & expressions of satisfaction towards her Father & Mother without cause. Tells me that she stole out of her Father house during the night.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Father & Mother informs me that she requires constant watching. & that she has violent fancies & imaginations.

Name and Medical Designation, John Smith M.

Place of Abode, 14 Castle St. Dumfries

DATED this 9th day of June One thousand eight hundred and eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow, and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Marian Homer, Spr Carlton Villa, Weymouth and the said Marian Homer is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, 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 nervous manner and appearance: says, and indicates from her conversation, that she has morbid fancies: feels irritable and restless; and admits that when spoken to or controlled by her parents, she becomes quite desperate.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) No other facts.

Name and Medical Designation, Alex Thomson

Place of Abode Castle St Dumfries

DATED this Tenth day of June One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St. Dumfries or
in the County of Dumfries, seen and personally examined
Marian Homer, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c.

DATED this 9th day of June One thousand eight hundred and eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Sheriff Substitute (1)
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Homer, Carlton Villa, Weymouth
Certificates under the hands of John Smith
and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Marian Homer, Carlton Villa, Weymouth (Petro Dangler) and that the said Marian Homer, is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Marian Homer, as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marian Homer, which accompanied the said Petition.

DATED this Tenth day of June, One thousand eight hundred and eighty two years.

Geo. Whitelaw
Flowy S.S.

To the Superintendent of the (7) Public
Asylum of
Crichton Royal Institution,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1759

Marion Homer

9th June 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway of ——— *and his Substitutes,—*

The Petition of Charles Finlayson Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Walker Stevenson ~~a pauper~~

(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 Walker Stevenson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

C Finlayson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Ninth (4) day of June One thousand eight hundred and eighty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Walker Stevenson
2. Sex and Age,	M 52
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Carpenter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Leigh Street Kirkcudbright
7. Place where Found and Examined,	
8. Length of time Insane,	Three days
9. Whether First Attack,	no
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Kirkcudbright three days
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	9th June 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Edgar Stevenson Brother
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 Ninth day of June One thousand eight hundred and eighty two

(*To be signed by Party applying*) C Finlayson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Johnstone being a (1) M. D. Edinr. university and being in actual practice as a (2) general Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Walker Stevenson. Pauper and that the said Walker Stevenson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) that he suffers from various delusions regarding himself wife, and has a strong desire to [illegible] away his life &c. &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he has [illegible] to hang himself. &c.

Name and Medical Designation, Wm Johnstone

Place of Abode, Kirkcudbright

DATED this 9th day of June One thousand eight hundred and eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, W. S. S. Reid being a (1) M.B. Cm. of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Oakley Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Walker Stevenson Pauper and that the said Walker Stevenson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He suffers from various delusions & has tried of late to do himself — injury ~~[illegible]~~

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he tried to hang himself lately & is moody & despondent & that he suffers from various delusions.

Name and Medical Designation, W. S. S. Reid

Place of Abode Oakley. Kirkcudbright

DATED this Ninth day of June One thousand eight hundred and Eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and .

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macarthur Sadler Esquire Sheriff Substitute of the (3) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Charles Finlayson Certificates under the hands of William Johnstone and W. S. S. Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Walker Stevenson and that the said Walker Stevenson is a (5) pauper lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Walker Stevenson as a Patient into the (6) Dumfries & Galloway 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 Walker Stevenson which accompanied the said Petition.

DATED this Ninth day of June One thousand eight hundred and eighty two.

Robt Sadler

To the Superintendent of the (7) Dumfries & Galloway Asylum of Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Walker Stevenson

10th June

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries Galloway; *and his Substitutes*—

The Petition of A.W. Geachan Inspector of Poor Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Green ~~A.W. Geachan Inspector Poor~~ your Petitioner's (3) ~~John Green~~ Pauper is at present in a state of Mental Derangement, and 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 Green to the C. C. asylum and to sanction His admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

A.W.S. Geachan

Dated this 21st (4) day of June One thousand eight hundred and Eighty Two.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Green
2. Sex and Age,	Male 27 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Marjoriebank Lochmaben
7. Place where Found and Examined,	Dumfries Jail
8. Length of time Insane,	uncertain
9. Whether first Attack,	no as stated by Parents
10. Age (if known) on first Attack,	23 Years
11. When and where previously under Examination and Treatment,	~~often Convicted for malicious Mischief~~ Examined 4 Years ago, not treated
12. Duration of existing Attack,	not known
13. Supposed Cause,	Parents State has never been well Since embodied in Reserve force in Army
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	often Speak of taking own Life
16. Whether Dangerous to others,	Yes to certain Individuals
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
18. Date of becoming Chargeable,	June 21st 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Green Father Agnes Green Mother none of Family known to be insane but look of Weak Intellect and imbecile,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 21st day of June One thousand eight hundred and 82

(*To be Signed by Party applying*) A.W. Geachan Inspector,

Walker Thomson
10th June
1882

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dumfries R in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Green. Lochmaben a pauper and that the said John Green is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 actions indicating imbecility. Talks & answers questions in a childish manner.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The G of the person informs me that he is quite minded & that he sometimes gets into a furious rage & threatens to injure those near him without the slight cause.

Name and Medical Designation, John Smith MD &

Place of Abode, 14 Castle St. Dumfries

DATED this 20th day of June One thousand eight hundred and eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Dall MacDonald being a (1) graduate of Edinburgh University and Licentiate of Royal College of Physicians & Surg and being in actual practice as a (2) physician and surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dumfries R in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Green Lochmaben pauper and that the said John Green is a (5) imbecile weak intellect and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) does not appear to be responsible for his actions and if irritated would be dangerous to and others.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has convicted at different times of assault his friends told me by the governor of

Name and Medical Designation, A D MacDonald M

Place of Abode, 18 Castle St. Dumfries

DATED this 20th day of June One thousand eight hundred and eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, —— (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander McLachlan, Inspector of Poor, Lochmaben, Certificates under the hands of John Smith and Alexander Dall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Green, Dumfries Union (a Pauper), —— and that the said John Green —— is a (5) person of unsound mind, an imbecile and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Green —— as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Green, —— which accompanied the said Petition.

Dated this Twenty first day of June, —— One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sherriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of John Irving, Forester, Kirkbean,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Irving your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Irving to the Crichton Morsal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Irving.

DATED this Twenty second (4) day of June One thousand eight hundred and Eighty two.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Irving
2. Sex and Age,	female Twenty one Years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	House Hooper To her Brother
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Kirkbean Village
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	five Weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	Twenty one Years
11. When and where previously under Examination and Treatment,	not Home
12. Duration of Existing Attack,	five Weeks
13. Supposed Cause,	un known
14. Whether subject to Epilepsy,	~~Know~~ no
15. Whether Suicidal,	~~Su~~ yes
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,	William Irving 52 St Georges Sqr Sheffield Brother
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 of day of June — One thousand eight hundred and 82

(*To be signed by Party applying*) John Irving.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Irving, Housekeeper, Kirkbean Village, Kirkcudbrightshire and that the said Helen Irving is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a vacant look, is heedless, melancholic, and restless.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother informs me that she is very restless, and cannot understand what is said to her

Name and Medical Designation, Hugh Cunningham L.R.C.P.E.

Place of Abode, 25 Castle Street, Dumfries

DATED this Twenty second day of June One thousand eight hundred and eighty five years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons, Edinburgh & Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Irving, Housekeeper Kirkbean Village Kirkcudbrightshire and that the said Helen Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder. She talks incoherently & is restless in her manner

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has not been able to understand anything when addressed — This information was obtained from her mother.

Name and Medical Designation, John Cunningham M.D.

Place of Abode 25 Buccleuch St Dumfries

DATED this 22nd day of June One thousand eight hundred and Eighty Two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Hugh Cunningham being (1) a Member of the Royal College of Physicians in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 25 Castle Street, Dumfries in the County of Dumfries, seen and personally examined Helen Irving, Housekeeper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh Cunningham L.R.C.P. Edin.

DATED this Twenty second day of June One thousand eight hundred and eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Sandbach Maxwell Honorary Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) John Irving, Forester Kirkbean Certificates under the hands of Hugh Cunningham and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Helen Irving Kirkbean Village (Petitioner's sister) and that the said Helen Irving 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 Helen Irving as a Patient into the (7) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Irving which accompanied the said Petition.

DATED this Twenty fourth day of June One thousand eight hundred and Eighty two years.

W. J. Maxwell

To the Superintendent of the (8) Public ~~Asylum Crichton~~ *Asylum of* The Crichton Royal Institution, Dumfries.

W. J. Maxwell

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable ~~the~~ (1) The Sheriff of ~~the~~ (1) of Dumfries & Galloway *and his Substitutes,*—

The Petition of Susan Black residing in Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Maeme Black Medshipman your Petitioner's (2) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Maeme Black to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Susan Black

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twenty fifth (3) day of June One thousand eight hundred and Eighty two—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Maeme Black
2. Sex and Age,	Male - 17.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Medshipman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	On board Ship -
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	About three weeks ~~ago~~
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	16
11. When and where previously under Examination and Treatment,	No
12. Duration of Existing Attack,	Three weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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,	The Petitioner Susan Black 3 Melville Crescent, Edinburgh
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 June One thousand eight hundred and Eighty two

(*To be signed by Party applying*) Susan Black.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Anderson being a (1) Bachelor of Medicine & Master in Surgery of Glasgow [illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Bank St, Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) Alexander Black at present [illegible] Wigtown and the said Alexander Black is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Looks very depressed & uneasy. Sits mostly with his head between hands & will scarcely answer the simplest questions. Says he [illegible] because he has been very wicked & told me also that he would soon be dead as alive.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr. Ebenezer S. Black (his uncle) states that he refuses to take any [illegible] in any conversation or any surrounding objects & always requests [illegible] alone. His cousin Mr. John Black says that lately the patient [illegible] that he spoke of shooting himself

Name and Medical Designation, William Anderson [illegible]

Place of Abode, Whithorn, Wigtownshire

DATED this Twenty-fifth day of June One thousand eight hundred and eighty-two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Charles McBride being a (1) Doctor of Medicine of the Glasgow [illegible] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Bank Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) Alexander M. Black Midshipman, Wigtown and the said Alexander M Black is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Pupils dilated. Sits wringing his hands and [illegible] dejected. When spoken to he frequently will not [illegible] Told me he was troubled in his conscience [illegible] of his wickedness and would take away his own [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Peter Black his brother told me that [illegible] threatened to put an end to his life by [illegible] out of the Railway Carriage Window.

Name and Medical Designation, Charles McBride F. F. P. S. G. & Cen.

Place of Abode Wigtown

DATED this Twenty fifth day of June One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Susan Black residing in Edinburgh
Certificates under the hands of William Anderson M.B. & C.M. Whithorn and Charles M'Bride M.D. F.F.P.S.G. & C.M. Wigtown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Macnie Black, Midshipman and that the said Alexander Macnie Black is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Macnie Black as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Macnie Black which accompanied the said Petition.

DATED this twenty-sixth day of June One thousand eight hundred and eighty two

W. Macnie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries or Crichton Royal
Institution there

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Nee Black
26th June
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Shire *of* Dumfries Galloway *and his Substitutes,—*

The Petition of Isabella Hastie or Bennett Isleteps Troqueer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Gillison

(2) State degree of relationship or other reason in which Petitioner stands to Lunatic.

your Petitioner's (2) Brother in Law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Gillison to the Crichton royal Institution and to sanction his admission into the said Asylum.

Or

Isabella Hastie or Bennett Pr

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty ninth (3) day of June One thousand eight hundred and eighty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Gillison
2. Sex and Age,	Male 64 years
3. Married, Single, or Widowed,	Widower former
4. Condition of Life, and previous Occupation (if any),	Presbetarien
5. Religious Persuasion, so far as known,	Isleteps
6. Previous Place of Abode,	Isleteps
7. Place where Found and Examined,	Sundries
8. Length of time Insane,	2 years
9. Whether First Attack,	no unknown
10. Age (if known) on First Attack,	Crichton Institution
11. When and where previously under Examination and Treatment,	two weeks
12. Duration of Existing Attack,	unknown
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	None
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Isabella Hastie or Bennett
18. Date of becoming Chargeable,	Isleteps sister in Law
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty ninth day of June One thousand eight hundred and eighty two

(*To be signed by Party applying*) Isabella Hastie or Bennett

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James M: McCulloch, M: D: &c.
being a (1) Graduate of the University of Edinburgh &c.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Islestep
in the Co
Kircudbright separately from any other Medical Pra
visited and personally examined (4) John Gillison
the said John Gillison is a (5) person of
unsound mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Wild looking, at
acting in an insane manner, thinks he is constantly watched

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The above & wandering at night & assaulting persons
has been frequently insane before

Name and Medical Designation, James M: McCulloch, M

Place of Abode, 16 Castle Street, Dumfries

DATED this 29th day of June One thousand
hundred and eighty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal Colleges of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Dow MacDonald
being a (1) Graduate of Edinburgh Univ
and being in actual practice as a (2) Physician & Surg
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution in the Co
Dumfries separately from any other Medical Pract
visited and personally examined (4) John Gillison Fa
the said John Gillison is a (5) Insane
of unsound mind and a proper person to be d
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems
restless & excitable exactly a
was on previous occasions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others:
Not been able to sleep at
Wandering about in an insane
has been in an asylum frequently

Name and Medical Designation, A D MacDonald

Place of Abode 18 Castle St Dum

DATED this 29th day of June One thousand
hundred and eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James M. McCulloch, M.D. &c. being (1) a physician in practice in Dumfries hereby certify, on soul and conscience, that I have this day, at (2) Isleteps in the County of Kirkcudbright, seen and personally examined John Gillison, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James M. McCulloch, M.D. &c.

DATED this 29th day of June One thousand eight hundred and eighty two years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Isabella Hartet or Bennett Isleteps Troquer Certificates under the hands of James M. McCulloch and Alexander Dall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Gillison, Isleteps, Troquer (Peter Butler, Jr.) and that the said John Gillison is a (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 Gillison as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Gillison which accompanied the said Petition.

DATED this Thirtieth day of June, One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1762
John Gillison
29th June
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Johnston, Inspector of Poor, Pennyghame humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Isabella Taylor or Irving your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Taylor or Irving to the Dumfries Royal Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

J. Johnston, Inspector of Poor for Pennyghame

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this first (4) day of June One thousand eight hundred and Eighty 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,	Isabella Taylor or Irving
2. Sex and Age,	female 40 years
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Tailor's wife.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	arthur St. Newton Stewart
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	about three weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Three weeks
13. Supposed Cause,	change of life. (probably also predisposed)
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	no. but occasionally violent with members of family
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Penninghame
18. Date of becoming Chargeable,	30th June 1882.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husband. James Irving Tailor. Arthur St. Newton Stewart Sister Margaret was insane for a short time at age of puberty
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Father also just before his death & after a shock of paralysis.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this thirtieth day of June One thousand eight hundred and Eighty two years.

(To be signed by Party applying)

J. Johnston
Inspector of Poor
Penninghame

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Clark
being a (1) Member of the Faculty of Physicians and Surgeons Glasgow.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Arthurs Seat Newton Stewart in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Isabella Taylor or Irving Pauper Arthurs Seat Newton Stewart and that the said Mrs Isabella Taylor or Irving is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She is in a state of raving Madness; uttering the most foul, confused or unconnected expressions, in unfit manner. She is violent, Obstinate and self willed. Indecent in her language and conduct.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The Cause known has been a feud to-day. She accused her son James of having turned water into Water & drown the children. She wounded herself & washes her feet and hands her whole body of the day & turned distressed the Inmates of the house.

Name and Medical Designation, James Clark

Place of Abode, Newton Stewart

DATED this Thirteenth day of June One thousand eight hundred and Eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Gibbons Dickson
being a (1) Doctor of Medicine. University of Edin
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) Arthurs Seat Newton Stewart in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Isabella Taylor or Irving pauper, Arthurs Seat Newton Stewart and that the said Isabella Taylor or Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Expresses her person rather indecently. excited noisy - talks incessantly mixing up confused things past and present with fictions of her own imagining & delusions as to her own identity and the intentions of those around her

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Husband says she is occasionally violent & requires all his authority to control her passes a great part of the time in washing her hands and feet

Name and Medical Designation, James G. Dickson

Place of Abode Wooden, Newton Stewart

DATED this thirteenth day of June One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John Johnston Inspector of Poor Penninghame, Certificates under the hands of James Clark L. F. P. & S. Newton Stewart and James Gibbons Dickson M.D. Newton Stewart, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Taylor or Irving (Pauper) and that the said Isabella Taylor or Irving is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Taylor or Irving as a Patient into the (6) Public Asylum of the Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Taylor or Irving which accompanied the said Petition.

DATED this first day of July One thousand eight hundred and eighty two

Wm Mackie

To the Superintendent of the (7) Public
Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Isabella Taylor
or Irving
1st July 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Sheriffdom~~ of Dumfries & Galloway and his Substitutes,—

The Petition of John Lawson Inspector of Poor Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann Ganaway ——— 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 Ann Ganaway —— to the Southern Counties Asylum —— and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Lawson Insp of Poor

DATED this 3rd (4) day of July One thousand eight hundred and eighty two years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Ann Ganaway
2. Sex and Age,	Female 38 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	~~Castle Douglas~~
7. Place where Found and Examined,	Johnstone St. Annan
8. Length of time Insane,	about a week
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	38 years
11. When and where previously under Examination and Treatment,	Never under treatment before
12. Duration of Existing Attack,	about a week
13. Supposed Cause,	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,	3rd July 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 McMurray or Ganaway, Mother Johnstone St. Annan 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 3rd day of July One thousand eight hundred and eighty two years

(To be signed by Party applying)

John Lawson Insp of Poor Annan

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, R Baillie Maclean being a (1) Bachelor of Medicine & Master in Surgery and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Johnstone St Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Anne Garraway and that the said Mary Anne Garraway is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) an expression of general restlessness & suspicion – fully of fear without reason, cannot recognise her mother or brother – suspicion of being poisoned –

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Refuses food in fear of poison being in it. Sleeplessness – talking under delusions in various ways, does not think she is at home does not recognise friends

Name and Medical Designation, R B Maclean M.B.

Place of Abode, Annan

DATED this second day of July One thousand eight hundred and eighty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Mackenzie being a (1) Bachelor of Medicine & Master in Surgery Edinburgh University & Medical Practitioner and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Johnstone Street, Annan in the County of Dumfries. separately from any other Medical Practitioner, visited and personally examined (4) Mary Anne Garraway. and that the said Mary Anne Garraway is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Inability to answer questions on ordinary subjects. – A vague improper expression. – She cant recognise where she is at home & does not even know her relations by name.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Sleeplessness. – Delusions about money matters persons, places, & things. – She imagines that she is being poisoned when taking her medicine

Name and Medical Designation, D Mackenzie. M.B. & C.M.

Place of Abode Annan.

DATED this second day of July One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, David Mackenzie
being (1) Bachelor of Medicine & Master in Surgery.
hereby certify, on soul and conscience, that I have this day, at (2) Annan.
in the County of Dumfries, seen and personally examined
Mary Anne Garraway, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. Mackenzie. M.B. & C.M.

DATED this second day of July One thousand eight hundred and eighty two years.

(1) State Medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Sydney Maxwell, Honorary Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Alex Lawson,
Inspector of Poor, Annan
Certificates under the hands of R. Baillie Mackean
and David Mackenzie, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Mary Ann Garraway, Edinstone & Annan (a Pauper) and that the said Mary Ann Garraway is a (6) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Ann Garraway as a Patient into the (7) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ann Garraway which accompanied the said Petition.

DATED this Fourth day of July One thousand eight hundred and eighty two years.

W. J. Maxwell

To the Superintendent of the (8) Public
Asylum of
Southern Counties Asylum
Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

2
360

Mary Ann Garrow

3rd July

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~*of the*~~ (1) of Dumfries & Galloway *and his Substitutes,*—

[illegible]ington, London The Petition of John Gardiner Austin, 71 Harcourt Terrace, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Elizabeth Barkly Austin your Petitioner's (2) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore, please your Lordship to authorize the transmission of the said Helen Elizabeth Barkly Austin to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(2) State degree of [illegible]lationship or other [illegible]acity in which Peti[illegible]ner stands to Luna.

J. Gardiner Austin

(3) The date of the [illegible]ition must be with[illegible] fourteen clear days [illegible]wing the dates of [illegible] Medical Certifi[illegible]es.

DATED this Seventh (3) day of July One thousand eight hundred and eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Helen Elizabeth Barkly Austin
Sex and Age,	Female aged 27
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	None
Religious Persuasion, so far as known,	Church of England
Previous Place of Abode,	London
Place where Found and Examined,	
Length of time Insane,	She has been ill for 5 years but the balance of mind was entirely disturbed only for a few weeks in 1876 & 1877
Whether First Attack,	She has never been any entire recovery
Age (if known) on First Attack,	22 years
When and where previously under Examination and Treatment,	She was under the care of Dr Blandford from Dec 1876 to March 1878 - Since then under Dr Bazley at Northampton
Duration of Existing Attack,	5 years
Supposed Cause,	Quite unknown
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	J. Gardiner Austin her Father 71 Harcourt Road South Kensington - London None that I am aware of
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this seventh day of July One thousand eight hundred and eighty two

(*To be signed by Party applying*) J. Gardiner Austin

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Thomson.
being a (*) Doctor of Medicine of the University of Glasgow, and Physician and Surgeon.
and being in actual practice as a (*) Physician and Surgeon.
hereby certify, on soul and conscience, that I have this day, at (*) 27 Castle Street, Dumfries — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (*) Helen Elizabeth Burkett Austin, 71 Warecourt Terrace S. Kensington, London, Spinster, and that the said Helen Elizabeth Burkett Austin is a (*) person of unsound mind — and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (*) Her General appearance - apparent depressed condition and neath and unfurbished mental condition.

2. Other facts (if any) indicating Insanity communicated to me by others: (*) Told by Sarah Smith, her attendant at St Andrews Hospital, Northampton, where Mrs Austin was for some time before coming here, that she is always in a very depressed condition, and takes little or no interest in anything.

Name and Medical Designation, Alex. Thomson M.D.

Place of Abode, 27 Castle Street, Dumfries

DATED this 31th day of July. One thousand eight hundred and Eighty two years.

(*) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(*) Physician or Surgeon, *or otherwise, as the case may be.*

(*) *Insert the street, and number of the house (if any), or other like particulars.*

(*) *Insert Designation and Residence, and if a Pauper state so.*

(*) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(*) *State the facts.*

(*) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Smith, Junr.
being a (*) Bachelor of Medicine & master in Surgery of Edinburgh University
and being in actual practice as a (*) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (*) 14, Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (*) Helen Elizabeth Burkett Austin, 71 Warecourt Terrace S. Kensington, London, Spinster, and that the said Helen Elizabeth Burkett Austin is a (*) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (*) Patient's appearance and behaviour indicates unsoundness of mind. Talks to herself in reply to some questions, to others gives wrong answers. Hands during examination constantly twitching, head seldom raised from sitting posture. Seats herself in a chair with knees in an unusual fashion, only to sit down again a moment after.

2. Other Facts (if any) indicating Insanity communicated to me by others: (*)

Name and Medical Designation, John Smith Bachelor of Medicine & Master in Surgery

Place of Abode 14, Castle St. Dumfries

DATED this 7th day of July One thousand eight hundred and Eighty-two.

(*) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(*) Physician or Surgeon, *or otherwise, as the case may be.*

(*) *Insert the street and number of the house (if any), or other like particulars.*

(*) *Insert Designation and Residence, and if a Pauper state so.*

(*) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(*) *State the facts.*

(*) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 & Surgeon, hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle Street in the County of Dumfries, seen and personally examined Helen Elizabeth Barkly Austin, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex. Thomson M.D. &c

DATED this Sixth day of July One thousand eight hundred and Eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Julia Gardiner Austin, 71 Harcourt Terrace, South Kensington London, Certificates under the hands of Alexander Thomson and Julia Smith Junior, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Elizabeth Barkly Austin 71 Harcourt Terrace a person (Pers Daughter) and that the said Helen Elizabeth Barkly Austin is (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Elizabeth Barkly Austin as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Elizabeth Barkly Austin, which accompanied the said Petition.

DATED this Eighth day of July One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

7

1764

Miss Helen Elizabeth
Barkly Austin
6th July 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries ~~Shire~~ & Galloway at Dumfries *and his Substitutes.*—

The Petition of Samuel Walker, Inspector of Poor

Kirkmichael

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Smith

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Smith to the Dumfries & Galloway Asylum and to sanction her admission into the said Asylum.

Sam Walker, Insp. of Poor Kirkmichael

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Nineteenth (4) day of July One thousand eight hundred and Eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Smith
2. Sex and Age,	Female, Single - 39 yrs
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Cook - Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Edinburgh
7. Place where Found and Examined,	Auldgirth Cross Kirkmichael
8. Length of time Insane,	Three weeks -
9. Whether First Attack,	Not known
10. Age (if known) on First Attack,	— —
11. When and where previously under Examination and Treatment,	— —
12. Duration of Existing Attack,	Three weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	quarrelsome to-day
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not known
18. Date of becoming Chargeable,	19th July 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Sick, Gloucester Terrace London & 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 Nineteenth day of July One thousand eight hundred and Eighty two

(*To be signed by Party applying*)

Jane Walker

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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
hereby certify, on soul and conscience, that I have this day, at (3) Cul graff
in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Jane Smith Pauper
and that
the said Jane Smith is a (5) person of
unsound and a proper Person to be detained
under Care and Treatment, 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 sleeps very little and only for short times. Wakens with fright heavy. She is easily excited & is always about to leave & [illegible] certain where she is going. Thinks she is being watched & [illegible] against without any reason

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible] servants say that she labours under moral delusion. She being watched by detectives & policemen. She gets [illegible] & talks incessantly for a time under the influence of [illegible] delusions

Name and Medical Designation, Walter Lorraine M.D.

Place of Abode, Castle Douglas

DATED this 19th day of July One thousand eight hundred and eighty two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith
being a (1) Bachelor of Medicine and Master of Surgery of Edinburgh University
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Southern Counties Asylum, Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Jane Smith, Pauper
and that
the said Jane Smith is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very talkative & slightly incoherent continuing on the same subject unless forcibly questioned & repeatedly on another. Says she hears noises at times, as if persons speaking, and has delusions, such as that her father, [illegible] other friends have all died lately. She cannot give particulars of [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I have been informed by Dr. Broom, resident medical officer, that she is at times particularly under the delusion of being watched by detectives & other [illegible] officers through windows, keyholes, &c.

Name and Medical Designation, John Smith – M.B. C.M.

Place of Abode 14, Castle St. Dumfries

DATED this Nineteenth day of July One thousand eight hundred and eighty-two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Walter Lorraine
being (1) Graduate of Edin. Univ.
hereby certify, on soul and conscience, that I have this day, at (2) Culgruff
in the County of Kirkcudbright, seen and personally examined
Jane 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.

Walter Lorraine

DATED this 19th day of July One thousand eight hundred and eighty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me with a Petition at the instance of (3) Samuel Walker,
Inspector of Poor, Crossmichael
Certificates under the hands of Walter Lorraine
and John Smith, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Smith, Culgruff, Crossmichael (a Pauper) and that the said
Jane Smith, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Smith as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Smith, which accompanied the said Petition.

DATED this Twenty second day of July One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Southern Counties,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Sam Smith
19th July
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff ~~of the (1) Shire~~ of Dumfries & Galloway and his Substitutes,—

The Petition of David Robson, Farmer, Smallholdings, Lochmaben

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann McHeachie your Petitioner's (2) Aunt is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Ann McHeachie to the Crichton Royal Institution and to sanction her admission into the said Asylum.

David Robson

DATED this Twentieth (4) day of July One thousand eight hundred and Eighty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Name and Surname of Patient at full length,	Mary Ann McHeachie
Sex,	Female.
Single, or Widowed,	Single. Age 64.
Rank or Profession of Life, and previous Occupation	Spinster living on means
Religious Persuasion, so far as known,	Protestant.
Present Place of Abode,	Lochfoot, parish of Lochmaben
Where Found and Examined,	36 Buccleuch Street Dumfries
Time Insane,	one month.
Date of First Attack,	yes.
Age (when known) on First Attack,	Sixty four
Whether previously under Examination or Treatment,	Never before insane.
Duration of Existing Attack,	one month.
Cause,	Not known.
Subject to Epilepsy,	No.
Suicidal,	yes.
Dangerous to others,	yes.
Parochial Union to which the Lunatic (if a Pauper) is Chargeable,	(private)
Parish becoming Chargeable,	
Name and Surname, and Place of Abode of nearest known Relative of the Lunatic, and degree of Relationship (if any), and whether any Member of his Family known to be or to have been Insane,	David McHeachie, Glenmills, Torregles Brother died in Asylum
Circumstances (if any) preventing the Statement of any of the above particulars,	

I hereby certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twentieth day of July One thousand eight hundred and eighty two

(*To be signed by Party applying*) David Robson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Reid
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 36 Buccleuch Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Ann McKeachie 36 Buccleuch Street Dumfries and the said Mary Ann McKeachie is a (5) person of unsound mind and a proper Person to be dealt under Care and Treatment, 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 suspicious nervous appearance, complains of noises and ill treatment friends, which are delusions, says she cannot find any restorative has lost the right path and cannot walk. has an incentive to commit suicide and is only prevented by a knowledge of its being wrong

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Miss Waugh her guardian, says that she gets into paroxysms of without any cause. walks away from the house and refuses to give account of herself threatens violence to herself and has struck without cause. Says she will give her friends something to annoy them

Name and Medical Designation, Thomas Reid M.D.

Place of Abode, Lochmaben

DATED this twentieth day of July One thousand eight hundred and eighty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James M. McCulloch, M.D. &c.
being a (1) Physician & Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Royal Lunatic Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Ann McKeachie and the said Mary Ann McKeachie is a (5) person of unsound mind and a proper person to be dealt under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says she has been robbed, that her nephew has ill used her, that her head is always hearing strange noises, says she can live only one place in Irongray & cannot live there either &c. &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Very violent at times, sleeps little, wanders away & gets lost; hates her relations, particularly her nephew all which is contrary to her same state &c.

Name and Medical Designation, James M. McCulloch, M.D.

Place of Abode 16 Castle Street, Dumfries

DATED this 20th day of July One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Reid being (1) a Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 36 Buccleuch St Dumfries in the County of Dumfries, seen and personally examined Mary Ann Mc Keachie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Reid M.D.

DATED this twentieth day of July One thousand eight hundred and eighty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw (1) Steward Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) David Robson Farmer, Smallholdenbyre, Lochmaben, Certificates under the hands of Thomas Reid and James M. M'Culloch, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Ann M'Keachie, 36 Buccleuch St Dumfries (Pauper) and that the said Mary Ann M'Keachie, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Ann M'Keachie as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ann M'Keachie, which accompanied the said Petition.

DATED this Twentieth day of July, — One thousand eight hundred and eighty two.

Geo Whitelaw
Steward S.D.

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.

Navy Hospital
20th July
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (1)~~ of Dumfries and Galloway *and his Substitutes,*—

The Petition of John Lewis residing at Kingholm near Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Mary Lewis No 3 Terregles Street Maxwelltown near Dumfries your Petitioner's (2) Cousin is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Lewis to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(2) State degree of relationship or other party in which Petitioner stands to Lunatic.

John Lewis

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 20th (4) day of July One thousand eight hundred and eighty two years

(4) 20th July 1882

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Elizabeth Lewis
Sex and Age,	Female - 46 years of age
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	none
Religious Persuasion, so far as known,	Church of Scotland
Previous Place of Abode,	3 Terregles Street, Maxwelltown do
Place where Found and Examined,	
Length of time Insane,	several years
Whether First Attack,	Has had several attacks
Age (if known) on First Attack,	always weak minded
When and where previously under Examination and Treatment,	Crichton Royal Institution
Duration of Existing Attack,	attack somewhat permanent
Supposed Cause,	Mental weakness
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 Family known to be or to have been Insane,	The Petitioner John Lewis
Special circumstances (if any) preventing the insertion of any of the above particulars,	Sister & Brother in the same condition

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 20th day of July — One thousand eight hundred and eighty two

(*To be signed by Party applying*) John Lewis

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Physicians Edinburgh and being in actual practice as a (2) physician surgeon hereby certify, on soul and conscience, that I have this day, at (3) 3 Terrace St. Maxwelltown Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Mary Lewis, 3 Terrace St Maxwelltown and the said Mary Lewis is a (5) person of unsound mind. and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder, she is restless, excited and at times violent, & cannot carry on an intelligent conversation

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her cousin states she has been previously in the Crichton Royal asylum.

Name and Medical Designation, J Hunter Dryden LRCP 1884

Place of Abode, 18 George St. Dumfries

DATED this 17th day of July One thousand eight hundred and eighty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Edinburgh University and being in actual practice asa (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 3 Terrace Maxwelltown Kirkcudbright, separately from any other Medical Practitioner visited and personally examined (4) Mary Lewis 3 Terrace Maxwelltown and the said Mary Lewis is a (5) person of unsound mind and a proper person to be detained under Care and Treatmeat, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Complains much of her home without cause - neighbours wont come in on account of her being so ill furnished - She is very excitable

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) James Lewis (her cousin) says she along with her sister assaulted their servant - She has been previously in the Crichton - & that she is

Name and Medical Designation, Richard B. Lorraine MB

Place of Abode 2 Irving Street Dumfries

DATED this nineteenth day of July One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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 Whitelaw (1) Honorary Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Lewis, Ringholm, near Dumfries, Certificates under the hands of James Hunter Dryden, and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Lewis, 3 Terregles St, Maxwelltown (Petrt Consen) and that the said Mary Lewis, is a (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 Lewis as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Lewis, which accompanied the said Petition.

DATED this Twentieth day of July One thousand eight hundred and eighty two.

Geo. Whitelaw
Hony S.S.

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1766
Mary Lewis
22nd July
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Lewis residing at Kinglochin near Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Elizabeth Lewis No 3 Terregles Street, Maxwelltown near Dumfries your Petitioner's (3) 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 Elizabeth Lewis, to the Crichton Royal Institution; and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Lewis

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (4) day of July One thousand eight hundred and eighty 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,	Elizabeth Lewis
2. Sex and Age,	Female 49 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	none
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	3 Terregles Street Maxwelltown
7. Place where Found and Examined,	do
8. Length of time Insane,	several years
9. Whether First Attack,	Has had several attacks
10. Age (if known) on First Attack,	Always weak minded
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of Existing Attack,	Attack somewhat permanent
13. Supposed Cause,	Mental weakness
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	do
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 John Lewis Sister and Brother in the same condition
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of July One thousand eight hundred and eighty two.

(*To be signed by Party applying*) John Lewis

P.T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal college of Surgeons & Physicians Edinburgh.

and being in actual practice as a (2) physician and surgeon hereby certify, on soul and conscience, that I have this day, at (3) 3 Terryles St Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Lewis, residing at 3 Terryles St Maxwelltown and that the said Elizabeth Lewis is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is restless & uneasy in demeanour; is irritable easily excited, and is very suspicious of those around her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her cousin states she has been previously in an asylum; & her sister & brother are both insane. He also informs me that she has several times assaulted her domestic servants

Name and Medical Designation, James Hunter Dryden LRCS. Edin.

Place of Abode, 18 George St. Dfs.

DATED this 19th day of July One thousand eight hundred and eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 3 Terryles St Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Lewis. 3 Terryles St Maxwelltown and that the said Elizabeth Lewis is a (5) person of unsound mind and a proper person to be detained 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 irritable children on the street annoy her very much by noise they make. says the servant and often assaults her, seemingly without any reason for such assaults. is discontented with her home.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) James Lewis, her cousin, says she and her servant. that she is very difficult to manage and is always complaining of her

Name and Medical Designation, R.B. Lorraine M.B.

Place of Abode 2 Drummond Street Dfs

DATED this nineteenth day of July One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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 Whitelaw, — (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lewis, residing at Kingholm near Dumfries, — Certificates under the hands of James Hunter Dryden — and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Lewis, 3 Terregles St, Maxwelltown, (Pers. Cousin) and that the said Elizabeth Lewis is a (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 Lewis — as a Patient into the (6) Public — Asylum of Crichton Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Lewis, — which accompanied the said Petition.

DATED this Twentieth day of July, — One thousand eight hundred and eighty two.

Geo. Whitelaw
Hony S. S.

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1767
Elizabeth Lewis
22nd July
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Counties~~ *of* Dumfries ~~Shire~~ & Galloway *and his Substitutes,—*

The Petition of Alex McGeachan, Inspector of Poor Lochmaben

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann Walker

(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 Ann Walker to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Alex McGeachan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 23rd (4) day of July One thousand eight hundred and 82

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Ann Walker
2. Sex and Age,	Female 33 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Daughter living with Widowed Mother
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	64 Queen Street Lochmaben
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	7 Days
9. Whether First Attack,	No, Many
10. Age (if known) on First Attack,	(9 Years since) 24 Year of Age
11. When and where previously under Examination and Treatment,	at Home and in the Southern Counties)
12. Duration of Existing Attack,	7 Days
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
18. Date of becoming Chargeable,	23rd July 1882
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Walker Mother 64 Queen Street half Brother has occasionally shown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	~~Symptoms of Insanity~~

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23rd day of July One thousand eight hundred and 82

(*To be signed by Party applying*) Alex McGeachan

(Inspector of Poor Lochmaben

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned Thomas Reid being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 64 Queen Street Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Ann Walker Pauper 64 Queen Street Lochmaben and that the said Mary Ann Walker is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks in a loud excited manner, getting into a fit of temper without any cause, swearing and says she is watched and is a disgrace and upcast to her friends which is a delusion, threatens violence to herself and those around her, has a wild and violent appe[illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother says that she keeps her in continual fear [illegible] is always threatening to commit suicide and stating that they will have her corpse to dress. Dresses and arranges [illegible] the house without any cause, and trying to get away, talks a lo[illegible] incoherent nonsense

Name and Medical Designation, } Thomas Reid M.D.

Place of Abode, Lochmaben

DATED this Twenty-third day of July One thousand eight hundred and eighty-two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John T. R. Wotherspoon being a (1) Regist. General Medical Practitioner (Roy. Coll. Phys. [illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 64 Queen St. (Lochmaben) Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Ann Walker - Pauper 64 Queen St. (Lochmaben) and that the said Mary Ann Walker is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great & Persistent [illegible] to take away her own life - Delusions as to her fallen into disrepute - Dislike for friends & Relat[illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Chiefly from her Mother who deposes as to her attempts to commit suicide & wishes her rather than continue to live with her friends

Name and Medical Designation, } John T. R. Wotherspoon Regist. Lic. Roy. Coll. Phys. & Surg.

Place of Abode The Green Lockerby

DATED this Twenty third day of July One thousand eight hundred and eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Reid being (1) a Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 64 Queen Street Lochmaben in the County of Dumfries, seen and personally examined Mary Ann Walker 64 Queen St. Lochmaben and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Reid M.D.

DATED this twenty third day of July One thousand eight hundred and eighty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

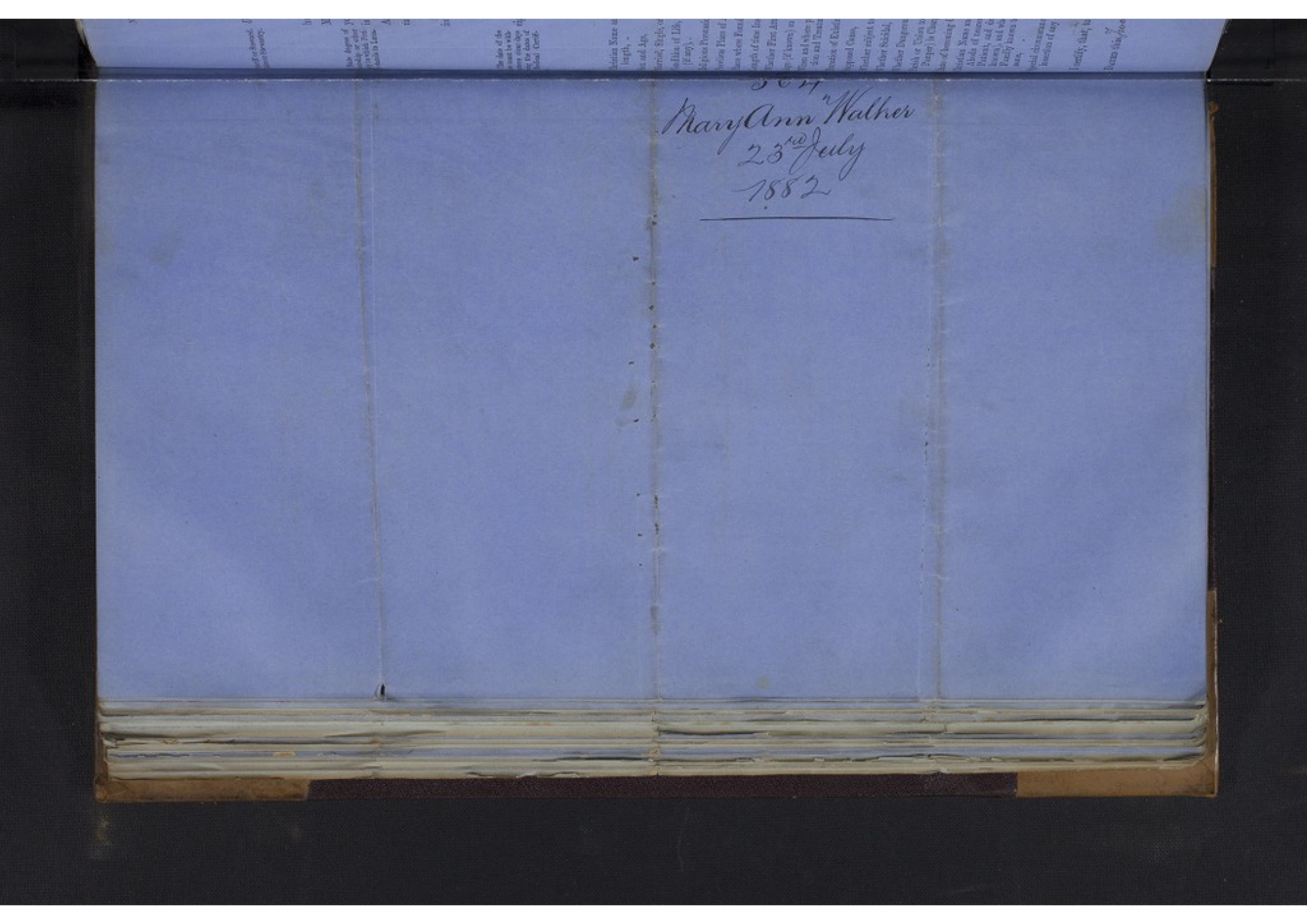
I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander McGeachan Inspector of Poor Lochmaben, Certificates under the hands of Thomas Reid and John F. R. Rotherham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Ann Walker, 64 Queen Street, Lochmaben & Parish, and that the said Mary Ann Walker is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Ann Walker as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ann Walker, which accompanied the said Petition.

DATED this Twenty fourth of July One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.


Mary Ann Walker
23rd July
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Dumfries County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Richard Brown Inspector of Poor Kirkpatrick Fleming humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Barbara Beattie or Williams, 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 Barbara Beattie or Williams to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Luna.

Richard Brown Inspector of Poor

Dated this Twenty sixth (3) day of July Kirkpatrick Fleming One thousand eight hundred and Eighty two years.

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Barbara Beattie or Williams
Sex and Age,	Female 57 years
Married, Single, or Widowed,	Widowed
Condition of Life, and previous Occupation (if any),	Cook
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	no fixed residence
Place where Found and Examined,	Kirkpatrick Combination Poorhouse
Length of time Insane,	14 days
Whether First Attack,	not known
Age (if known) on First Attack,	
When and where previously under Examination and Treatment,	—
Duration of Existing Attack,	14 days
Supposed Cause,	—
Whether subject to Epilepsy,	—
Whether Suicidal,	—
Whether Dangerous to others,	—
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Fleming
Date of becoming Chargeable,	26th July 1882
Christian Name and Surname, and Place of Abode of nearest known 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 Son, place of abode not known
Special circumstances (if any) preventing the insertion of any of the above particulars,	no knowledge

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty sixth day of July One thousand eight hundred and Eighty two years

(*To be signed by Party applying*) Richard Brown Inspector of Poor Parish of Kirkpatrick Fleming

Mary Ann Walker 23rd July

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Lic Roy Coll: Phys: Edinr, & Fac: Phys & Surg: Ed

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Poorhouse Kirkpatrick Fleming in the County Dumfries separately from any other Medical Practi visited and personally examined (4) Barbara Beattie or Williams pauper, Kirkpatrick Fleming and the said Barbara Beattie or Williams is a (5) person of unsound mind and a proper Person to be de under Care and Treatment, and that I have formed this opinion upon the fol grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient is depressed & cries without the slightest occasion talks incoherently, she suffers from delusi

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (Abraham Lamonby says patient gets up at n & wanders about bedroom, screams & shows & talks nonsense -

Name and Medical Designation, William Carruthers LRCP

Place of Abode, Kirkpatrick Fleming

DATED this 25th day of July One thousand hundred and eighty two —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Barton Gass being a (1) Lic. Roy. Coll Phys. & Surgeons, Edin

and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Poorhouse Kirkpatrick Fleming in the County Dumfries separately from any other Medical Practi visited and personally examined (4) Barbara Beattie or Williams pauper Kirkpatrick Fleming and the said Barbara Beattie or Williams is a (5) person of unsound mind and a proper person to be de under Care and Treatment, and that I have formed this opinion upon the foll grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks of have revelations made to her in dreams. Talks incessantly

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (Mrs A. Lamonby says patient often cries without cause: sometimes keeps tearing off her clothes in a very excited manner

Name and Medical Designation, James Barton Gass LRCPSE.

Place of Abode Ecclefechan

DATED this 25th day of July One thousand hundred and eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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 Whitelaw, (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Richard Brown Inspector of Poor, Kirkpatrick a Fleming, Certificates under the hands of William Carruthers and James Barton Gass, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Barbara Beattie or Williams, Widow The Poorhouse Kirkpatrick Fleming (or Pauper) and that the said Barbara Beattie or Williams is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Barbara Beattie or Williams as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Barbara Beattie or Williams, which accompanied the said Petition.

DATED this Twenty sixth day of July, One thousand eight hundred and eighty two.

Geo Whitelaw

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.

2
565
Barbara Beattie
or Williams
26th July 1882

7242

25 and 26 Vict. Cap. 54, Sect. 16. FORM B.

GENERAL BOARD OF LUNACY SCOTLAND 26 JUL 82

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Giles Mc Emus being desirous to transfer Agnes Henderson Mc Murdo at present a Patient in Glasgow District Asylum and (*) a Pauper Lunatic of the Parish of to which I am Inspector of Poor — from the said Asylum to the Southern Counties Asylum at Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Agnes Henderson Mc Murdo and a Medical Certificate with respect to her mental and bodily condition.

(*) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Giles Mc Emus

(*) Inspector of Poor Dumfries

(*) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Dumfries this 25th day of July One thousand eight hundred and Eighty Two years

STATEMENT.

1. Christian Name and Surname of Patient at length,	Agnes Henderson or Mc. Murdo
2. Sex and Age,	Female, 46 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant.
6. Date of Admission into Asylum,	1st July 1882.
7. Length of time Insane,	About three weeks.
8. Whether first Attack,	No
9. Age (if known) on first Attack,	44 years
10. Duration of existing Attack,	About three weeks.
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	yes.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	William Mc. Murdo residing at 141 Sandyford Side Street Glasgow, husband of the Patient. Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Giles Mc Emus

DATED this 25th day of July One thousand eight hundred and Eighty Two years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Archibald Campbell Clark being (1) a Bachelor of Medecine of Edinburgh University hereby certify that I have this day at (2) Glasgow District Asylum, Bothwell personally examined Agnes Henderson or McMurdo at present a Patient in said Asylum, and with respect to her Mental State that she is much excited very abusive, at times violent, labours under delusions of a sex character, and of identity.

(1) State Medical Qualification.
(2) Name Asylum.

; and with respect to her Bodily Health and Condition that they are weak - There is slight impairment of percussion note under, and below left clavicle

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties Dumfries

A Campbell Clark M.B.

Dated this twentieth day of July One thousand eight hundred and eighty two

---

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) the Inspector of Poor parish of Dumfries to authorize the transfer of Agnes Henderson, or McMurdo from Glasgow District Asylum to Southern Counties Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Agnes Henderson, or McMurdo as requested.

(2) Valid for fourteen days from date.

[signature] Commissioner.

Dated at Edinburgh, this 26th day of July One thousand eight hundred and eighty two

Date of Sheriff's Order — 1st July 1882.

2
566
Agnes Henderson
or McMurdo
31st July 1882

PAROCHIAL BOARD OFFICE
27 JUL. 82
DUMFRIES

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

ward. artry.

Unto the Honourable the (1) Sheriff *of* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Colonel Joseph Henry Hudson 5 Newburlington St Regent St London humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Henry Francis Harrington Hudson ~~116 Cromwell Road South Kensington, London~~ 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 Joseph Henry Francis Harrington Hudson to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.—

Joseph Henry Hudson Colo.

ve of other Peti. Luna.

f the with- days ss of rtifi-

DATED this Eleventh (4) day of August One thousand eight hundred and eighty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Name and Surname of Patient at	Joseph Henry Francis Harrington Hudson
ge,	Male - Age 39.
ingle, or Widowed,	Single
of Life, and previous Occupation	a St Colonel in the Grenadier Guards
Persuasion, so far as known,	Protestant
Place of Abode,	Munster House Asylum Fulham London
re Found and Examined,	Found in London: Examined in Dumfries
time Insane,	at intervals during 5 years
First Attack,	No the third.
own) on First Attack,	34.
where previously under Examina- l Treatment,	Moorcroft 1877 - Blacklands 1880. Munster House 1882
f Existing Attack,	Five Months
Cause,	Sunstroke whilst serving in Ceylon
ubject to Epilepsy,	No
uicidal,	Yes.
angerous to others,	Yes
Union to which the Lunatic (if a is Chargeable,	—
oming Chargeable,	
Name and Surname, and Place of f nearest known Relative of the and degree of Relationship (if and whether any Member of known to be or to have been In-	Colonel Joseph Hy Hudson 5 New Burlington Street Regent St London Yes. his Mother Uncle died at Blacklands after being 3 years under restraint
umstances (if any) preventing the of any of the above particulars,	None

hat, to the best of my knowledge, the above particulars are correctly stated.

eleventh day of August One thousand eight hundred and eighty two

(*To be signed by Party applying*) Joseph Henry Hudson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Henry Francis Harrington Hudson, Hudson and at the said Joseph Henry Francis Harrington is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 rambling method of conversation & wandering unconnected ideas,

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Tom Hawker his former attendant informs me that he requires constant watching owing to his extravagant actions,

Name and Medical Designation, John Smith

Place of Abode, 14 Castle St. Dumfries

DATED this 10th day of August One thousand eight hundred and eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Henry Francis Harrington Hudson, Ult. Colonel, Grenadier Guards and at the said Colonel Hudson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 incoherent conversation and manner of talking about himself and his past life.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex Thomson M.

Place of Abode Castle St. Dumfries

DATED this Eleventh day of August One thousand eight hundred and eighty-two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St. Dumfries
in the County of Dumfries, seen and personally examined Joseph Henry Francis Harrington Hudson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c.

DATED this 10th day of August One thousand eight hundred and eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Colonel Joseph Henry Hudson 5 Newburlington St Regent St London Certificates under the hands of John Smith and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joseph Henry Francis Harrington Hudson, Petitioner's son and that the said Joseph Henry Francis Harrington Hudson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Henry Francis Harrington Hudson a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Henry Francis Harrington Hudson, which accompanied the said Petition.

DATED this twelfth day of August, One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1769
Lt Col J. H. H. Hudson
10th August
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of James Brown, Inspector of Poor, Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Mitchell (Pauper) chargeable to your Petitioner's (3) ~~the Parish of Langholm~~ Pauper, — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Mitchell — ——— to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

James Brown,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~24~~ 11th (4) day of ~~July~~ August, — One thousand eight hundred and eighty two —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Mitchell
2. Sex and Age,	F. 51
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wauchope Head, Langholm
7. Place where Found and Examined,	do do
8. Length of time Insane,	Several weeks
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	43
11. When and where previously under Examination and Treatment,	Southern Counties Asylum. Dumfries
12. Duration of Existing Attack,	Several 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,	Langholm.
18. Date of becoming Chargeable,	24 May 1872.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Mitchell, Carter, Wauchope Head 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 ~~24~~ 11th day of ~~July~~ August One thousand eight hundred and eighty two.

(*To be signed by Party applying*) James Brown,

P P

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Wilson
being a (1) Physician & Surgeon
and being in actual practice as a (2) Lunacy Practitioner
hereby certify, on soul and conscience, that I have this day, at (3)
Hawthorn Bank
Dumfries in the County of
visited and personally examined (4) Ann Mitchell Pauper
separately from any other Medical Practitioner,
the said Ann Mitchell and at
is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Peculiarities, unbecoming & excited

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Removed away from her friends to Thrift
was assisting the workmen by taking
down her bed & clothes
Name and Medical Designation, John Wilson Physician
Place of Abode, Maxwelltown

DATED this 11th day of August One thousand eight
hundred and eighty two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Kay, Licentiate of
being a (1) the Faculty of Physicians and Surgeons of Glasgow
and being in actual practice as a (2) Surgeon Lunacy
hereby certify, on soul and conscience, that I have this day, at (3)
Hotel, Sanquhar
Dumfries in the County
visited and personally examined (4) Ann Mitchell
Pauper. Wanlockhead and the
the said Ann Mitchell is a (5) person
of Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is restless
and talks incoherently -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Thomas Paterson
She wanders without any aim
and is troublesome to people
around her. Has not slept

Name and Medical Designation, John Kay.
Place of Abode Sanquhar
DATED this 11th day of August One thousand eight
hundred and 82.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Brown, Inspector of Poor, Lanquhar
Certificates under the hands of John Wilson
and William Kay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann Mitchell, Wauloekhead, Sanquhar (a Pauper) and that the said Ann Mitchell, is a (5) insane person, and a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Mitchell, 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 Ann Mitchell, which accompanied the said Petition.

DATED this Eleventh day of August, One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
567
Ann Mitchell
11th August
1852

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Wilson your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Wilson to the S. C. Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Dated this Twelfth (4) day of August One thousand eight hundred and Eighty Two years.

Miles McInnes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Wilson
2. Sex and Age,	32 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Seamstress
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	New Quay
7. Place where Found and Examined,	" "
8. Length of time Insane,	a few days
9. Whether first Attack,	no second
10. Age (if known) on first Attack,	20 years
11. When and where previously under Examination and Treatment,	S. C. Asylum 12 years ago
12. Duration of existing Attack,	a few days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	11th Augt 1882
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Wilson or Murdoch Sister, residing at Barnslaps.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eleventh day of Augt One thousand eight hundred and Eighty One years

(*To be Signed by Party applying*) Miles McInnes Insp. of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(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 Uni
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) New Quay. Dun
in the County
separately from any other Medical Practitioner
visited and personally examined (4) Mary Wilson. Pauper
and the
the said Mary 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) Her insane
appearance incoherence & speech &
delusions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Barbara Wilson informs me that
she suffers constant waking & dreams &
insane habits.

Name and Medical Designation, John Smith M
Place of Abode, 14 Castle St. Dun
DATED this 15th day of August One thousand eigh
hundred and 82 years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall
being a (2) Graduate of the Faculty of Physicians & Sur
Glasgow and Fellow of the Royal Col
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Newquay
Dunfries
in the County
separately from any other Medical Practitioner
visited and personally examined (4) Mary Wilson
and the
the said Mary 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) Talks incoherently
Signs Insane & greatly disinclined
to answer questions &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Neighbours state that at times she
is highly excited, and frowns &
at times is quite prostrated, and groans &

Name and Medical Designation, Wm Marshall M.D. &c
Place of Abode, 24 Beechcroft Dunfries
DATED this 15th day of August One thousand eigh
hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) New Quay, Dumfries
in the County of Dumfries, seen and personally examined
Mary Wilson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D. &c.

DATED this 11th day of August One thousand eight hundred and eighty two years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff-Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McInnes
Inspector of Poor Dumfries,
Certificates under the hands of John Smith,
and William Marshall, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Wilson,
Seamstress, New Quay Dumfries (a Pauper) and that the said
Mary 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 Mary Wilson as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Wilson, which accompanied the said Petition.

DATED this Twelfth day of August, — One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
568
Mary Wilson
11th August
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

23 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff~~ ~~of the~~ (2) ~~County~~ of ~~Dumfries~~ Lieut ~~and his Substitute~~

The Petition of Maggie and Stewart Emmerson Wife Husband of

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Stewart Husband

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Stewart to the Crichton Royal Institution Dumfries and to sanction the admission into the said Asylum.

Maggie And Stewart

(3) The date of the petition must be with a fourteen clear days allowing the dates of the Medical Certificates.

DATED this 14th fourteenth (3) day of August One thousand eight hundred and eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Stewart
2. Sex and Age,	Male. 41.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Hotel Keeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Commercial Hotel. Kirkcudbright
7. Place where Found and Examined,	Commercial Hotel " "
8. Length of time Insane,	Third attack
9. Whether First Attack,	Thirty eight
10. Age (if known) on First Attack,	Kirkcudbright & Aberdeen
11. When and where previously under Examination and Treatment,	Excessive drinking
12. Duration of Existing Attack,	Yes
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Not chargeable
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Maggie Ann Stewart, above designed - (wife).
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of August One thousand eight hundred and eighty two

(*To be signed by Party applying*) Maggie Ann Stewart

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Johnstone ——— being a (1) M. D. Edin. ———

and being in actual practice as a (2) physician and Surgeon. hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright ——— in the County of Kirkcudbright ——— separately from any other Medical Practitioner visited and personally examined (4) David Stewart ——— and that the said David Stewart ——— is a (5) Person of unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) that he is eccentric in his conduct and requires constant watching to prevent him running to the street with [illegible] or no shoes on him. holds conversation with Devil &c &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this 4th day of August. One thousand eight hundred and Eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith ——— being a (1) Bachelor of Medicine and master in Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Royal Crichton Institution, Dumfries in the County of Dumfries ——— separately from any other Medical Practitioner visited and personally examined (4) David Stewart ——— and that the said David Stewart ——— is a (5) person of unsound mind. ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Patient is a little indefinite in his replies to questions and tells me he suffers from individuals coming into his bed, especially at night. Is very excitable when the restraint exercises upon him at home, said restraint having been necessary to prevent him leaving his house when required.

2. Other Facts (if ahy) indicating Insanity communicated to me by others: (7)
John Burns, attendant, informs me he was formerly a patient in this institution suffering in a similar fashion from over indulgence in alcohol.

Name and Medical Designation, John Smith M.B.

Place of Abode 14, Castle St., Dumfries

DATED this fourteenth day of August One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Wm Johnstone
being (1) M. D. Edin.
hereby certify, on soul and conscience, that I have this day, at (2) Kirkcudbright
in the County of Kirkcudbright, seen and personally examined
David Stewart, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Wm Johnstone M. D.

DATED this 14th day of August. One thousand eight hundred and eighty two.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoppe — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Margaret Anne Stewart, Commercial Hotel, Kirkcudbright Certificates under the hands of William Johnstone, — 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) David Stewart Hotel Keeper, Kirkcudbright and that the said David Stewart, — is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Stewart, — as a Patient into the (6) Public — Asylum of Dumfries 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 David Stewart, — which accompanied the said Petition.

DATED this Fifteenth day of August, One thousand eight hundred and eighty two.

David Boyle Stoppe

To the Superintendent of the (7) Public
Asylum of Dumfries Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1770
David Stewart
14th August
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Stewartry~~ of Dumfries Galloway *and his Substitutes,—*

The Petition of John Ferguson Free Church Manse Barr. Girvan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Ferguson 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 Ferguson to the Crichton Institution and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

John Ferguson

(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 82

STATEMENT.

If any 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 Ferguson
2. Sex and Age,	Female 76
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dalgonar Mill, Dunscore
7. Place where Found and Examined,	Dalgonar Mill, Dunscore
8. Length of time Insane,	From 18th July 1882
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	76
11. When and where previously under Examination and Treatment,	At Home
12. Duration of Existing Attack,	Since 18th July 1882
13. Supposed Cause,	Long continued Neuralgia
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 Ferguson (Brother) Free Church Manse Barr. Girvan
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 22nd day of August One thousand eight hundred and 82

(*To be signed by Party applying*) John Ferguson

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Callender, being a (1) Bachelor of Medicine and Master in Surgery and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Dalgonar Mill in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Ferguson, residing at Dalgonar Mill and that the said Elizabeth 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Laboures under delusions. She occasionally fancies she sees the Devil. Fancies she sees Drumlanrig castle which she says is on fire. Sees on any things which she says are on fire. Thinks the people in her mean to deceive her. Refuses nourishment.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Offers violence to the people near her. Information given by her brother.

Name and Medical Designation, James Callender M.B., C.M.

Place of Abode, Dunscore, Dumfriesshire.

DATED this 22nd day of August One thousand eight hundred and eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith, being a (1) Bachelor of medicine & master of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14, Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Ferguson, Dalgonar Mill, Dunscore and that the said Elizabeth Person is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 rather twanders in her speech from one subject to another. Complains incoherently of being a prisoner. Has delusion that her left eye, which is normal at present, is dirty & shrinks from the slightest touch upon it.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr. James Brown, medical student who accompanies the patient states that she is constantly [illegible] in her mind his the subject of delusions.

Name and Medical Designation, John Smith - M.B.

Place of Abode 14 Castle St., Dumfries

DATED this twenty second day of August One thousand eight hundred and eighty - two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Callander A Glasgow being (1) a Bachelor of Medicine & Master of Surgery of the University hereby certify, on soul and conscience, that I have this day, at (2) Dalgonar Mill in the County of Dumfries, seen and personally examined Elizabeth 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.

James Callander M.B., C.M. Glasgow

DATED this 22 day of August One thousand eight hundred and eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Sartorius Mansell (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Ferguson, Fine Arundle Manse, Bapp, Girvan, Certificates under the hands of James Callander and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Ferguson, Dalgonar Mill Dumfries (Pauper) and that the said Elizabeth Ferguson is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Ferguson as a Patient into the (6) Public Asylum of Crichton Institution, and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Ferguson, which accompanied the said Petition.

DATED this twenty second day of August One thousand eight hundred and eighty two.

W. J. Mansell.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

7771

Elizabeth Ferguson

22nd August

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway and his Substitutes,—

The Petition of Thomas Milligan, Willdale Villa maxwelltown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that agnes Milligan your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said agnes Milligan to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(1) State degree of Lordship or other entity in which Petitioner stands to Lunatic.

Thomas Milligan

Dated this 28th (4) day of August One thousand eight hundred and eighty two.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	agnes Milligan
2. Sex and Age,	female 42 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	wife of Mason Church of Scotland
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Willdale Villa Maxwelltown
7. Place where Found and Examined,	Willdale Villa
8. Length of time Insane,	two or three weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	42 years
11. When and where previously under Examination and Treatment,	two or three weeks after Child birth
12. Duration of Existing Attack,	not known.
13. Supposed Cause,	
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Milligan Willdale Villa Maxwelltown (Husband)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 28th day of August One thousand eight hundred and Eighty two

(*To be signed by Party applying*) Thomas Milligan

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Welldale Villa, Maxwelltown, Troqueer in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Agnes Milligan, Masons Wife Welldale Villa, Maxwelltown and that the said Agnes Milligan is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her depressed appearance — says she is possessed of the Devil on account of her sins — swallowed a whole bottle of Medicine, and admits she did so to poison herself —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by her Husband that she has been in a depressed state for about two weeks and quite changed in her habits, and manner

Name and Medical Designation, Alex. Thomson

Place of Abode, Castle Street. Dumfries

DATED this Twenty sixth day of August One thousand eight hundred and Eighty two years —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate Med: of Glasgow University &c and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Christchurch Royal Institution. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Agnes Milligan. and that the said Mrs Agnes Milligan is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a [illegible] look, seems in a very depressed state of mind. She is the subject of Incorporeal Anaesthesia and in a state dangerous to herself and others

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband says he has observed her [illegible] peculiar lately & since her confinement. That he found her out concealing a large Knife under [illegible]

Name and Medical Designation, W. S. Kerr M.D. &c

Place of Abode Dumfries

DATED this 28th day of August One thousand eight hundred and Eighty Two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson
being (1) a Doctor of Medicine &c
hereby certify, on soul and conscience, that I have this day, at (2) Willdale Villa
in the County of Kirkcudbright, seen and personally examined
Agnes Milligan, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson MD &c

DATED this twenty sixth day of August One thousand eight hundred and eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw — (3) Honorary Sheriff Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) Thomas Milligan, Willdale Villa, Maxwelltown, Certificates under the hands of Alexander Thomson — and William Smith Senr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Agnes Milligan, Willdale Villa, Maxwelltown, and that the said Agnes Milligan, his wife, is a (7) lunatic of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Milligan, as a Patient into the (8) Public — Asylum of Crichton Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Milligan, which accompanied the said Petition.

DATED this twenty eighth day of August One thousand eight hundred and eighty two.

Geo Whitelaw

To the Superintendent of the (9) Public
Asylum of
Crichton Royal Institution,
Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

1772

Agnes Killigan

26th August

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Stewartry of ~~Kirkcudbright~~ Dumfries & Galloway *and his Substitutes,*—

The Petition of John Herries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Evangeline Herries 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 Evangeline Herries to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of relationship or other parity in which Petitioner stands to Luna.

John Herries

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25 (4) day of August One thousand eight hundred and eighty-two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Evangeline Herries
2. Sex and Age,	Female. Age 26
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Drapers Wife
5. Religious Persuasion, so far as known,	Baptist Denomination
6. Previous Place of Abode,	London
7. Place where Found and Examined,	Castle Douglas
8. Length of time Insane,	8 Months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	10 months
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	August 28th. 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Herries. Threave Bank Cottage. Bridge of Dee. Husband.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Her father committed suicide, but not known to have been Insane previously

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 82

(*To be signed by Party applying*) John Herries

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Nivison
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Castle Douglas in the County
visited and personally examined (4) Evangeline Herries separately from any other Medical Practitioner
the said Evangeline 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)
She says she has given herself over to the devil and wants to take away her life so as to go to the devil

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husbands says she has for some months been in a melancholy state of mind and has attempted Suicide both by knife & poison

Name and Medical Designation, John Nivison
Place of Abode, M. B. & C. M.

DATED this Twenty first day of August One thousand eight hundred and eighty two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, 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) Castle Douglas in the County
visited and personally examined (4) Evangeline Herries separately from any other Medical Practitioner
the said Evangeline 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) She believes herself given over to the devil and her continued desire is to go to him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Husband says she has attempted Suicide on several occasions

Name and Medical Designation, Walter Lorraine M.B.
Place of Abode Castle Douglas

DATED this twenty first day of August One thousand eight hundred and eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Gordon — (1) Sheriff Substitute —
of the (2) Stewartry of Kirkcudbright —
having had produced to me, with a Petition at the instance of (3) John Herries, Draper, London, presently residing at Terraine Bank Cottage, Bridge of Dee —
Certificates under the hands of John Mirrison —
and Walter Lorraine —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Evangeline Herries, Terraine Bank Cottage, Bridge of Dee — and that the said Evangeline 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 Evangeline Herries — as a Patient into the (6) Crichton Royal Asylum of Dumfries — and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Evangeline Herries — which accompanied the said Petition.

DATED this Twenty-fifth day of August — One thousand eight hundred and eighty two.

Robt Gordon S.S.

To the Superintendent of the (7) Crichton Royal
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1773

Evaydine Herries

28th August

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff — ~~of the (2)~~ County of Dumfries & Galloway *and his Substitutes,*—

The Petition of Thomas Rogerson, Skemrigg, humbly sheweth that it appears from the subjoined Statement and accompanying Lockerbie, Medical Certificates, that Jane Rogerson (M. S. Boyes) 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 Jane Rogerson to the Crichton Asylum, and to sanction Her admission into the said Asylum.

Thomas Rogerson

DATED this Thirtieth (4) day of August — One thousand ~~eighty two~~ eight hundred and eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Name and Surname of Patient at	Jane Rogerson (M S Boyes)
ge,	Female. 73 Years
ingle, or Widowed,	Widowed
of Life, and previous Occupation	Farmer's Widow
Persuasion, so far as known,	Protestant
lace of Abode,	Johnstone Place, parish of Johnstone
e Found and Examined,	Johnstone Place
time Insane,	about 4 Months
irst Attack,	First attack
own) on First Attack,	73 Years
where previously under Examina- Treatment,	— — —
Existing Attack,	about 4 months
ause,	not known
bject to Epilepsy,	no
icidal,	no
angerous to others,	no
Union to which the Lunatic (if a is Chargeable,	not chargeable to any Parish
oming Chargeable,	— —
Name and Surname, and Place of f nearest known Relative of the and degree of Relationship (if and whether any Member of known to be or to have been In-	Thomas Rogerson, Skemrigg By Lockerbie. Son Half sister.
umstances (if any) preventing the of any of the above particulars,	None.

that, to the best of my knowledge, the above particulars are correctly stated.

is Tirtieth day of August One thousand eight hundred and eighty two

(*To be signed by Party applying*) Thomas Rogerson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Maxwell Davidson being a (1) Bachelor of Medicine & Master in Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Johnstone Place Parish of Johnstone, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Rogerson, Widow Johnstone Place and the said Jane Rogerson is a (5) Person of Unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Restless, agitated manner.
Suspicious Mood.
Fits of taciturnity
Sleeplessness

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Friends have constantly to watch her. She tries to roam about & to have her clothes off. To-day on burning her stockings. Watches own the house, sometimes night & day, watching opportunity of stealing out of the house

Name and Medical Designation, John Maxwell Davidson

Place of Abode, Johnstone Bridge By Lockerbie

DATED this Twenty-ninth day of August One thousand eight hundred and Eighty-two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so,*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Maclachlan being a (1) Bachelor of Medicine & Master in Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Johnstone Place, Johnstone Parish in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Rogerson, Widow Johnstone Place and the said Jane Rogerson is a (5) Person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless & excited manner wandering up & down the house constantly changing her clothes, refuses to enter into conversation

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The servant states that she is at times excited & has struck her on several occasions. She also says she is constantly trying to get out of the house & to strip off her clothes

Name and Medical Designation, James Maclachlan M.D. & C.M.

Place of Abode Lockerbie

DATED this twenty-ninth day of August One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Jardine Maxwell (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Rogerson, Skenrigg, Lockerbie Certificates under the hands of John Maxwell Davidson and James Maclachlan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Boyes or Rogerson, Skenrigg, Lockerbie (Retrs Mother) and that the said Jane Boyes or Rogerson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Boyes or Rogerson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Boyes or Rogerson, which accompanied the said Petition.

DATED this Thirteenth day of August, One thousand eight hundred and eighty two.

W. J. Maxwell

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Jane Rogerson
31st August
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ ——— *of* Dumfries and Galloway *and his Substitutes*—

The Petition of Harriet Gibson, Crossford School House, Glenmaria humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Gibson, Schoolmaster, Crossford, your Petitioner's (3) Brother ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Gibson ——— to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Harriet Gibson

Dated this Second —(4) day of September, One thousand eight hundred and eighty two years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Gibson
2. Sex and Age,	Male. 62 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Teacher
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Crossford School House, Glenmaria
7. Place where Found and Examined,	" "
8. Length of time Insane,	1 Month or thereabouts
9. Whether first Attack,	No
10. Age (if known) on first Attack,	30 years ago
11. When and where previously under Examination and Treatment,	Here, Crossford School House, Dr Lorraine & Dalgiel
12. Duration of existing Attack,	a few weeks
13. Supposed Cause,	Excessive reading
14. Whether subject to Epilepsy,	Unknown
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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,	Harriet Gibson, Crossford School House, Sister of Patient Unknown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this First day of September One thousand eight hundred and Eighty two

(To be Signed by Party applying) Harriet Gibson

Same Progressive 31st August 1882

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Muir being a (1) Graduate of an University - Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Crosford Dam Cottage in the County separately from any other Medical Practitioner visited and personally examined (4) William Gibson and that the said William Gibson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He became violent and want of Coherence, thought he had killed me, and said I could run from to Airdrie in 3 minutes

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sometimes can hardly be kept in the house, and at times at other times sullen.

Name and Medical Designation, John Robertson Muir. (Surgeon)

Place of Abode, Broomfield. Bromann

DATED this 1st day of September One thousand eight hundred and eighty two years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Andrew Bowmer member of the being a (1) University of St Andrews and being in actual practice as a (2) a Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) at Crosford House Glencairn in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Gibson Crosford Cottage and the said William Gibson is a (5) of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Not a word of sense could I hear from him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Some times can scarcely be kept in the house at, others violent, Cursing, Swearing and disposed to

Name and Medical Designation, And Bowmer M. D.

Place of Abode, Lauriston. Glencairn

DATED this 1st day of September One thousand eight hundred and eighty two Years

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw, (1) Honorary Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Harriet Gibson
Crossford School House Glencairn,
Certificates under the hands of John Picken Muir,
and Andrew Lorriner, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Gibson, Teacher, Crossford School House, Glencairn (Petro Brother) and that the said William Gibson, is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Gibson, as a Patient into the (6) Public Asylum of Crichton Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Gibson, which accompanied the said Petition.

DATED this Second day of September, One thousand eight hundred and eighty two.

Geo. Whitelaw

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.

1775

William Gibson

2nd September

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Janet Johnstone 6 Terregles St Maxwell Town

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Johnstone your Petitioner's (2) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane, May it therefore please your Lordship to authorize the transmission of the said William Johnstone to the Crichton Institution and to sanction his admission into the said Asylum.

(2) State degree of relationship or other reality in which Petitioner stands to Lunatic.

I Seventh I Janet Johnstone

(1) The date of the Order must be within fourteen clear days following the dates of Medical Certificates.

DATED this ~~THIRD~~ (1) day of September One thousand eight hundred and Eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	William Johnstone
Sex and Age,	Male — 56 Years
Married, Single, or Widowed,	married
Condition of Life, and previous Occupation (if any),	none
Religious Persuasion, so far as known,	free Church
Previous Place of Abode,	Terregles St Maxwelltown
Place where Found and Examined,	do do
Length of time Insane,	one week
Whether First Attack,	no
Age (if known) on First Attack,	Seventeen years
When and where previously under Examination and Treatment,	Crichton Institution
Duration of Existing Attack,	one week
Supposed Cause,	unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet Johnstone 6 Terregles Street Maxwelltown
Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of September One thousand eight hundred and Eighty two

(*To be signed by Party applying*) Janet Johnstone

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal College of Physicians & Surgeons Edinburgh & Ind and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Cast[illegible] Dumfries in the Co[illegible] Dumfries separately from any other Medical Prac[illegible] visited and personally examined (4) William Johnstone, 6 [illegible] St, Maxwelltown and the said William Johnstone is a (5) person of unsound mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the fo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very [illegible] in his manner & his facial expression [illegible] mental disorder

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: [illegible] Has been many times in the Crichton [illegible] Institution, Dumfries, to my own knowledge

Name and Medical Designation, John Cunningham [illegible]

Place of Abode, 35 Buccleuch Street

DATED this sixth day of September One thousand [illegible] hundred and eighty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Ed[illegible] and of the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton [illegible] Institution, Dumfries in the Co[illegible] Dumfries separately from any other Medical Prac[illegible] visited and personally examined (4) William Johnstone, [illegible] Street, Maxwelltown and the said William Johnstone is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the fo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is listless [illegible] restless, and occasionally becomes [illegible] excited.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: [illegible] Mr Bruce informs me that he has been often under treatment before.

Name and Medical Designation, Hugh Cunningham [illegible]

Place of Abode 25 Castle Street, Dumfries

DATED this sixth day of September One thousand [illegible] hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Cunningham being (1) Licentiate of the Royal College of Physicians Surgeons & Edr hereby certify, on soul and conscience, that I have this day, at (2) 25 Castle Street, Dumfries in the County of Dumfries, seen and personally examined William Johnstone, Gentleman, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Cunningham MD LRCPEdr.

DATED this Sixth day of September One thousand eight hundred and eighty two years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Janet Johnstone 6 Terregles Street Maxwelltown. Certificates under the hands of John Cunningham and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Johnstone 6 Terregles Street Maxwelltown and that the said William Johnstone is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Johnstone as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Johnstone which accompanied the said Petition.

DATED this Seventh day of September One thousand eight hundred and eighty two

David Boyle Hope

To the Superintendent of the (7) the Public *Asylum of* Crichton Royal Institution Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1776

William Johnstone

6th September

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honorable the (1) Sheriff of ~~the~~ (2) Dumfries & Galloway *and his Substitutes,—*

The Petition of John Maxwell. Insp^r of Poor.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Dowds.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Dowds to the Southern Counties Asylum and to sanction her admission into the said Asylum.

John Maxwell.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Twelfth~~ Thirteenth (4) day of September One thousand eight hundred and eighty two Years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Dowds.
2. Sex and Age,	Female. aged 27 years.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Labourers Daughter. Servant.
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	22 Glasgow St. Maxwelltown
7. Place where Found and Examined,	same place.
8. Length of time Insane,	about three months.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	about 27 years.
11. When and where previously under Examination and Treatment,	nowhere
12. Duration of Existing Attack,	about 3 months.
13. Supposed Cause,	not known.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueer in first instance. thought to
18. Date of becoming Chargeable,	12 Sept. 1882. — be Kirkmichael
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Michael Dowds. Labourer. Father 22 Glasgow St. Maxwelltown. Has a Sister in the asylum. —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Twelfth~~ Thirteenth day of September One thousand eight hundred and eighty two

(*To be signed by Party applying*) John Maxwell.

Insp^r of Poor. Parish of Troqueer.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Physicians and Surgeons Edinburgh, and being in actual practice as a (2) physician and surgeon hereby certify, on soul and conscience, that I have this day, at (3) 22 Glasgow Street Maxwelltown Kirkcudbright-shire in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Dowds a pauper and that the said Agnes Dowds is a (5) person of unsound mind and a proper Person to be detained 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 is restless and excited, and cannot be left alone.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother states that she has twice left the house, in a state of nudity, and that there has been a marked change in her conduct. Her sister is at present in the asylum

Name and Medical Designation, James Hunter Dryden L.R.C.P.

Place of Abode, 18 George St. Dumfries

DATED this 12th day of September One thousand eight hundred and eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal College of Physicians Edinburgh and and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 22 Glasgow Street Maxwelltown, Kirkcudbright shire. in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Dowds, 22 Glasgow Street Maxwelltown, pauper. single, and that the said Agnes Dowds is a (5) person of unsound mind and a proper person to be detained 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 & cannot answer questions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister is an inmate of the Dumfries County Asylum at present. She has escaped from the house in a state of nudity on two separate occasions.

Name and Medical Designation, John Cunningham L.R.C.P.

Place of Abode 35 Buccleuch Street, Dumfries

DATED this 13th day of September One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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 Whitelaw (1) Honorary Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell, Inspector of Poor, Irongray
Certificates under the hands of James Hunter Dryden
and John Cunningham , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Dowds, 22 Glasgow Street, Maxwelltown a pauper, and that the said Agnes Dowds is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Dowds as a Patient into the (6) ~~Southern Counties~~ Asylum of Southern Counties and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Dowds which accompanied the said Petition.

DATED this Thirteenth day of September One thousand eight hundred and eighty two

Geo. Whitelaw
Hony S. S.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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570

Agnes Dowd's
13th September
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Currie your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Currie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Miles McInnes

Dated this Fifteenth (4) day of September One thousand eight hundred and Eighty Two years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Currie
2. Sex and Age,	Male — about 24 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Supposed to be Kirkpatrick Fleming
7. Place where Found and Examined,	Parochial Board office Dumfries
8. Length of time Insane,	Cannot tell
9. Whether first Attack,	" "
10. Age (if known) on first Attack,	" "
11. When and where previously under Examination and Treatment,	" "
12. Duration of existing Attack,	" "
13. Supposed Cause,	" "
14. Whether subject to Epilepsy,	" "
15. Whether Suicidal,	no don't think it
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries Meantime
18. Date of becoming Chargeable,	15th Sept. 1882.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Want of Information

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fifteen day of September One thousand eight hundred and Eighty Two years

(*To be Signed by Party applying*) Miles McInnes

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a 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, Wyllegrey Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons of Glasgow and College of Physicians & Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Parochial Board Office, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Currie & Co. Dumfries and the said James Currie is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently seems morose & violent and unmanageable Cannot give the reasons for the conduct which he will not attend to answer &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By Inspector Hetly that he was ordered to get in the Police to take him that they had come from Angus about the case suppose

Name and Medical Designation, Wyllegrey Marshall M. D. &c

Place of Abode, 27 Buccleuch St Dumfries

DATED this 15th day of September One thousand eight hundred and eighty two years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a 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, John Smith being a (1) Bachelor of Medicine and Master of Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Parochial Office, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Currie and the said James Currie is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He has a staring look in his eyes. Being interrogated, he wanders off into an almost incomprehensible account of his past life. Among other delusions noted, for men had to take his life in his last workhouse, and his bowels had at one time been torn out by lions at Ceylon.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr McInnes, Inspector of Poor, informs me that on arriving at the office last night, he had stated his object to be — that he wanted to see about the Lord's Prayer or Lord's Supper.

Name and Medical Designation, John Smith M.D.

Place of Abode, 14, Castle St., Dumfries

DATED this Fifteenth day of September One thousand eight hundred and eighty-two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Marshall and Colleg of Hatchers being (1) Graduate of the Faculty of Physicians & Surgeons Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Parochial roads office in the County of Dumfries, seen and personally examined James Currie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall

DATED this 15th day of Septr One thousand eight hundred and eighty two years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Currie Labourer of no known residence a pauper and that the said James Currie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Currie as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Currie which accompanied the said Petition.

DATED this Sixteenth day of September One thousand eight hundred and eighty two

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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James Currie
15th Septr
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...eriff or Steward. ...re or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *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 George Armstrong Rowend a pauper your Petitioner's (3) chargable to this Parish is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Armstrong to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

State degree of ...ship or other ...ty in which Peti... stands to Luna...

Rowland Reed

The date of the ...en must be with... ...rteen clear days ...ing the dates of ... Medical Certifi...

Dated this 15th (4) day of September One thousand eight hundred and eightytwo

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	George Armstrong
Sex and Age,	Male 70 years
Married, Single, or Widowed,	Widower
Condition of Life, and previous Occupation (if any),	Farm Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Rowend Canonbie
Place where Found and Examined,	Rowend
Length of time Insane,	14 days
Whether first Attack,	Yes
Age (if known) on first Attack,	—
When and where previously under Examination and Treatment,	—
Duration of existing Attack,	
Supposed Cause,	Unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	at times
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Canonbie
Date of becoming Chargeable,	12th Sept 1882
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Andrew Armstrong Son Rowanburn Canonbie Son & daughter at present in Asylum
Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 15th day of September One thousand eight hundred and eightytwo

(*To be signed by Party applying*) Rowland Reed

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Rae Anderson being a (1) Doctor of Medicine and Licentiate of the Faculty of Physicians & Surgeons - Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rowend in the Parish of Canonbie in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) George Armstrong - Pauper residing at Rowend - Canonbie - and the said George Armstrong is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, 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 excited and restless, his conversation is incoherent and his appearance and manners are those of an insane person —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His daughter - Mrs Hyslop - says he gets very at times and talks a great deal of nonsense. Mrs Armstrong who lives in the same house says she is [illegible] for him and has had to leave the house every day until husband comes home, that he is always quite unruly in [illegible]

Name and Medical Designation, Jas Rae Anderson M.D.

Place of Abode, Eskbank Canonbie

DATED this thirteenth day of September One thousand eight hundred and eighty two —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Johnstone Carlyle being a (1) Graduate of Medicine (Edinburgh University) & Licentiate of the Royal College of Surgeons (Edinburgh) and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rowend in the parish of Canonbie in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) George Armstrong, Pauper Rowend, Canonbie and the said George Armstrong is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Considerable excitement, great incoherence with various morbid delusions, Evinces much [illegible] to the woman who attends him —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Warrwick, Rowend. States that he [illegible] outer house in a very excited state and [illegible] he has not attempted violence. She is afraid he [illegible] do so either to himself or neighbours —

Name and Medical Designation, W. Clearghe M.D.

Place of Abode, Langholm

DATED this 14th day of September One thousand eight hundred and 82

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Rowland Reid
Inspector of Poor Canonbie
Certificates under the hands of James Rae Anderson
and William Johnstone Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
George Armstrong Rowend Canonbie a pauper and that the said
George Armstrong is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Armstrong 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 George Armstrong which accompanied the said Petition.

DATED this Sixteenth day of September One thousand eight hundred and eighty two

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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George Armstrong
16th Septr
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) ~~Shire~~ Dumfries & Galloway *and his Substitutes,—*

of ~~Kirkcudbright~~

The Petition of Robert Harper, Farm Servant,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Thomson or Harper

(1) 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 authorize the transmission of the said Agnes Thomson or Harper to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

Robert Harper

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (2) day of September One thousand eight hundred and Eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Agnes Thomson or Harper
Sex and Age,	Female Thirty six
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Farmers Wife, Domestic Servant
Religious Persuasion, so far as known,	Presbyterian
Previous Place of Abode,	Drumcastle, Ardwell
Place where Found and Examined,	Mains of Park, Glenluce
Length of time Insane,	About four months
Whether First Attack,	First attack
Age (if known) on First Attack,	Thirty six
When and where previously under Examination and Treatment,	Never previously under treatment
Duration of Existing Attack,	About four months
Supposed Cause,	Not known
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	Slightly
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,	Robert Harper residing at Mains of Park, Glenluce Husband of Patient. No Member of Family known to be insane
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of September One thousand eight hundred and Eighty two

(*To be signed by Party applying*) Robert Harper

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Matthews
being a (1) Bachelor of Medicine and 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) Mains of Park, Glenluce Wigtown in the County
separately from any other Medical Practitioner, visited and personally examined (4) Mrs Agnes ~~Harper or~~ Thomson alias Harper residing with her husband Mr Thomson alias Harper Thomson Mason
and the said Agnes ~~Harper or~~ Thomson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She answers questions in an abrupt manner, the expression of her countenance being sometimes sour & pleasant at other times demure & ill-disposed. She will be very angry when her husband or mother is mentioned. She blames her mother for dressing like a young woman and for having married her husband. She says that they have planned many things to take her husband's money from him. She says that her husband is innocent & that it is you who are trying to get his money. She wanders among people, dressed in white, & remains in the church during the whole time of the service. She is very fond of her husband & her mother & is very angry when anyone speaks against them.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that his wife has been in a strange way for some time. She is very often alone in a room, but is not lonely when not at home. She sleeps little or has disturbed sleep. She wanders about the house often goes to the door thinking someone is coming in & does not appear to recognise where she will remain for long periods. She attacked him recently with a knife & has also attacked her mother & threatened to kill her. She attacked him recently with a knife & has also attacked her mother & threatened to kill her. She has been up and in the sea & runs into the house & says she is being pursued by people. She has been up and in the sea & runs into the house & says she is being pursued by people. She refused to be held by force

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Mac Lean Esquire Sheriff Substitute of the (3) County of Wigtown having had produced to me, with a Petition at the instance of (3) Robert Harper Farm Overseer Mains of Park Old Luce Certificates under the hands of David Matthews residing in Glenluce and David Eastin residing in Glenluce being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Thompson or Harper wife of said Robert Harper and that the said Agnes Thompson or Harper is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Thompson or Harper as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Thompson or Harper which accompanied the said Petition.

DATED this Sixth day of September One thousand eight hundred and eighty two years.

P. Mac Lean Sh. Sub.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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5 7/3
Agnes Thomson
or Harper
18th September
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Steward.
tewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes, Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rebecca Gordon or Rule your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Rebecca Gordon or Rule to the Southern Counties Asylum and to sanction her admission into the said Asylum.

egree of Rela-
other capacity
itioner stands

Miles McInnes

DATED this Twenty Third (4) day of September One thousand eight hundred and Eighty Two years

s of the Peti-
within four-
ays following
the Medical

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

n Name and Surname of Patient ength,	Rebecca Gordon or Rule
l Age,	Female – 55 years
l, Single, or Widowed,	Widow
on of Life, and previous occupation ny),	General Dealer
ns Persuasion, so far as known,	Protestant
s Place of Abode,	Annan
where Found and Examined,	6 King St Dumfries
of time Insane,	a few weeks
er first Attack,	yrs
known) on first Attack,	—
and where previously under Exa- ation and Treatment,	no when
on of existing Attack,	a few weeks
ed Cause,	not known
er subject to Epilepsy,	no
er Suicidal,	no
er Dangerous to others,	no
or Union to which the Lunatic (if a per) is Chargeable,	Dumfries Meantime
f becoming Chargeable,	22nd Sept 1882
n Name and Surname, and Place bode of nearest known Relative of Patient, and degree of Relationship known), and whether any Member Family known to be or to have Insane,	Henrietta Gordon or Collart her Sister residing at 6 King Street Dumfries No. not so far as known
circumstances (if any) preventing insertion of any of the above par- lars,	None

ify that, to the best of my knowledge, the above particulars are correctly stated.

Twenty Second day of September One thousand eight hundred and Eighty Two years

(*To be Signed by Party applying*) Miles McInnes

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Ogilvie Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and Licentiate of the Royal College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 6 King St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Rebecca Gordon or Rule Cook and the said Rebecca Gordon or Rule Cook Workhouse Nurse is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 thinks that she has been guilty of crime Strongly objects to being under Care & Treatment fears that she is to be put to death for disobeying the laws of God

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her neighbours & Workhouse State that she is terribly disturbed at nights talking to herself

Name and Medical Designation, W Marshall MB CM Dumfries

Place of Abode, 27 Buccleuch St Dumfries

DATED this 22 day of Sept One thousand eight hundred and eighty two years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 9 King St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Rebecca Gordon or Rule a Pauper and the said Rebecca Gordon or Rule is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 method of speech & delusions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her neighbours inform me that she is subject to delusions. No proper

Name and Medical Designation, John Smith MB CM

Place of Abode, 14 Castle St Dumfries

DATED this 22nd day of Sept One thousand eight hundred and 82 years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 6 King St. Dumfries in the County of Dumfries, seen and personally examined Rebecca Gordon or Rule, and that the said person is of unsound mind, and 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

DATED this 22d day of Sept 2 One thousand eight hundred and 82 years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw Esquire (3) Honorary Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) ~~William Marshall~~ Miles McInnes Inspector of Poor Dumfries Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Rebecca Gordon or Rule Widow 6 King Street Dumfries (Pauper) and that the said Rebecca Gordon or Rule 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 Rebecca Gordon or Rule 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 Rebecca Gordon or Rule which accompanied the said Petition.

DATED this Twenty third day of September One thousand eight hundred and eighty two

Geo Whitelaw
Hony S. S.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
575
Rebecca Gordon or
Rule
22nd September
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 his Substitutes,~~ & Galloway — at Dumfries.

The Petition of John McKnight. Inspector of Poor, Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Borthwick McKnight — your Petitioner's (3) Wife — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Borthwick McKnight — to the Crichton Institution ~~Southern Counties Asylum~~ Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John McKnight.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this third — (4) day of October — One thousand eight hundred and Eighty 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,	Helen Borthwick McKnight.
2. Sex and Age,	Female 45 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of Inspector of Poor &c.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Langholm
7. Place where Found and Examined,	Broadknowe Square Langholm
8. Length of time Insane,	above one year
9. Whether First Attack,	No
10. Age (if known) on First Attack,	about 44 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of Existing Attack,	about one year
13. Supposed Cause,	Change of Life &c.
14. Whether subject to Epilepsy,	Not
15. Whether Suicidal,	No
16. Whether Dangerous to others,	yes rather to her husband alone
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	None Private Patient
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John McKnight. Inspector of Poor Langholm.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this third day of October One thousand eight hundred and Eighty two years

(*To be signed by Party applying*) John McKnight.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Johnstone Carlyle being a (1) Graduate of the University Edinburgh and Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Buccleugh Langholm in the Parish of Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen McKnight, Buccleugh Langholm in the Parish of Langholm and that the said Helen McKnight is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Occasionally great irritability with various morbid delusions and at times abrasive under excitement, evinces much dislike to her husband, has threatened him with personal violence—

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The above facts have also been communicated to me by her husband John McKnight who also states that his life has been endangered more than

Name and Medical Designation, W. Carlyle M.D. & Surg.

Place of Abode, Langholm

DATED this 3 day of October One thousand eight hundred and 82

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) County Buildings Dumfries, in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen McKnight, Buccleugh Square, Langholm and that the said Helen McKnight is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a vacant appearance of the countenance and is listless.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Alexander McIntosh informs me that she has been in an asylum before.

Name and Medical Designation, Hugh Cunningham L.R.C.P.

Place of Abode 25 Castle Street, Dumfries

DATED this third day of October One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Johnstone Carlyle being (1) Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Buccleugh Square, Langholm in the County of Dumfries, seen and personally examined Helen McKnight, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W. Carlyle M.D.

DATED this 3 day of October One thousand eight hundred and 82

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John McKnight, Inspector of Poor, Langholm Certificates under the hands of William Johnstone Carlyle and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Borthwick McKnight, Buccleugh Square, Langholm (Wife) and that the said Helen Borthwick McKnight is (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Borthwick McKnight as a Patient into the (6) Public — Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Borthwick McKnight, which accompanied the said Petition.

DATED this Fifth day of October, — One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1779

Helen Borthwick
or Mc Knight

3rd October 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~Dun~~ (2) Dumfries and Galloway at Dumfries and his Substitutes—

The Petition of John Duncan, 90 Dockhead Street Saltcoats

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Martha Barclay or Duncan

State degree of kindship or other ity in which Peti- r stands to Luna.

your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Martha Duncan or Barclay to the Crichton Royal Institution and to sanction the admission into the said Asylum.

John Duncan

The date of the on must be within ersons clear days ring the dates of Medical Certifi-

DATED this Seventh (4) day of October One thousand eight hundred and eighty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Martha Barclay or Duncan
Sex and Age,	Female. Fifty Years.
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Keeps a Boot and Shoe Shop
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	90 Dockhead Street Saltcoats
Place where Found and Examined,	at Mr Morrison Church Place, Ardrossan
Length of time Insane,	Ten days
Whether First Attack,	First Attacke
Age (if known) on First Attack,	Fifty
When and where previously under Examination and Treatment,	
Duration of Existing Attack,	Ten days
Supposed Cause,	Change of life and annoyed about her Business affairs.
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,	No
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Duncan. 90 Dockhead Street Saltcoats Husband. None
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of October One thousand eight hundred and Eighty Two

(*To be signed by Party applying*) John Duncan

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 S. Kennier: Surgeon
being a (1) Licentiate of Faculty Physicians & Surgeons
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Church
Ardrossan in the County
Ayr. separately from any other Medical Practitioner
visited and personally examined (4) Mrs Martha Barclay
Duncan, Wife of John Duncan
the said 90 Dockhead Ardrossan is a (5) Person of
Mrs Martha Duncan and a proper Person to be
Mind
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She has been in a sleepless and excited
Condition talking and scolding those about
her Rearranging chairs and other articles about
and Moveing to and fro through the House

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By Mrs Morrison her sister and her Husband
She has been in a restless excited state for
Laughing and singing scolding at the pitch of
voice Striking with her hands & feet

Name and Medical Designation, Robert S. Kennier
L.F.P.S.G.

Place of Abode, Hamilton Street Ardrossan

DATED this Fifth day of October One thousand
hundred and eighty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Robert Allan
being a (1) Bachelor of Medicine & Master
of Surgery
and being in actual practice as a (2) medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Church
Place, Ardrossan, in the County
Ayr. separately from any other Medical Practitioner
visited and personally examined (4) Mrs Martha Barclay
Duncan wife of John Duncan, 90, Dockhead
the said Mrs Martha Duncan is a (5) insane
person and a proper person to be
under Care and Treatment, 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
incessantly in an excited manner
her language is simply a jumble
words without any meaning be[illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her sister Mrs Thomas Morrison informs
me that the patient has been in an excited
state for the last twelve days, counting laughing in
a demonstrative way on the occasion I have described to

Name and Medical Designation, Robert Allan M.D.

Place of Abode 6, Arran Place, Ardrossan

DATED this Sixth day of October One thousand
hundred and Eighty-two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Robert S. Kinnier Surgeon Lactcoats being (1) Licentiate of F.P.S.G. hereby certify, on soul and conscience, that I have this day, at (2) Church Place Ardrossan in the County of Ayr seen and personally examined Mrs Martha Barclay or Duncan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert S. Kinnier. L.F.P.S.G.

DATED this Sixth day of October One thousand eight hundred and Eighty Two Years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Duncan 90 Dockhead Street Saltcoats Certificates under the hands of Robert S. Kinnier and Robert Allan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Martha Barclay or Duncan (Petitioner's wife) and that the said Mrs Martha Barclay or Duncan is a (5) person of unsound mind and an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Martha Barclay or Duncan as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Martha Barclay or Duncan, which accompanied the said Petition.

DATED this Ninth day of October, One thousand eight hundred and eighty two years.

Geo. Whitelaw
Hony. S.S.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Martha Barclay
or Duncan
y^th October
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Stewart, Bailie or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries ~~of~~ Kirkcudbright and his Substitutes, at Dumfries

The Petition of William Tivers Domock Toson N. Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Forbes

State degree of kinship or other duty in which Petitioner stands to Lunatic.

~~Patient~~ Boarder Agnes Tivers for William Tivers

is at present in a state of Mental Derangement, and 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 Forbes to the Crichton Royal Institution and to sanction ~~the~~ admission into the the said Asylum.

William Tivers

The date of the Petition must be within seven clear days preceding the dates of the Medical Certificates.

DATED this eleventh (3) day of October — One thousand eight hundred and eighty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Forbes
Sex and Age,	Female.
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	none
Religious Persuasion, so far as known,	U. P. Church
Previous Place of Abode,	Domock Toson. N. Annan
Place where Found and Examined,	Domock
Length of time Insane,	4 weeks
Whether first Attack,	no
Age (if known) on first Attack,	
When and where previously under Examination and Treatment,	Crichton Institution
Duration of existing Attack,	4 weeks
Supposed Cause,	unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	unknown
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private Patient
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,	W Forbes. Clydesdale House Spring Grove Isle Worth. Middlesex Brother of the Patient.
Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 9th day of October — One thousand eight hundred and eighty two

(*To be signed by Party applying*) William Tivers

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Baillie Maclean
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) Dornoch
town in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Mary Forbes
and that
the said Mary 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is full of
delusions - imagines she cant breathe
swallow. that her throat is grown up with
Says she is ruined & lost.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Facts similar to what I have observed
myself. Her head she imagined had swell
her body. she imagined she had swallowed

Name and Medical Designation, R Baillie Maclean M.D.

Place of Abode, The Mount Annan

DATED this ninth day of October One thousand eight
hundred and eighty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Ferguson
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Mary Forbes
and that
the said Mary 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She tosses about the bed clothes & says
that there is such a weight upon her as to sink through
the floor - says that she cannot speak - Says
her hands & legs are paralysed

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By the Attendant :- That she has
under treatment in this institution before

Name and Medical Designation, Thomas Ferguson M.D.

Place of Abode. 22 Castle St - Dumfries

DATED this tenth day of October One thousand eight
hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Robert Baillie Macbean being (1) Bachelor of Medicine and Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Dornock town in the County of Dumfries, seen and personally examined Mary Forbes, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

R Baillie Macbean
M.B., C.M.

DATED this ninth day of October One thousand eight hundred and eighty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Vivers, Dornock Town, near Annan Certificates under the hands of Robert Baillie Macbean, and Thomas Ferguson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Forbes Dornock Town, nr Annan (Ctrs Boarder) and that the said Mary Forbes, is a (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 Forbes as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Forbes, which accompanied the said Petition.

DATED this Twelfth day of October, One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1781.
Mary Forbes
9th October
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) Dumfries & Galloway *and his Substitutes,—*

The Petition of William Bryden, St Brydes Terrace

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Wilson McLeod

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) ward

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Wilson McLeod to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Wm Bryden

(3) The date of the Oath must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 17th (3) day of October One thousand eight hundred and 82

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,	Wilson McLeod
Sex and Age,	Male 22
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Shop Assistant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Brains Strut Lockerbie
Place where Found and Examined,	Brains Strut, Lockerbie
Length of time Insane,	Two years
Whether First Attack,	First attack
Age (if known) on First Attack,	20
When and where previously under Examination and Treatment,	
Duration of Existing Attack,	Two years
Supposed Cause,	Unknown
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable.
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Bryden St Brydes Terrace, Lockerbie Brother
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of October One thousand eight hundred and 82

(*To be signed by Party applying*) Wm Bryden

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Maclachlan being a (1) Bachelor of Medicine & Master in Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Mains Street, Lockerbie, Parish of Dryfesdale in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Wilson McLeod, Shop Assistant Mains Street, Lockerbie and that the said Wilson McLeod is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Rutter & excited demeanour, peculiar gait, incoherence

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs John Brockie states that he is frequently muttering to himself is very rutter, scarcely [illegible] time to his meals & of late has been very irritable he fancies he hears people annoying him. On [illegible] he knocked Mr Brockie down.

Name and Medical Designation, James Maclachlan M.B. & C.M.

Place of Abode, Lockerbie

DATED this fifteenth day of October One thousand eight hundred and eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John T. R. Wotherspoon being a (1) Registr. Licentiate of the Roy. Coll. Phys. & Surg. Glas. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Green Lockerbie in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Wilson McLeod - Mains St., and that the said Wilson McLeod is a (5) an Insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Constant Mother Delusions & Other Whims

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Constant resthpmp. Thrphpmp. Delusions

Name and Medical Designation, John T. R. Wotherspoon Registr. Phys. Roy. Coll. Phys.

Place of Abode The Green, Lockerby

DATED this 16th day of Oct. One thousand eight hundred and Eighty Two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Maclachlan being (1) a Bachelor of Medicine & Master in Surgery of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Lochrutton in the County of Dumfries, seen and personally examined William McLeod, and that the said person is of unsound mind, and 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 Macdachlan M.B. C.M.

DATED this fifteenth day of October One thousand eight hundred and eighty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (3) Sheriff-Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) William Bryden, St Bryde Terrace, Lochrutton, Certificates under the hands of James Macdachlan — and Wm T. R. Rotherforth, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Wilson McLeod, Shop Assistant, Lochrutton Toll and that the said Wilson McLeod — is a (7) person of unsound mind and an Insane Person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Wilson McLeod — as a Patient into the (8) Public — Asylum of Dumfries 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 Wilson McLeod, — which accompanied the said Petition.

DATED this fourteenth day of October, — One thousand eight hundred and eighty two years, Sycamore deleted

David Boyle Hope

To the Superintendent of the (9) Public *Asylum of* Dumfries Royal Institution, Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

2
576
Wilson Mc Leod
14th October
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Anne Maria Isabella Wilson Searcroft Hall near Leeds humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ellen Wilson your Petitioner's (2) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ellen Wilson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

A. M. Wilson

(1) State degree of Lordship or other authority in which Petitioner stands to Lunatic.

DATED this 20th (3) day of October One thousand eight hundred and eighty two

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Ellen Wilson
Sex and Age,	female 25 years
Married, Single, or Widowed,	single
Condition of Life, and previous Occupation (if any),	None
Religious Persuasion, so far as known,	Episcopalian
Previous Place of Abode,	Searcroft Hall Nr Leeds
Place where Found and Examined,	Dumfries
Length of time Insane,	About one year
Whether First Attack,	yes
Age (if known) on First Attack,	24 years
When and where previously under Examination and Treatment,	Bm Rhyddings one year
Duration of Existing Attack,	Unknown
Supposed Cause,	No
Whether subject to Epilepsy,	yes
Whether Suicidal,	No
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Wilson Searcroft Hall near Leeds (Father)
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 19 day of October One thousand eight hundred and 1882

(*To be signed by Party applying*) A. M. Wilson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Ferguson being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Wilson and that the said Helen Wilson is a (5) person of unsound mind and a proper Person to be claimed under Care and Treatment, 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 nervous & excitable & seems variable in her. Says she would like to live on the moors where no one wd be near her. Says that her brain is [illegible] at work & that she cannot control it.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

By her mother – 1 That about a year ago she attempted to drive
2 That at times she is unruly & violent towards her
3 That at times she will not speak nor [illegible]

Name and Medical Designation, Thomas Ferguson MB [illegible]

Place of Abode, 22 Castle St Dumfries

DATED this nineteenth day of October One thousand eight hundred and eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Creeks Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Wilson and that the said Helen Wilson is a (5) person of unsound mind and a proper person to be claimed under Care and Treatment, 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 [illegible] appearance & method of conversation

(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 [illegible]

Place of Abode, 4 Castle St. Dumfries

DATED this 19th day of Oct One thousand eight hundred and 82

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Ferguson being (1) graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St Dumfries in the County of Dumfries, seen and personally examined Helen 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.

Thomas Ferguson MB & CM.

DATED this nineteenth day of October One thousand eight hundred and eighty two.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Anna Maria Isabella Wilson, Seacroft Hall, near Leeds Certificates under the hands of Thomas Ferguson and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Helen Wilson Seacroft Hall, near Leeds (Castle Douglas) and that the said Helen Wilson, is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Wilson as a Patient into the (8) Public Asylum of Criechton Institution and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Wilson, which accompanied the said Petition.

DATED this twenty first day of October One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (9) Public *Asylum of* Criechton 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.

Allen Wilson

19th October

1852

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) the Sheriff *of* ~~the~~ (2) Dumfries & Galloway *of* *and his Substitutes*

The Petition of Thomas Altham, Brunswick Square, Penrith humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Altham a Daughter of your Petitioner's (3)

State degree of Relationship or other Security 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 Altham to the Chiclon Royal Institution and to sanction her admission into the said Asylum.

Thomas Altham

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (4) day of October One thousand eight hundred and eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Mary Altham
2 Sex and Age,	Thirty one
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,	Member of the Society of Friends
6 Previous Place of Abode,	Her Father's house has always been her home
7 Place where Found and Examined,	~~at home of by (?) Robertson & Anderson~~
8 Length of time Insane,	Five ~~two~~ Months 22 Castle St. Dumfries
9 Whether First Attack,	Second attack,
10 Age (if known) on First Attack,	Twenty eight
11 When and where previously under Examination and Treatment,	at York
12 Duration of Existing Attack,	Two ~~five~~ Months
13 Supposed Cause,	unknown She was always impulsively generous & anxious to do good
14 Whether subject to Epilepsy,	No I think not
15 Whether Suicidal,	Rather & destructive of property especially of her own
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,	Thomas Altham Penrith her Father No other of the family of either Father or Mother are known to have been insane
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	I dont know of any

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 24th day of October One thousand eight hundred and Eighty two

(*To be signed by Party applying*) Thomas Altham

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Ferguson
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Mary Altham
the said Mary Altham is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She is excitable & restless.
At one time she will not speak & at another becomes very talkative — Talks disconnectedly & frequently laughs without any cause.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By her Brother Thomas Altham) That she has been insane & under treatment before — That she is destructive of her clothes & breaks things & is very passionate & violent to others.

Name and Medical Designation, Thomas Ferguson M.B.
Place of Abode, 27 Castle St Dumfries

DATED this twenty third day of October One thousand eight hundred and eighty-two.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alexander Orr Macrae
being a (1) Graduate of Edinburgh & Member
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Mary Altham
Dumfries Penitentiary
the said Mary Altham is a (5) Lunatic
Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is very excitable
Talks incoherently and in a very disconnected way - Laughs very
Frequently - Quite unnecessarily

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
has been in an Asylum before
And is very homicidal to
Others,

Name and Medical Designation, A Macrae M.B.
Place of Abode, 27 Castle St

DATED this twenty third day of October One thousand
hundred and eighty two

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order of the Sheriff.)

I, the undersigned, Thomas Ferguson being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 37 Castle St Dumfries in the County of Dumfries, seen and personally examined Mary Altham, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Ferguson M.D. Edin

DATED this twenty third day of October One thousand eight hundred and eighty two.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Altham Brunswick Square Parrett Gaiter, Certificates under the hands of Thomas Ferguson and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Altham Brunswick Square Parrett and that the said Mary Altham is a (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 Altham as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Altham which accompanied the said Petition.

DATED this twenty fifth day of October One thousand eight hundred and eighty two

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary A Tham

23rd October

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of James Laurie, Inspector of Poor Dunscore, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Haining is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Haining to the Southern Counties Asylum and to sanction his admission into the said Asylum.

~~(SIGNED)~~ James Laurie

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (3) day of October, — One thousand eight hundred and eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	John Haining
Sex and Age,	Male 54
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	None
Place where Found and Examined,	Dempsterton Cottage
Length of time Insane,	
Whether first attack,	2nd serious attack
Age (if known) on first Attack,	49
When and where previously under Examination and Treatment,	Dec 1877 Southern Counties Asylum
Duration of existing Attack,	2 weeks
Supposed Cause,	None
Whether subject to Epilepsy,	No.
Whether Suicidal,	a little
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dunscore
Date of becoming Chargeable,	25th Oct. 1882
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Elisabeth Haining Dempsterton Cottage Dunscore (Mother)
Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

~~(SIGNED)~~* Name, James Laurie

DATED this 27th day of October, — One thousand eight hundred and eighty two

* To be signed by the Party applying.

P. p.

Marge H. Kram
23rd October

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Ard Lowrie, being a (1) Member of the University of St A... and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) at Dunsyre village for the county. in the County of Dunfries separately from any other Medical Practitioner visited and personally examined (4) John Haining, and the said John Haining, is a (5) of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
That Satan is working with him wishing him to injure himself or some other person. He has been in the Asylum before this attack.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From his Mother. She is afraid to stay in the house with him.

(Signed) Name and Medical Designation, Ard Lowrie M. D.

Place of Abode, Lanarkshire

Dated this twenty seventh day of October — One thousand eight hundred and Eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith, being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Cottage Dumfries, separately from any other Medical Practitioner visited and personally examined (4) John Haining. Dumfries a Pauper. and the said John Haining is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His melancholy appearance. Tells me that he cannot work & must be looked after he cannot injure himself. Is afraid to be left

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr James Lawrie informs me that during the last fortnight he has been very dull & that he has spoken several times of injuring himself & that his mother is afraid to remain in the house with him

(Signed) Name and Medical Designation, John Smith M.D.

Place of Abode Mt Castle Dumfries

Dated this 27th day of October One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that John Haining is a (1) person of unsound mind hereby further certify that the Case of the said John Haining is One of Emergency, and I recommend the immediate removal of the said John Haining to an Asylum accordingly.

Name, Ind Lorimer M. D.

Place of Abode, Lamerston.

DATED this Twenty second day of Oct One thousand eight hundred and Eighty two.

(2) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Laurie Inspector of Poor Dunscore, Certificates under the hands of Andrew Lorimer 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 Haining, Labourer, Dempsterton Cottage, Dunscore (a Pauper) and that the said John Haining, — is a (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 Haining as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Haining, which accompanied the said Petition.

~~(Signed)~~ David Boyle Hope

DATED this Twenty seventh of October, —One thousand eight hundred and eighty two.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

2

577

John Haining

2nd October 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Claire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Thomas Martin, Farmer Boldwin Holm Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Martin

State degree of relationship or other ...ity 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 Ann Martin to the Crichton Institution and to sanction her admission into the said Asylum.

Thomas Martin

The date of the ...on must be within ...urteen clear days ...ing the dates of ... Medical Certificates.

DATED this Sixth (4) day of November — One thousand eight hundred and Eighty two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Ann Martin
2 Sex and Age,	female 62 years
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	Pensioner
5 Religious Persuasion, so far as known,	Church of England
6 Previous Place of Abode,	Dalston
7 Place where Found and Examined,	Found at Boldwin Holm: Exd at Dumfries
8 Length of time Insane,	About 3 Months
9 Whether First Attack,	yes
10 Age (if known) on First Attack,	62
11 When and where previously under Examination and Treatment,	never & nowhere
12 Duration of Existing Attack,	about 3 Months
13 Supposed Cause,	unknown
14 Whether subject to Epilepsy,	no
15 Whether Suicidal,	no
16 Whether Dangerous to others,	no
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18 Date of becoming Chargeable,	—
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Martin — Brother Farmer Boldwin Holm Carlisle
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	uncle & aunt have been depressed

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 82.

(*To be signed by Party applying*) Thomas Martin

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ann Martin, Spinster Baldwinholme near Carlisle and the said Ann Martin is a (5) person of unsound mind and a proper Person to be dealt under Care and Treatment, 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, tells me that she was much annoyed by people coming to her window night & that she could not rest in her house but wandered about the street.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Brother informs me that she has many delusions regarding her house & furniture, she was about screaming & making noises in an undecided condition. He states that she has become quite unmanageable.

Name and Medical Designation, John Smith M.

Place of Abode, 14 Castle St Dumfries

DATED this 6th day of November One thousand hundred and 82 years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Ferguson being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ann Martin and the said Ann Martin is a (5) person of unsound mind and a proper person to be dealt under Care and Treatment, 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 in body & mind. Talks in a listless disconnected manner. Says that friends are unkind to her & that she is never happy.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By her Brother Thomas Martin That she has got out of bed & outside without her clothes. That she shouts & shrieks at times without cause makes noises like the cries of animals.

Name and Medical Designation, Thomas Ferguson M.D.

Place of Abode 22 Castle St Dumfries

DATED this Sixth day of November One thousand hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries in the County of Dumfries, seen and personally examined Ann Martin, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD Pl

DATED this 6th day of November One thousand eight hundred and 82 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw (1) Honorary Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Thomas Martin, Farmer, Boldwin Holm, Carlisle, Certificates under the hands of John Smith and Thomas Ferguson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann Martin, Spinster, Boldwin Holm, Carlisle, and that the said Ann Martin is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Martin as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Martin, which accompanied the said Petition.

DATED this Sixth day of November One thousand eight hundred and eighty two.

Geo Whitelaw
Flory S.S.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1784
Ann Martin
6th November
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Sire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~County~~ of Dumfries Village and his Substitutes.

The Petition of William Palmer Friends Park Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Isabella Main your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Isabella Main to the Crichton Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other Property in which Petitioner stands to Luna.

William Palmer

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 10th (4) day of November One thousand eight hundred and Eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Palmer Main
2. Sex and Age,	Female 46 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Independent
5. Religious Persuasion, so far as known,	Sheffield
6. Previous Place of Abode,	Annan Escot Cottage
7. Place where Found and Examined,	about 3 months Scotts [illegible]
8. Length of time Insane,	no
9. Whether First Attack,	40 years
10. Age (if known) on First Attack,	Religion
11. When and where previously under Examination and Treatment,	no
12. Duration of Existing Attack,	yes
13. Supposed Cause,	yes
14. Whether subject to Epilepsy,	William Palmer Friends Park Annan
15. Whether Suicidal,	Cousin each by Father & Mothers side.
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 10th day of November One thousand eight hundred and Eighty two

(*To be signed by Party applying*) William Palmer

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Daniel Mackenzie being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician & Surgeon, hereby certify, on soul and conscience, that I have this day, at (3) East Cottage, Scott Street, Annan, in the Co[illegible] Dumfries separately from any other Medical Pract[illegible] visited and personally examined (4) Mrs Isabella Main, [illegible] East Cottage, Annan, [illegible] the said Mrs Isabella Main is a (5) person [illegible] unsound mind and a proper Person to be d[illegible] under Care and Treatment, and that I have formed this opinion upon the fo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She admits [illegible] a great desire to poison herself, or destroy [illegible] in some way or another. Inability to give se[illegible] answers to ordinary questions. A vague look & purpu[illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: [illegible] She tries to injure others & also herself [illegible] a view to put an end to her life.

Name and Medical Designation, Daniel Mackenzie M.B.[illegible]

Place of Abode, Annan.

DATED this tenth day of November One thousa[illegible] hundred and eighty two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Hovelle Ogilvie being a (1) L.R.C.S.E. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) East Cottage, Scott Street Annan in the Co[illegible] Dumfries separately from any other Medical Pract[illegible] visited and personally examined (4) Mrs Isabella Main East Cottage Annan a Widow a[illegible] the said Mrs Isabella Main is a (5) person of Unsound Mind and a proper person to be d[illegible] under Care and Treatment, and that I have formed this opinion upon the fo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a ver[illegible] appearance, speaks of being utterly lost, that [illegible] is peaty than even that of Judas Iscariot. She he[illegible] times a desire to commit suicide. She qu[illegible] confused answers to questions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: [illegible] Mrs Thomson, her sister, says she gets very violent ab[illegible] & tries to injure others then. That she has bou[illegible] with a view to her own destruction

Name and Medical Designation, John H. Ogilvie [illegible]

Place of Abode Annan

DATED this 10th day of Nov. One thousa[illegible] hundred and eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Stoelle Ogilvie being (1) LRCS Ed hereby certify, on soul and conscience, that I have this day, at (2) East Mottoge Annan in the County of Dumfries, seen and personally examined Mrs Isabella Milne, and that the said person is of unsound mind, and 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 A Ogilvie

DATED this 10th day of Nov. One thousand eight hundred and eighty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) William Palmer, Fruid Park Annan Certificates under the hands of Daniel Mackenzie, and John Stoelle Ogilvie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Isabella Palmer or Milne, East Mottoge Annan (substituted) and that the said Mrs Isabella Palmer or Milne is a (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 Isabella Palmer or Milne a Patient into the (6) Public — Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Isabella Palmer or Milne, which accompanied the said Petition.

DATED this Eleventh day of November, One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1785
Isabella Palmer
Brain
10th November 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) Shire of Dumfries *and his Substitute*—

The Petition of William Kirkland, Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary McBlane or Renfrew 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 Mary Mc Blane or Renfrew to the Southern Counties' Asylum, Dumfries and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other cause in which Petitioner stands to Lunatic.

William Kirkland

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twentieth (3) day of November One thousand eight hundred and Eighty-two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Mc Blane or Renfrew
2. Sex and Age,	Female. 47 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Teacher's wife. — Domestic
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Crosshill, Maybole
7. Place where Found and Examined,	Guildhall, Kirkconnell
8. Length of time Insane,	Four days
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	41 years.
11. When and where previously under Examination and Treatment,	Southern Counties' Asylum, Dumfries
12. Duration of Existing Attack,	Four days.
13. Supposed Cause,	Not ascertained
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Not shown as yet
16. Whether Dangerous to others,	Not as yet.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkconnell Parish
18. Date of becoming Chargeable,	18th November 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 C. Renfrew, her husband, at present a pauper in S. Counties' Asylum, Dumfries. Not known.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twentieth day of November One thousand eight hundred and Eighty-two.

(*To be signed by Party applying*) William Kirkland
Inspector of Poor P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Kay being a (1) Licentiate of the Faculty of Physicians and Surgeons, Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Her house Guildhall. Kirkconnell in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary McBlane or Renfrew. a Pauper and the said Mary McBlane or Renfrew is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is restless excitable, talks incoherently about religion. Angels visits, and imagines that Christ was resting on her head. She says that she hears the Angels crying to her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) For the last 4 days she wanders away and being locked in the house today she smashed the window to get out she imagined her children were being

From her daughter Mary Renfrew.

Name and Medical Designation, Wm Kay. Surgeon

Place of Abode, Sanquhar

DATED this 18th day of November One thousand eight hundred and eighty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Richard Gilbertson Herbertson being a (1) Licentiate of Royal College of Physicians, & Licentiate Faculty of Phys. & Surgeons Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Guildhall Kirkconnell in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary McBlane or Renfrew Pauper at Guildhall and the said Mary McBlane or Renfrew is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Does not answer questions in an intelligible manner; talks on in an incoherent manner & on a diversity of subjects without any direct statements. States to have burned devils, evil spirits

(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, Richd G. Herbertson

Place of Abode New Cumnock

DATED this Nineteenth day of November One thousand eight hundred and Eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope —(1) Sheriff. Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Kirkland, Inspector of Poor Kirkcormel
Certificates under the hands of Wm Kay
and Richard Gilbertson Herbertson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McBlane or Renfrew, Teacher's wife, Gill O'Hall, Kirkcormel (a Pauper) and that the said Mary McBlane or Renfrew is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary McBlane or Renfrew 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 McBlane or Renfrew — which accompanied the said Petition.

DATED this Twentieth day of November, One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
5 7/8
Mary McBlane
or Renfrew
20th November 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) Shire of Dumfries & Galloway and his Substitutes,—

The Petition of Peter Gordon Inspector of Poor Kirkcowan of

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Duff your Petitioner's (2) Pauper

(2) State degree of Kinship or other ground in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Duff to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

Peter Gordon Inspector of Poor Kirkcowan

(3) The date of the Order must be within seven clear days following the dates of the Medical Certificates.

DATED this 22nd (3) day of November One thousand eight hundred and Eighty Two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Duff
2. Sex and Age,	62 yrs of age. Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Outdoor worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Killiemore Penninghame
7. Place where Found and Examined,	Killiemore Penninghame
8. Length of time Insane,	2 days
9. Whether first Attack,	no
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	Southern Counties asylum Dumfries
12. Duration of existing Attack,	Symptoms coming on gradually for some days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes, threatening violence & even stabbing.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan
18. Date of becoming Chargeable,	Nov 22nd 1882
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Jane McGuie Killiemore Sister none even Insane but the Parker House
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none whatever

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of November One thousand eight hundred and Eighty two

(*To be signed by Party applying*) Peter Gordon Inspector Parish of Kirkcowan P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Charles McBride
being a (1) Doctor of Medicine of the Universit
and being in actual practice as a (2) Physicians
hereby certify, on soul and conscience, that I have this day, at (3) Killiecr
Wigtown in the Cou
separately from any other Medical Practi
visited and personally examined (4) Margaret Duff, Killie
a Pauper an
the said Margaret Duff is a (5) perso
of unsound Mind and a proper person to be de
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Incoherent and rambling in her
Says She must go to
or bottle Imp if in a fit — very ill is to be

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
William McGuire. Says She
a little Girl down to the ground
her Clenched fist —

Name and Medical Designation, Charles McBride
M.D. Edin, F.F.P.

Place of Abode, Wigtown

DATED this twenty second day of November One thousand
hundred and eighty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Valentine
being a (1) Bachelor of Medicine of the University of
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Killien
Wigtown in the Cou
separately from any other Medical Practi
visited and personally examined (4) Margaret Duff Kill
a Pauper an
the said Margaret Duff is a (5) perso
of unsound mind and a proper person to be de
under Care and Treatment, and that I have formed this opinion upon the foll
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Says she was fed on frogs, mice
Says people want to rip her up. Sa
her dumb Egyptian idol is turned into a
Malt.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs McGuire her sister, says she told
to go to Hell I would smack her
for her

Name and Medical Designation, John Valentine M
Kirkcowan

Place of Abode,

DATED this twenty second day of November One thousand
hundred and eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Peter Gordon
Inspector of Poor, Kirkcowan
Certificates under the hands of Charles M'Bride M.D. C.M. F.F.P.S. Wigtown
and John Valentine M.B. F.C.M. Kirkcowan, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Margaret Duff (Pauper)
and that the said Margaret Duff is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Duff as a Patient into the (6) Public Asylum of the Southern Counties Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Duff which accompanied the said Petition.

DATED this twenty second day of November One thousand eight hundred and eighty two

Wm Mackie

To the Superintendent of the (7) Public
Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
579
Margaret Duff
23rd Novr 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries Galloway *and his Substitutes,—*

The Petition of Alex L. Davidson Inspector of Poor Rothwell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christopher Irving your Petitioner's (3) Pauper in charge of the Inspector of Poor is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Christopher Irving 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.

Alex L. Davidson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (4) day of November One thousand eight hundred and 82

STATEMENT.

If any 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 Irving
2. Sex and Age,	Male, 47.
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Agricultural Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Cocklicks Rothwell
7. Place where Found and Examined,	Cocklicks Rothwell
8. Length of time Insane,	Three months
9. Whether First Attack,	No. the second
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	1872. 3 to Counties Asylum
12. Duration of Existing Attack,	1 week
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Rothwell ~~& Sutton~~
18. Date of becoming Chargeable,	24 Nov. 1882.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet Irving, Cocklicks Cottage Rothwell or Dickson, wife. no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Notice for inquiry

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 24 day of November One thousand eight hundred and 82

(*To be signed by Party applying*) A. L. Davidson
Inspector of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, R Baillie Maclean
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) Cocklicks Cottages Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Christopher Irving and that the said Christopher Irving is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Incoherence - inability to give a reasonable answer. General restlessness - Does not know his own people. wife & family -

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Attempts at maltreating his daughter a young girl, without any reasonable cause & using foul language. Does not recognize his wife & son. & has refused food -

Name and Medical Designation, R Baillie Maclean M.B.

Place of Abode, Annan

DATED this twenty fourth day of November One thousand eight hundred and eighty two -

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Howell Ogilvie
being a (1) M.R.C.S. General Practitioner
and being in actual practice as a (2) Cocklick
hereby certify, on soul and conscience, that I have this day, at (3) Cottages Ruthwell Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Chris Topher Irving labourer Cocklicks Cottages Ruthwell and that the said Christopher Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He has a vacant look, refuses to answer questions foolishly. He does not know his wife children. He does not sleep & is very ex

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife states he tried to strike his daughter an abuse. that he uses bad language them & that he does not know

Name and Medical Designation, John H. Ogilvie M.R.C.S.

Place of Abode Annan

DATED this twenty fourth day of November One thousand eight hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, being (1) A Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Cocklicks Cottage in the County of Dumfries, seen and personally examined Christopher Irving, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

R Baillie Macbean M.B.C.M.

DATED this twenty fourth day of November One thousand eight hundred and eighty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw — (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander L. Davidson, Inspector of Poor, Ruthwell Certificates under the hands of R. Baillie Macbean — and John Neville Gibbs —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Christopher Irving Labourer Cocklicks Ruthwell Parish and that the said Christopher Irving — is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christopher Irving — 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 Christopher Irving, which accompanied the said Petition.

DATED this twenty fifth day of November, One thousand eight hundred and eighty two years.

Geo. Whitelaw
Hony S. S.

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound m'nd.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
580
Christopher Irving
24th November
1882

7326

[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY
18 NOV 82
SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Robert Crichton being desirous to transfer my sister Miss Mary Crichton at present a Patient in The Royal Asylum, Gartnavel, Glasgow 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 Mary Crichton 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.

Robt Crichton

(2) Brother.

(2) States degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Workington this 17th day of November One thousand eight hundred and eighty two.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Mary Crichton
2. Sex and Age,	female aged 34
3. Married, Single, or Widowed,	single -
4. Condition of Life, and Previous Occupation (if any),	Lady.
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	april 10th 1880
7. Length of time Insane,	about two years 8 months.
8. Whether first Attack,	2nd attack - 1st attack lasted about 5 months.
9. Age (if known) on first Attack,	abut 20 years.
10. Duration of existing Attack,	abut two years & 8 months.
11. Supposed Cause,	a cousine's disappointment
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	yes. has been extreme so.
14. Whether Dangerous to others,	no
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Robert Crichton, brother 13 Havelock terrace Workington Cumberland a paternal uncle was eccentric & a brother is peculiar

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Robt Crichton

Dated this 17th day of November One thousand eight hundred and Eighty two.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Dyeecowlees

(1) State Medical Qualification.
(2) Name Asylum.

being (1) M D Edin; F R P S Glasg hereby certify that I have this day at (2) Garnavel Asylum personally examined Miss Mary Crichton at present Patient in said Asylum, and with respect to his Mental State that she is depressed & somewhat demented. She sits listless & dreamy, taking little interest in things around her. She was found extremely suicidal but there has been no attempt for months & she is much better than she was; and with respect to his Bodily Health and Condition that her general health is good.

Mary Crichton
25th November
1882

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 17th day of Nov. One thousand eight hundred and 82

Dyeecowlees

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) Robert Crichton, Workington to authorize the transfer of Mary Crichton from Glasgow Royal Asylum to Crichton Royal Institution, Dumfries and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Mary Crichton as requested.

(2) Valid for fourteen days from date.

A Mitchell *Commissioner.*

Dated at Edinburgh, this 18th day of November One thousand eight hundred and eighty two.

Date of Sheriff's Order
19th April, 1880.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Shiff *of the* (2) Dumgries and Galloway *and his Substitutes,—*

The Petition of Miles Mc Innes, Inspector of Poor Dumgries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Wilson your Petitioner's (3) Lunacy is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Wilson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

State degree of Lordship or other style in which Petitioner stands to Lunatic.

Miles Mc Innes

The date of the Order must be within thirteen clear days following the dates of the Medical Certificates.

DATED this 27th (4) day of November One thousand eight hundred and Eighty 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,	Thomas Wilson
2. Sex and Age,	Male - 63
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,	Hope Cottage Lincluden St Dumgries
7. Place where Found and Examined,	Abroad Dalginnay Dumgries
8. Length of time Insane,	a few days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	— no when
11. When and where previously under Examination and Treatment,	a few days
12. Duration of Existing Attack,	not known
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no ~~no~~ might be
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Dumgries
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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, a Son, resides at Brownwood Elizabeth Dickson his wife at present an Inmate of Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Non

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of November One thousand eight hundred and Eighty two years.

(*To be signed by Party applying*) Miles Mc Innes

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and Collegiate of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Infirmary Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Wilson Co pauper and that the said Thomas Wilson is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherent Declares that he should not be here to be sent away from this world &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The House Surgeon and attendants that he roams about all night and not be restrained &c

Name and Medical Designation, W Marshall M: D

Place of Abode, Buccleuch Street Dumfries

DATED this 27th day of Nov One thousand eight hundred and Eighty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Dumfries and Galloway Royal Infirmary in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Wilson, Hope Queensberry Street, Dumfries - a pauper and that the said Thomas Wilson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherent conversation - loss of memory - and general appearance -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by the House Surgeon & Surgical Nurse, that he is restless; and gets out of bed and wanders about the house in an and manner -

Name and Medical Designation, Alex Thomson M.D.

Place of Abode Castle St. Dumfries

DATED this Twenty Seventh day of November One thousand eight hundred and Eighty two years -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned William Marshall and Surgeon being (1) Graduate of the Faculty of Physicians, Glasgow and College of Physicians hereby certify, on soul and conscience, that I have this day, at (2) Infirmary Dumfries in the County of Dumfries, seen and personally examined Thomas 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.

W Marshall M: D &c

DATED this 24th day of Nov One thousand eight hundred and eighty two years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Sanding Maxwell Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries Certificates under the hands of William Marshall and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Wilson, Dumfries & Galloway Royal Infirmary (a Pauper) and that the said Thomas Wilson is a (5) Lunatic, and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas 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 Thomas Wilson, which accompanied the said Petition.

DATED this Twenty seventh day of November, One thousand eight hundred and eighty two.

W. J. Maxwell

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
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Thomas Wilson
22nd Nov. 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (2) County of~~ of Dumfries & Galloway, *and his Substitutes,*—

The Petition of John Murphy, Inspt. of Pon. of Ralf Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter Whyte your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Peter Whyte to the Southern Counties Asylum, and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Murphy

(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 December One thousand eight hundred and Eighty-two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Peter Whyte
Sex and Age,	Male. 18 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Farm Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Cowdens St Mungo
Place where Found and Examined,	Chapelknowe Ralf Morton
Length of time Insane,	Four days
Whether first Attack,	First Attack.
Age (if known) on first Attack,	18 years.
When and where previously under Examination and Treatment,	Never previously under treatment
Duration of existing Attack,	Four days
Supposed Cause,	Not known
Whether subject to Epilepsy,	No
Whether Suicidal,	
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Ralf Morton in the meantime - claim to be made upon Middlebie
Date of becoming Chargeable,	Third day of December 1882
Christian Name 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 Whyte, Chapelknowe, Ralf Morton, Cannonbie, Father - His Mother Sarah Whyte has had several attacks of insanity and is at present at home on three months probation
Special circumstances (if any) preventing the 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 December One thousand eight hundred and Eighty-two

(*To be signed by Party applying*) John Murphy

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

I, the undersigned, William Carruthers being a (1) Lic: Roy: Coll: Phys: Edin: Mac: Phys: & Surg:
and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Chapel
Halfmerton in the C
Dumfries separately from any other Medical Prac
visited and personally examined (4) Peter Whyte, pauper,
Merton
the said Peter Whyte is a (5) person
of unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Patient is r
and continually on the move - he talks incon
and for most part incoherently

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
John Little says patient was restless d
the night, and at times almost unmanageab
that he talked nonsense - & struck at his

Name and Medical Designation, William Carruthers
LRCP&S

Place of Abode, Kirkpatrick Flem

DATED this third day of December One thous
hundred and eighty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Southe
County Asylum in the C
Dumfries separately from any other Medical Prac
visited and personally examined (4) Peter White Pauper
the said Pete White is a (5) perso
of unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) speaks
incoherently - says his work has been read
Bible from beginning to end - says his master
him from his work without a cause - talks a
being in heaven before but is going to Hell
2. Other Facts (if any) indicating Insanity communicated to me by others:

(7) *State the information, and from whom derived.*

Name and Medical Designation, R.B. Lorraine MB

Place of Abode, 2 Irving Street Dum

DATED this fourth day of December One thous
hundred and eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Carruthers
being (1) Lic: Roy: Coll: Phys Edin: &c
hereby certify, on soul and conscience, that I have this day, at (2) Galgilberton
in the County of Dumfries, seen and personally examined
Peter White, and that the said
person is of unsound mind, and 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 third day of December One thousand eight hundred and eighty two.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Murphy
Inspector of Poor, Hall-Morton
Certificates under the hands of William Carruthers,
and Richard A. 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)
Peter White, Chapelknowe Hall-Morton parish, and that the said
Peter White, is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter White as a Patient into the (6) Public Asylum of Southern Counties, and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Peter White, which accompanied the said Petition.

DATED this fifth day of December, One thousand eight hundred and eighty two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties.
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
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Peter Whyte
4th Decr 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(†) Sheriff or Steward. (‡) Shire or Stewartry.

Unto the Honourable the (†) Sheriff *of the* (‡) of Dumfries and Galloway *and his Substitutes,*—

The Petition of James Christison Inspector of Poor Kirkinnw

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Mc. Neill or Swan

(*) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Sister

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie Mc. Neill or Swan to the Public Asylums of the Southern Counties Dumfries and to sanction her admission into the said Asylum.

James Christison

(*) The date of the petition must be with-fourteen clear days following the dates of the Medical Certificates.

DATED this fourth (*) day of December One thousand eight hundred and eighty two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jessie Swan
2. Sex and Age,	Female aged 36 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	House wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Waterside
7. Place where Found and Examined,	Kirkinnw Village
8. Length of time Insane,	3 days
9. Whether First Attack,	first
10. Age (if known) on First Attack,	36 years
11. When and where previously under Examination and Treatment,	nil.
12. Duration of Existing Attack,	5 days
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Unknown
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkinnw
18. Date of becoming Chargeable,	1st Dec. 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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. Widow Jessie Mc. Neill Unknown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th day of December One thousand eight hundred and eighty two

(*To be signed by Party applying*) James Christison

P P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Charles McBride
being a (1) Doctor of medicine of the Institut
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kirkm
village Migtown in the Coun
separately from any other Medical Practitio
visited and personally examined (4) Jessie Swan
Kirkinner a pauper and
the said Jessie Swan is a (5) Idiot
of unsound Mind and a proper Person to be det
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Tells one that "She is lost" and
the must Consult the Spirit
That She has sinned against
God on the Cross Bible Statem

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mary Dill Kirkinner Says
that She sees on her Breast & Arm
Watter abroad and She had distur
her Sleep

Name and Medical Designation, Charles McBride
M

Place of Abode, Migtown

Dated this fourth day of December One thousand e
hundred and Eighty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robt. M. Hellewat
being a (2) Licentiate of the Faculty of Physicians and Surgeo
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kirkinner
village Migtown in the Count
separately from any other Medical Practitio
visited and personally examined (4) Jessie Swan. Kirkinner
a pauper and
the said Jessie Swan is a (5) person o
unsound mind and a proper person to be deta
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She keeps mutter
incessantly to herself. Says that the Devil and the
are fighting within her. While being spoken to she will
up her bible and begin muttering to herself

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother informs me she is very restless She keeps
pacing about the house She also get up through the
and began reading. She struggles to get out to preach

Name and Medical Designation, Robert Hellewat L.F.

Place of Abode Wigtown

Dated this Fourth day of December One thousand e
hundred and Eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Cozyme (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instances of (3) James Christison Inspector of Poor Kirkinner,
Certificates under the hands of Charles McRuvie Bridle M.D. CM Wigtown
and Robert Hillcoat L.F.P.S.G. Wigtown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Jessie Swan Pauper ——— and that the said
Jessie Swan ——— is a (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 Swan as a Patient into the
(6) Public ——— Asylum of the Southern Counties Dumfries and I authorize you to grant Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie McNeill or Swan ——— which accompanied the said Petition.

DATED this fourth day of December One thousand eight hundred and eighty two

Wm Mackie

To the Superintendent of the (7) Public
Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) County~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Alexander Kirk Inspector of Poor Dalry Galloway.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Murdoch

(2) State degree of relationship or other capacity in which Petitioner stands to Luna.

your Petitioner's (2) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Murdoch to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Alex Kirk Inspector of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (3) day of December — One thousand eight hundred and Eighty, Two —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Murdoch
2. Sex and Age,	Female — Aged 49 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,	Dalry Galloway
7. Place where Found and Examined,	Dalry "
8. Length of time Insane,	Two Weeks
9. Whether First Attack,	no —
10. Age (if known) on First Attack,	not Known
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of Existing Attack,	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,	Dalry Parish, Galloway.
18. Date of becoming Chargeable,	Pauper has been Chargable occasionally since 3rd February 1863 —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Murdoch with Kennedy & Co Nursery men Dumfries
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Pauper had Imbecile Brother

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of December One thousand eight hundred and 82 —

(*To be signed by Party applying*) Alexander Kirk
Inspector of Poor, P. p.
Dalry Parish, Galloway.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Altham, being a (1) Bachelor of Medicine, and Mar[illegible] 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) Back [illegible] Dalry in the Cou[illegible] Kirkcudbright separately from any other Medical Practit[illegible] visited and personally examined (4) Janet Murdoch Domestic Servant, a Pauper an[illegible] the said Janet Murdoch is a (5) person of unsound mind and a proper Person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the foll[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says that people in the village are spoi[illegible] her brood of 'louses', which have got into her [illegible] That she has got a grave in the church [illegible] where she would ~~[illegible]~~ put her attendant [illegible] the church steeple.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Alexander Kirke, Inspector of Poor, states that she accosted him and called him an angel from heaven, requesting him [illegible] get her a good large coffin as soon as po[illegible]

Name and Medical Designation, James Altham M.[illegible]

Place of Abode, New Galloway

DATED this 6th day of December One thousand [illegible] hundred and eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh [illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle [illegible] Dumfries in the Cour[illegible] Dumfries separately from any other Medical Practiti[illegible] visited and personally examined (4) Janet Murdoch, Dom[illegible] servant, Dalry Galloway, a pauper and the said Janet Murdoch is a (5) person of unsound mind and a proper person to be dete[illegible] under Care and Treatment, and that I have formed this opinion upon the follo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane restless appearance & rambling incoherency of [illegible] Tells me that she has been with the angels! [illegible] she has been butchered by several people.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Alexander Kerr, Inspector of Poor informs [illegible] that she is restless continually, talks incoher[illegible] & has many delusions

Name and Medical Designation, John Smith M[illegible]

Place of Abode 14 Castle St. Dum[illegible]

DATED this 7th day of December One thousand [illegible] hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Altham being (1) A Bachelor of Medicine Master in Surgery, Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Back Street, Daby in the County of Kirkcudbright, seen and personally examined Janet Murdoch, and that the said person is of unsound mind, and 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 Altham M.B. & C.M.

DATED this 6th day of December One thousand eight hundred and eighty two.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Kirk, Inspector of Poor Daby, Eskdalemuir, Certificates under the hands of James Altham, and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Murdoch, Domestic Servant, Daby, (Eskdalemuir) and that the said Janet Murdoch, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Murdoch, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Murdoch, which accompanied the said Petition.

DATED this Seventh day of December One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
584

Janet Murdoch
7th Dec 1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Ireland or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfriesshire and Galloway and his Substitutes,—

The Petition of William Lottimer, Rosemount Terrace, Moorwellbrae humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Dalgleish your Petitioner's (3) niece is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Dalgleish to the Crichton Royal Institution and to sanction her admission into the said Asylum. *Two words delete.*

William Lottimer

State degree of relationship or other duty in which Petitioner stands to Lunatic.

The date of the Petition must be within fourteen clear days preceding the dates of the Medical Certificates.

DATED this fifteenth (4) day of December One thousand eight hundred and eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Dalgleish
2. Sex and Age,	Female. 32.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	always lived in family with her father till his death never had any occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Penpont Dumfriesshire
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Of weak mind from infancy
9. Whether First Attack,	About 10 years ago became somewhat violent
10. Age (if known) on First Attack,	about 22.
11. When and where previously under Examination and Treatment,	In Crichton Institution about 10 years ago
12. Duration of Existing Attack,	about a fortnight since which is still continuing
13. Supposed Cause,	Cannot say
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Not at present
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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,	Edward Dalgleish - Heaton Chapel near Stockport - 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 fifteenth day of December One thousand eight hundred and eighty two.

(*To be signed by Party applying*) William Lottimer

R. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 20 Castle Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Dalgleish the said Janet Dalgleish is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Could not say where she travelled from. [illegible] from Carlisle when it was from Manchester. Could not remember what she had for breakfast. Very childish expression smiling when there is [illegible]

(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 violent rushing [illegible] down stairs. has no memory - has [illegible] Asylum before - when visitors are seeing her [illegible] as her own anything they have if she [illegible]

Name and Medical Designation, } Richard B. Lorraine

Place of Abode, 2 Irving Street Dumfries

DATED this fifteenth day of December One thousand hundred and eighty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Dalgleish the said Janet Dalgleish is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She is simply imbecile - void of expression without interest in anything, can talk of nothing

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr. Lottimer tells me she was formerly a [illegible] in an Asylum - Latterly she takes strange fit [illegible]

Name and Medical Designation, } W. S. Kerr M.D.

Place of Abode Dumfries

DATED this 16th day of Decr. One thousand hundred and Eighty two years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Richard B. Lorraine being (1) Graduate of Edinburgh University 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 Janet Dalgleish, and that the said Janet Dalgleish person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

R B Lorraine M.B.C.M.

Dated this fifteenth day of December One thousand eight hundred and eighty two

(1) State Medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope, (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Lettiner Rosemount Terrace Maxwelltown, Certificates under the hands of Richard B. Lorraine and William Leslie Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Dalgleish Pauper (Petitioner's niece) and that the said Janet Dalgleish, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Dalgleish as a Patient into the (6) Public Asylum of Dumfries 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 Janet Dalgleish, which accompanied the said Petition.

Dated this Eighteenth day of December, One thousand eight hundred and Eighty two.

David Boyle Stope

To the Superintendent of the (7) Public Asylum of Dumfries Royal Institution, Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

5

1789

Janet Dalgliesh

15th December

1882

N.B.—This Form shall remain in the keeping of the Super intendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...eriff or Steward, ...ire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) ~~Stewartry~~ Dumfries Galloway ~~of Kirkcudbright~~ *and his Substitutes,*—

The Petition of William Craig Inspector of Poor Kelk

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Archibald Little

...State degree of ...ship or other ...ty in which Peti... stands to Luna...

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Archibald Little to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

Wm Craig Inspr of Poor

...he date of the ...n must be with... ...teen clear days ...ng the dates of ...Medical Certifi...

Dated this 15 (4) day of December One thousand eight hundred and eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...ristian Name and Surname of Patient at length,	Archibald Little
...ex and Age,	Male 32 years
...arried, Single, or Widowed,	Single
...ondition of Life, and previous Occupation (if any),	Painter
...eligious Persuasion, so far as known,	Protestant
...revious Place of Abode,	New Galloway
...ace where Found and Examined,	do
...ength of time Insane,	Three weeks
...hether first Attack,	Yes
...ge (if known) on first Attack,	
...hen and where previously under Examination and Treatment,	
...uration of existing Attack,	
...pposed Cause,	Drink
...hether subject to Epilepsy,	No
...hether Suicidal,	No
...hether Dangerous to others,	No
...rish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelk
...te of becoming Chargeable,	1st ~~November~~ December
...ristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Henry Little Postmaster Stranraer Brother. None
...ecial circumstances (if any) preventing the insertion of any of the above particulars,	

...certify, that, to the best of my knowledge, the above particulars are correctly stated.

...ated this 15th day of December One thousand eight hundred and eighty two

(*To be signed by Party applying*) Wm Craig Inspr of Poor

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Altham being a (1) Bachelor of Medicine and Master in [illegible] 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 Galloway in the Co[illegible] Kirkcudbright separately from any other Medical Pract[illegible] visited and personally examined (4) Archibald Little a Painter — Pauper ar[illegible] the said Archibald Little is a (5) person of unsound mind and a proper person to be d[illegible] under Care and Treatment, and that I have formed this opinion upon the fol[illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
States that he hears voices which accuse [illegible] murdering his father, and saying that he will be [illegible] The voices confuse and frighten him, ordering him do certain things; at times he says he does not k[illegible] what he is doing.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
James McGill Cattle Dealer, New Galloway, info[illegible] that Archibald Little told him a piece of his skl[illegible] had been cut out by certain persons, and asked [illegible] come and help him to find it

Name and Medical Designation, James Altham M.B.

Place of Abode, New Galloway

DATED this fifteenth day of December One thousand [illegible] hundred and eighty two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Nirison 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) New Gal[illegible] in the Cou[illegible] Kirkcudbright separately from any other Medical Practi[illegible] visited and personally examined (4) Archibald Little, Pau[illegible] New Galloway an[illegible] the said Archibald Little is a (5) person of unsound mind and a proper person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the fol[illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He has a semi-vacant expression and talks in a rambling manner — sa[illegible] he hears voices and sees lights at his [illegible] and that the Dr. has removed his intestine[illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Constable McBain says he is restless, es[illegible] at night moves about from place to place [illegible] can't sleep. Says he hears voices accu[illegible] of being a thief and murdering his father

Name and Medical Designation, John Nirison M.B.

Place of Abode, Castle Douglas

DATED this Fifteenth day of December One thousand [illegible] hundred and eighty two —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicholson, (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) William Craig
Certificates under the hands of James Latham
and John Nivison , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Archibald Little, Pauper and that the said
Archibald Little is a (5) pauper lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Archibald Little 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 Archibald Little which accompanied the said Petition.

DATED this Sixteenth day of December One thousand eight hundred and eighty two.

Alex Nicholson

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Archibald Little
78th Decr
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ ——— of Dumfries & Galloway *and his Substitutes* ———

The Petition of James Martin Inspector of poor for Closeburn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Shannon ———

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Pauper ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Shannon ——— to the Southern Counties Asylum ——— and to sanction his admission into the said Asylum.

James Martin Inspector of poor

(1) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twentyfifth (3) day of December ——— One thousand eight hundred and Eightytwo.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Shannon
2. Sex and Age,	Male aged 25 years
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Crossmichael
7. Place where Found and Examined,	Closeburn
8. Length of time Insane,	About 1 year
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	24 years
11. When and where previously under Examination and Treatment,	Closeburn Nov. 9th 1882 place under Observation
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	—
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Crossmichael
18. Date of becoming Chargeable,	Oct. 3rd 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Nicholson Sister Closeburn Village 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 Twentyfifth day of December One thousand eight hundred and Eightytwo

(*To be signed by Party applying*) James Martin Inspector of poor

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Anstruther Davidson being a (1) B.M. C.M. of Glasgow Univ and being in actual practice as a (2) Phy & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Closeburn village in the County of Dumfries separately from any other Medical Practi visited and personally examined (4) John Stevenson Closeburn Village an the said John Stevenson is a (5) person of unsound mind and a proper Person to be de under Care and Treatment, and that I have formed this opinion upon the foll grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is melan given to solitary wandering Suffers e casionally from ~~hallucinations~~ illusions & ~~[illegible]~~

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His sister Mrs Nisbet states he has ne twice attempted her life by assaulting her a stick

Name and Medical Designation, Anstruther Davidson M.B. C.M.

Place of Abode, Thornhill

DATED this nineteenth day of December One thousand hundred and eighty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Davidson being a (1) Bachelor of medicine & Master of surg 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) Closeburn Village in the Cou Dumfries separately from any other Medical Practi visited and personally examined (4) John Stevenson, Closeb Village an the said John Stevenson is a (5) person of unsound mind and a proper person to be de under Care and Treatment, and that I have formed this opinion upon the foll grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

For twelve months he has suffered from melancholia less; this is gradually giving place to excitement. He says he tried his sister, & believing her to be dead wishes to have her buried. Imagi float before his eyes; wanders alone by day & sometimes at night. Refuses

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

By Mrs Nisbet Wm Nisbet & their eldest daughter

Twice he has attempted to kill Mrs Nisbet his sis finds she sinks into the earth out of his reach. Sings by at the pitch of his voice. Wishes to marry little girls &c

Name and Medical Designation, Thomas Davidson

Place of Abode Thornhill

DATED this nineteenth day of December One thousand hundred and eighty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Austin, Inspector of Poor, Closeburn
Certificates under the hands of Austruther Davidson,
and Thomas Davidson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Stevenson, Farm Servant Closeburn Village (a Pauper) and that the said John Stevenson, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Stevenson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Stevenson, which accompanied the said Petition.

DATED this Twentieth day of December, One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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John Stevenson

20th December

1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (*) Shrip of the (*) Dumpris and Galloway *and his Substitutes,—*

The Petition of Miles Mc Ames, Inspector of Poor, Dumpris, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Pearson

(*) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Pearson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Miles Mc Ames

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (*) day of December One thousand eight hundred and Eighty Two years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Pearson
2. Sex and Age,	Male – 33
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Attendant at Asylum
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Castle Dykes Lodge
7. Place where Found and Examined,	about two miles
8. Length of time Insane,	yrs
9. Whether First Attack,	33 years
10. Age (if known) on First Attack,	Newton
11. When and where previously under Examination and Treatment,	about two months
12. Duration of Existing Attack,	not known
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Dumpris meantime
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	23rd Dec 1882
18. Date of becoming Chargeable,	Ann Closs, his wife, resident at Castle Dykes Lodge, Dumpris
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	non
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	non

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23rd day of December One thousand eight hundred and Eighty Two years

(*To be signed by Party applying*) Miles Mc Ames

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, [illegible] being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and 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) Castledykes Lodge Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Pearson (a pauper) and that the said James Pearson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says he is a prisoner of State & that he is Emperor of England & that his neighbours are his subjects & that he is to be put to death with his wife & family

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he is possessed of determined dread of himself and of coming to poverty

Name and Medical Designation, [illegible] M.D.

Place of Abode, Brecknock St Dumfries

Dated this 23rd day of December One thousand eight hundred and eighty two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduated in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Castledykes Lodge Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Pearson (a pauper) at Castledykes Lodge Dumfries and that the said James Pearson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His manner melancholic appearance & delusions— Tells me that he cannot work & that he is in constant dread that some will injure him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he has delusions, that owing to his actions she is afraid to stay in the house with him & that he has threatened to commit suicide

Name and Medical Designation, John Smith M.D.

Place of Abode 14 Castledykes Dumfries

Dated this 23rd day of December One thousand eight hundred and eighty two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) a Graduate in Medicine & Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Castledykes Lodge in the County of Dumfries, seen and personally examined James Pearson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith. MD &c

DATED this 23rd day of December One thousand eight hundred and eighty two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries, Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Pearson, Castledykes Lodge Dumfries (a farmer) and that the said James Pearson is a (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 Pearson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Pearson, which accompanied the said Petition.

DATED this Twenty fifth of December, One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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James Pearson
23rd December
1882

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Dunsmore

Sheriff or Steward. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Shire~~ Dumfries and Galloway

of Dumfries and his Substitutes,—

The Petition of James Dunsmore Inspector of Poor Sorbie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Mc Clune

State degree of Lordship or other County in which Petitioner stands to Lunacy.

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 Mc Clune to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

James

James Dunsmore

The date of the Oath must be within fifteen clear days following the dates of the Medical Certificates.

DATED this first (4) day of January One thousand eight hundred and eighty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Mc Clune
2. Sex and Age,	Male, aged 20 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	agricultural Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Sorbie Village
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	Six days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	18 years
11. When and where previously under Examination and Treatment,	October 18th 1880 sent to Southern Counties Asylum
12. Duration of Existing Attack,	Not well for some time but worse during last 6 days
13. Supposed Cause,	Inherent
14. Whether subject to Epilepsy,	Not to my knowledge
15. Whether Suicidal,	not that I am aware of
16. Whether Dangerous to others,	At times rather violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sorbie Parish
18. Date of becoming Chargeable,	28th December 1882
19. Christian Name and Surname, and Place of Abode of nearest known 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 Mc Clune, Sorbie Village, Father who himself was some years ago rather simple but was never confined
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first day of January One thousand eight hundred and Eighty three

(*To be signed by Party applying*) James Dunsmore

Insp of poor Sorbie

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Anderson being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Sorbie [illegible] in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Robert McClune of Sorbie (Pauper) the said Robert McClune is a (5) person of unsound mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Has a rather wild look. Saw him roused [illegible] Passion with little provocation but even when excited [illegible] threaten harm to himself or others. Swears very freely.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Ellen & James Aitchison (brother & sister) of the farm of Backfey where he was at turnips with a hook state that he came to his work by Public Road instead [illegible] because as he said a witch was on the latter, that when their mother appeared he [illegible] at her (although she did not speak to him). He evidently took her for the witch! Does not [illegible] well his mother says & sometimes has slight delusions

Name and Medical Designation, William Anderson

Place of Abode, Whithorn Wigtownshire

DATED this Thirty-first day of December One thousand hundred and eighty-two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Charles Douglas. being a (1) Graduate of Glasgow University & Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thomas McClune's, in the Village of Sorbie. in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Robert McClune, Sorbie Village Parish of Sorbie - Pauper the said Robert McClune is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Will not [illegible] will not work. threatens to murder James [illegible] companion. Terrified at dogs & anything either white or black.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Thomas McClune, his Father says he went out [illegible] him on Monday to work, a stranger passed the [illegible] he was so terrified at the stranger that he had to [illegible] him home — that he swears for hours at a time

Name and Medical Designation, John C. Douglas. M.D.

Place of Abode St. Ninians. Whithorn

DATED this Twenty eighth day of December One thousand hundred and eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Dunmore Inspector of Poor, Sorbie
Certificates under the hands of William Anderson M.B. & C.M. Whithorn
and John Douglas M.D. L.R.C.S. Edin. Whithorn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Robert M'Clime, Pauper and that the said
Robert M'Clime is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert M'Clime as a Patient into the (6) Public Asylum of the Southern Counties, Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert M'Clime which accompanied the said Petition.

DATED this first day of January One thousand eight hundred and eighty three

Wm Mackie

To the Superintendent of the (7) Public Asylum of the Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Robert McClure
2nd January
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries Stewartry and his Substitutes,

The Petition of Robert Taylor, Police Constable Ecclefechan.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Susan Kelly

(3) State degree of relationship or other family in which Petitioner stands to Lunatic.

your Petitioner's (3) Sister in law

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Susan Kelly to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Robert Taylor.

(4) The date of the Order must be within fifteen clear days following the dates of the Medical Certificates.

DATED this Second (4) day of January — One thousand eight hundred and Eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Susan Kelly
2. Sex and Age,	Female 40 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 (Church of Scotland)
6. Previous Place of Abode,	Calis London.
7. Place where Found and Examined,	Ecclefechan
8. Length of time Insane,	Four Days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	40 years
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of Existing Attack,	Four Days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Elizabeth Kelly or Carlyle Ecclefechan
18. Date of becoming Chargeable,	Mary Kelly or Taylor Ecclefechan
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Second day of January One thousand eight hundred and Eighty three.

(*To be signed by Party applying*) Robert Taylor

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, I Barton Gass
being a (1) Lic: of Roy. coll. Physicians and Surgeons. Edinr.
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Ecclefechan
in the County of Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Susan Kelly
and
the said Susan 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is very violent in her behaviour: he forcibly restraining her: Complains of not able to sleep.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She threatens to commit suicide
I am informed by her Sisters Mrs C[illegible] & Mrs Taylor.

Name and Medical Designation, I Barton Gass Physician & Surgeon

Place of Abode, Ecclefechan

DATED this 2 day of Jany One thousand hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Carruthers
being a (1) Lic Fac Phys & Surg: Glasgow & Lic Roy Coll Phys
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Ecclefechan
in the County of Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Susan Kelly, Ecclefechan
and
the said Susan 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient is depressed, sleepless; says she is distressed in mind thro' misconduct - and was so ill as to attempt suicide

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Carlyle says patient has been sleepless for several weeks; outrageous in conduct sometimes - & is suicidal

Name and Medical Designation, William Carruthers

Place of Abode Kirkpatrick Fleming

DATED this second day of January One thousand hundred and eighty three -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Taylor, Police Constable, Ecclefechan Certificates under the hands of J. Barton Gass, and William 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) Susan Kelly, Domestic Servant, Ecclefechan Petro Sister-in-Law and that the said Susan Kelly is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Susan Kelly 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 Susan Kelly which accompanied the said Petition.

DATED this Third day of January, One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Susan Kelly
3rd January
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor. Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine McGowan or Payne your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine McGowan or Payne 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.

Miles McInnes

DATED this Twelfth (4) day of January One thousand eight hundred and Eighty Three years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Catherine McGowan or Payne
Sex and Age,	Female - 30 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	—
Religious Persuasion, so far as known,	Roman Catholic
Previous Place of Abode,	Cherrytrees
Place where Found and Examined,	"
Length of time Insane,	Three weeks
Whether First Attack,	yes
Age (if known) on First Attack,	—
When and where previously under Examination and Treatment,	—
Duration of Existing Attack,	Three weeks
Supposed Cause,	not known
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
Date of becoming Chargeable,	12th January 1883
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Frank Edwin Payne, Attendant in Asylum and resident at Cherrytrees. no
Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of January One thousand eight hundred and Eighty Three years

(*To be signed by Party applying*) Miles McInnes

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Cherry Tree Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Catherine McGowan or Pauper and that the said Catherine McGowan or Pauper is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently seems very melancholic is in constant dread of persons following her & her injury &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she is in great fear for persons determined to have Roams about all night &c

Name and Medical Designation, W Marshall M.D.

Place of Abode, Buccleuch St Dumfries

DATED this 11th day of January One thousand eight hundred and Eighty three years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Cherry Tree Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Catherine McGowan or Pauper a pauper and that the said Catherine McGowan or Pauper is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance, restless manner & delusions. Tell that she is in constant fear that some person is coming 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) Her husband informs me that the last two or three weeks she is very much changed sleeping almost none, refusing to take food & have delusions

Name and Medical Designation, John Smith M.D.

Place of Abode 14 Castle St Dumfries

DATED this 10th day of January One thousand eight hundred and 83 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Cherrytree, Dumfries in the County of Dumfries seen and personally examined Catherine McGowan or Payne, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

DATED this 10th day of January One thousand eight hundred and 83 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries, Certificates under the hands of William Marshall, and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine McGowan or Payne residing at Cherrytree, Dumfries, and that the said Catherine McGowan or Payne, is a (5) Person of unsound mind, (a pauper) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine McGowan or Payne, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine McGowan or Payne which accompanied the said Petition.

DATED this Twelfth day of January, One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties

Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Catherine McGowan
or Payne
12th January 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) Stewartry of Dumfries & Galloway *and his Substitutes,—*

The Petition of William Mackie, Inspector of Poor, Wigtown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jemima Dunlop, residing in Wigtown 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 Jemima Dunlop to the Public Asylum of the Southern County, Dumfries and to sanction her admission into the said Asylum.

(2) State degree of relationship or other society in which Petitioner stands to Lunatic.

Wm Mackie Inspector of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twelfth (3) day of January One thousand eight hundred and eighty-three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jemima Dunlop
2. Sex and Age,	Female aged 36 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper, Out door labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wigtown
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	First attack, means on 11 January 1883
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	36 years
11. When and where previously under Examination and Treatment,	Wigtown
12. Duration of Existing Attack,	Just alleged insane but has been of weak mind
13. Supposed Cause,	since 1865 though much worse of late
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	Yes alleged so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stoneykirk
18. Date of becoming Chargeable,	As Lunatic 11 Jan[y] 1883 but first chargeable now is 1865.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Cowan Dunlop, Wigtown, mother. Both parents were silly and father said to have been at one time in Asylum.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None. Patient has an illegitimate child about 10 years ago.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twelfth day of January One thousand eight hundred and eighty-three years

(*To be signed by Party applying*) Wm Mackie Inspector of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Hillcoat
being a (1) Licentiate of the Faculty of Physicians and Surg
in Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Harbour
Road Wigtown
Wigtown in the Cou
separately from any other Medical Practit
visited and personally examined (4) Jemima Dunlop Harbour R
Wigtown a pauper an
the said Jemima Dunlop is a (5) person of
unsound mind and a proper Person to be det
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She has a wild furious look & hair all dishevelled. When asked
she stayed on the moor all night she said she was dream
and listening to the blooming heather. Says that she has gone
through pelagion - That she doesn't like the Wigtown folk as they
dance on their head at the cross. Will interrupt for no reason

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother Mrs Dunlop says she wanders about without
& talks nonsense - And that she has stayed out all night -
Police say her mother has applied to them for protection from
of her daughter and to look after her when she wanders out at

Name and Medical Designation, Robert Hillcoat L.F.P.S.

Place of Abode, Wigtown

DATED this Eleventh day of January One thousand
hundred and Eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Charles McBride
being a (1) Doctor of Medicine of the University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Harb
Road, Wigtown
Wigtown in the Coun
separately from any other Medical Practiti
visited and personally examined (4) Jemima Dunlop, Har
Road Wigtown aforesaid and
the said Jemima Dunlop is a (5) person
of unsound mind and a proper person to be deta
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Her threatening manner I addres
Put out the Candle While I was spe
ther; making faces and looking in
looking Glass. Talked Gaelic and nothi

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Dunlop her Mother.
Says That she frequently th
ily and curses and fights and
& the police have had

Name and Medical Designation, Charles McBride

Place of Abode Wigtown

DATED this 11th day of January One thousand eig
hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I John Doig Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Mackie Inspector of Poor Wigtown
Certificates under the hands of Charles McBride M.D. Wigtown
and Robert Hillcoat Crowd F.P.S.G. Wigtown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jemima Dunlop (Pauper) and that the said Jemima Dunlop is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jemima Dunlop as a Patient into the (6) Public Asylum of the Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jemima Dunlop which accompanied the said Petition.

DATED this twelfth day of January One thousand eight hundred and eighty three

John Doig

To the Superintendent of the (7) Public
Asylum of the Southern Counties
Asylum

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
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Jemima Dunlop
12th January
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* ~~14~~ 15

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Sire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Dickson or Mowbray your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Dickson or Mowbray to the Southern Counties Asylum and to sanction his admission into the said Asylum. Three words deleted.

Miles McInnes

State degree of relationship or other capacity in which Petitioner stands to Lunatic.

DATED this Eighteenth (4) day of January One thousand eight hundred and Eighty Three years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hugh Dickson or Mowbray
2. Sex and Age,	Male. 33 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,	27 English St. Dumfries
7. Place where Found and Examined,	Dumfries Prison
8. Length of time Insane,	—
9. Whether First Attack,	no Third
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties & Morningside
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries Maintenance
18. Date of becoming Chargeable,	18th Jany 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Isabella Ashley - wife, resident at Noblehill Dumfries
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 18th day of January One thousand eight hundred and Eighty - Three years.

(*To be signed by Party applying*) Miles McInnes

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Scott
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) The Prison
in Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Hugh Dickson a Mowbray and
the said Hugh Dickson is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is incoherent and thinks his soul is lo
and eyes bitterly

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The Governor of Prison states that
he attempted suicide by tying & throw
over a stair railing
Has been three in an asylum

Name and Medical Designation, William Scott
Place of Abode 26 Castle St Dumf

DATED this 18th day of January One thousand eig
hundred and 83

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Phys
and Surgeon Glasgow the College of Phys
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Prison
Dumfries in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Hugh Dickson Mowbray and
the said Hugh Dickson Mowbray is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Speaks incoh
thinks his body is my danger & suffe
says he is a high priestess in this false
& most wicked he be, thinks Christ

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Governor states that he broke
Rules of Prison that he is a danger
and has attempted to commit suicide

Name and Medical Designation, William Marshall M.D.
Place of Abode Barclosh Dumfries

DATED this 19th day of January One thousand eigh
hundred and eighty three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McJames,
Inspector of Poor Dumfries,
Certificates under the hands of William Lesk
and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Dickson or Mowbray Dumfries Burgh (a Pauper)
and that the said Hugh Dickson or Mowbray is a (5) Lunatic,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Dickson or Mowbray, a Patient into the (6) Public — Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Dickson or Mowbray, which accompanied the said Petition.

DATED this Eighteenth day of January, One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Hugh Dickson
or Rowbray
18th January 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Fiar or Stewartry.

Unto the ~~Honourable the~~ (1) Sheriff of Dumfries & Galloway *and his Substitutes,—*

of Douglas The Petition of Andrew Dobie Farmer in Castle humbly sheweth: that it appears from the subjoined Statement and accompanying Medical Certificates, that William Dobie residing there your Petitioner's (2) Son

(2) State degree of Relationship or other Party in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Dobie to the ~~Royal Lunatic Asylum~~ Asylum, and to sanction his admission into the said Asylum. – prior word delete –

Andrew Dobie

(3) The date of the Order must be within seven clear days excluding the dates of the Medical Certificates.

DATED this Eighteenth (3) day of January One thousand eight hundred and eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Dobie
2. Sex and Age,	male – 23
3. Married, Single, or Widowed,	– single
4. Condition of Life, and previous Occupation (if any),	Shepherd
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	220 Kirn-
7. Place where Found and Examined,	Castle Douglas
8. Length of time Insane,	three months go commencing with delusions
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	23
11. When and where previously under Examination and Treatment,	–
12. Duration of Existing Attack,	has not been quite same since
13. Supposed Cause,	~~Drink~~ Drunkenness
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Rather so
16. Whether Dangerous to others,	Yes - very
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	"
18. Date of becoming Chargeable,	"
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Andrew Dobie Sr. Rock Castle Douglas
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of January One thousand eight hundred and eighty three

(*To be signed by Party applying*) Andrew Dobie

P. p.

Single Man 23 Shepherd Protestant 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edin: University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Rockspar
Castle Douglas in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) William Dobie and th
the said William Dobie is a (5) person
of unsound mind and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He speaks a
acts as a weakminded person
He has been rather unwell since t
attacks of Delirium Tremens he has had
three months

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His parents say he is often outrageous
drink makes him so. He threatens to
to his father another time taking up a knif

Name and Medical Designation, Walter Lorraine

Place of Abode, Castle Douglas

DATED this 18th day of January One thousand eig
hundred and 83

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Herbert James Lorraine.
being a (1) Licentiate of the Royal College of Physicians
& Surgeons. Edinburgh
and being in actual practice as a (2) Jeneral Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Rockspar
Castle Douglas in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) William Dobie and th
the said William Dobie is a (5) person
of unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
His memory is very defective on subjects whi
have occurred lately, he is also subject to Epile
fits which weaken the mind.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother informs me that he lifted a knif
& threatened to stab her. he likewise imagines he
to ride on horseback & walks about with spurs on

Name and Medical Designation, Herbert James Lorrai

Place of Abode Castle Douglas

DATED this 18th day of January One thousand eig
hundred and 83

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Gordon (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Andrew Dobie Ironmonger in Castle Douglas
Certificates under the hands of Walter Lorraine
and Herbert James Lorraine , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Dobie, residing in Castle Douglas and that the said William Dobie is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Dobie as a Patient into the (6) ~~Southern Counties Asylum~~ Crichton Royal Institution of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Dobie which accompanied the said Petition.

DATED this Nineteenth day of January One thousand eight hundred and eighty three.

To the Superintendent of the (7) ~~Asylum~~ Crichton Royal Institution ~~Southern Counties~~ *Asylum of* Dumfries.

Robt Gordon S.S

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Petition

Andrew Dobie

To

Sheriff of Dumfries

& Galloway

1883

For admission to

to Crichton Royal

Institution

1791

William Dobie

20th January

1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Counties of Dumfries and Galloway *and his Substitutes,*—

The Petition of Alexander Kirk Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Mc Michael 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 Elizabeth Mc Michael to the South Co. Asylum Dumfries and to sanction admission into the said Asylum.

(2) State degree of relationship or other authority in which Petitioner stands to Lunatic.

Alexander Kirk Inspector of Poor

DATED this 1st day of (3) February One thousand eight hundred and Eighty three

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Elizabeth Mc Michael
2 Sex and Age,	Female age 29. 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,	Dalry Galloway
7 Place where Found and Examined,	Dalry Gallowday
8 Length of time Insane,	About a Month
9 Whether First Attack,	no -
10 Age (if known) on First Attack,	27.
11 When and where previously under Examination and Treatment,	S.C. Asylum Dumfries
12 Duration of Existing Attack,	4 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,	Dalry Parish Galloway
18 Date of becoming Chargeable,	31st January 1883 -
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Mc Michael Dalry yes -
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first day of February One thousand eight hundred and Eighty three

(*To be signed by Party applying*) Alexander Kirk
Inspector of Poor P. p.
Dalry Galloway

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Altham
being a (1) Graduate in Medicine of the Univ. 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)
Dairy, Galloway
in the County of Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Elizabeth McMichael
Dairy, (Pauper) Domestic Servant and
the said Elizabeth McMichael is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Says that her back bone has been removed, and
her neck and limbs screwed by medical men who
have her in their power; that she hears them
whatever place she is in, that they are rendering her
weak and unable to gain a livelihood.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother, Elizabeth McMichael states that
she will not go to bed at night, but comes
that men come through the wall to her, & that
she hears their voices

Name and Medical Designation, James Altham M.B.

Place of Abode, New Galloway

DATED this 31st day of January One thousand
hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith.
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St.
Dumfries
in the County of Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Elizabeth McMichael
Domestic Servant Dairy. Pauper and
the said Elizabeth McMichael is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, 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 delusions
regarding the different parts of her body
& rambling insane method of speech.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Kirk informs me that she requires
constant watching & has many delusions

Name and Medical Designation, John Smith M.D.

Place of Abode 14 Castle St. Dumfries

DATED this 1st day of February One thousand
hundred and 83 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 Altham
being (1) a Bachelor of Medicine of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Dalry, Galloway
in the County of Kirkcudbright, seen and personally examined
Elizabeth Mc Michael, Domestic Steward, (Pauper), and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Altham M.B. & C.M.

DATED this 31st day of January One thousand eight hundred and Eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander
Kirk, Inspector of Poor, Dalry, Galloway
Certificates under the hands of James Altham M.B. & C.M.,
and John Smith, M.D., ——, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Elizabeth Mc. Michael, Dalry (a pauper) and that the said
Elizabeth Mc. Michael — is a (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 Mc. Michael — as a Patient into the (6) Public — Asylum of Southern Counties, Dumfries and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth
Mc. Michael — which accompanied the said Petition.

DATED this first day of February One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties, Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
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Elizabeth McMichael

1st February

1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...eriff or Steward. ...ire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ephraim Tercy 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 Ephraim Tercy to the Southern Counties Asylum and to sanction his admission into the said Asylum.

...State degree of ...ership or other ...y in which Peti... stands to Luna...

Miles McInnes

DATED this Second (4) day of February One thousand eight hundred and Eighty Three Years

...he date of the ...n must be with... ...teen clear days ...g the dates of ...edical Certifi...

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...ristian Name and Surname of Patient at length,	Ephraim Tercy
...x and Age,	31 years – Male
...arried, Single, or Widowed,	Married
...ndition of Life, and previous Occupation (if any),	– Baker
...ligious Persuasion, so far as known,	Protestant
...evious Place of Abode,	28 English St
...ace where Found and Examined,	
...ngth of time Insane,	a few weeks
...hether First Attack,	No
...ge (if known) on First Attack,	28 years
...hen and where previously under Examination and Treatment,	Southern Counties Asylum in June 1880
...ration of Existing Attack,	
...pposed Cause,	not known
...hether subject to Epilepsy,	No
...hether Suicidal,	No
...hether Dangerous to others,	No
...rish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
...te of becoming Chargeable,	1st February 1883
...ristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Duncan, wife, resident at 28 English Street Dumfries Mother was insane and committed Suicide
...ecial circumstances (if any) preventing the insertion of any of the above particulars,	None

...certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this First day of February One thousand eight hundred and Eighty Three Years.

(*To be signed by Party applying*) Miles McInnes

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Marshall being a (1) Registered by the Faculty of Physicians and Surgeons and College of St Andrews & Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 28 English St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ephraim Percy Ex-postman and the said Ephraim Percy is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently rambles through his Book of Reference, mutters or talks aloud constantly in his room and passes &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he is very violent at times making noises &c

Name and Medical Designation, Hugh Marshall

Place of Abode, do

DATED this 5th day of Feby One thousand eight hundred and eighty three years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Mc. Hardcastle being a (1) Graduate in Medecine and Surgery 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) 28 English St in the County of Dumfries. separately from any other Medical Practitioner visited and personally examined (4) Ephraim Percy, a pauper and the said Ephraim Percy is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane appearance Incoherent rambling and Chattering Gives answers to questions which are totally irrelevant.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he is violent especially during the night; he has not assaulted her, but has frequently offered violence. He is also very noisy.

Name and Medical Designation, H. M. Hardcastle M.D.

Place of Abode 14 Castle St Dumfries

DATED this 1? day of February One thousand eight hundred and Eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Hugo M. Hardcastle being (1) a Graduate in Medicine Surgery & Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 28 English St. in the County of Dumfries, seen and personally examined Ephraim Percy, a pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

H. M. Hardcastle, MB. CM

DATED this 1st day of February One thousand eight hundred and Eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire, Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) Miles W. Innes Certificates under the hands of William Marshall M.D., and Hugo M. Cauley Hardcastle 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 (5) Ephraim Percy 28 English Street Dumfries a pauper and that the said Ephraim Percy 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 Ephraim Percy as a Patient into the (7) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I am to transmit you herewith the said Medical Certificates, and a Statement regarding the said Ephraim Percy which accompanied the said Petition.

Dated this 6th day of February One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, *or* Private.

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Ephraim Percy
1st February
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Counties of Dumfries & Galloway *and his Substitutes.*

The Petition of Hugh Peden, Girvan, Ayrshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Muir Peden

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Sister

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Muir Peden to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

A. ninth P. Hugh Peden

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighth (3) day of February One thousand eight hundred and eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Margaret Muir Peden
Sex and Age,	Female. 27.
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	weaver (muslin)
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	51 Orchard St. Galston, Ayrshire
Place where Found and Examined,	51 Orchard St. Galston Ayrshire
Length of time Insane,	8 days.
Whether first Attack,	First attack
Age (if known) on first Attack,	27 years.
When and where previously under Examination and Treatment,	Nowhere.
Duration of existing Attack,	8 days.
Supposed Cause,	Not Known
Whether subject to Epilepsy,	No.
Whether Suicidal,	No.
Whether Dangerous to others,	No.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
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 the Family known to be or to have been Insane,	James Peden, weaver, 51 Orchard St. Galston Ayrshire Father. No member of family been insane
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this eighth day of February. One thousand eight hundred and eighty three

(*To be signed by Party applying*) Hugh Peden

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Frew being a (1) Bachelor of Medicine and Master of Surgery of 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) 51 Orchard Street, Galston, ~~County of Ayr~~ in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Margaret Muir Peden, Muslin weaver, 51 Orchard Street Galston and am of opinion that the said Margaret Muir Peden is a (5) person of unsound mind and a proper person to be detained 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 and incessantly very excited in manner, restless &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mother says she never ceases to talk incoherently & excited manner, unless when under the influence of sleeping draughts.

Name and Medical Designation, William Frew M.B.

Place of Abode, 51 Orchard Street, Galston

DATED this eighth day of February One thousand eight hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugo M. Handcastle being a (1) Graduate in Medicine and Surgery of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Muir Peden and am of opinion that the said Margaret Muir Peden is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Want of healthy control over her Chatters continually, and gives the most irrelevant answers to questions —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugo M. Handcastle M.B. & Ch.M.

Place of Abode, 14 Castle St — Dumfries

DATED this 9th day of February One thousand eight hundred and Eighty three —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Frew
being (1) a Bachelor of Medicine & Master of Surgery Edin. Univ
hereby certify, on soul and conscience, that I have this day, at (2) 51 Orchard St. Galston
in the County of Ayr, seen and personally examined
Margaret Muir Peden, and that the said
person is of unsound mind, and 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 Frew. MB. C.M. Ed.

Dated this eighth day of February One thousand eight hundred and eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire Advocate, Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Hugh Peden
residing in Girvan, Ayrshire.
Certificates under the hands of William Frew, M.B. C.M.,
and Hugo McCauley Cardcastle, 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 Margaret Muir Peden, Domestic Weaver, 51 Orchard Street, Galston, and that the said Margaret Muir Peden — is a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Muir Peden — as a Patient into the Public — Asylum of Crichton Royal Institution Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Muir Peden — which accompanied the said Petition.

Dated this tenth — day of February — One thousand eight hundred and eighty three years. —

David Boyle Hope

To the Superintendent of the 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.

1792
Margaret Muir Peden
9th Febry
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries & Galloway *and his Substitutes,—*

The Petition of Janet Johnstone 6 Jerviston St Maxwelltown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Johnstone your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Johnstone to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Janet Johnstone

(3) State degree of kindship or other ason in which Peti- r stands to Luna-

DATED this ninth (4) day of February One thousand eight hundred and eighty three

(4) The date of the on must be with- teen clear days ing the dates of edical Certifi-

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 Johnstone
Sex and Age,	Male 57 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	None
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	6 Jerviston St, Maxwelltown
Place where Found and Examined,	Do Do
Length of time Insane,	a few days
Whether First Attack,	Do
Age (if known) on First Attack,	57
When and where previously under Examination and Treatment,	Crichton Royal Institution, Dumfries
Duration of Existing Attack,	a few days
Supposed Cause,	Not known
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
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,	Janet Johnstone 6 Jerviston Street Maxwelltown. (Wife)
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ninth day of February One thousand eight hundred and eighty three

(*To be signed by Party applying*) Janet Johnstone

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians and
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) 6 Temples
Maxwelltown in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) William Johnstone, Gentleman
6 Temples Street Maxwelltown and
the said William Johnstone is a (5) person of unsound
mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His facial appearance indicates mental disorder, He is anxious to return to the Crichton Royal Institution himself

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been an inmate of the Crichton Royal Institution several times

Name and Medical Designation, John Cunningham M.D.

Place of Abode, 35 Buccleuch St Dumfries

DATED this ninth day of February One thousand eight hundred and eighty three years

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) No 6 Terregles
Street, Maxwelltown in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) William Johnstone, Gentleman
and
the said William Johnstone is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is restless and sleepless excited.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has been under treatment in an Asylum before.

Name and Medical Designation, Hugh Cunningham

Place of Abode 25 Castle Street, Dumfries

DATED this ninth day of February One thousand eight hundred and eighty three years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Sheriff Substitute — of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Janet Johnstone residing at 6 Jenefleet street Maxwelltown — Certificates under the hands of John Cunningham and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined William Johnstone residing at 6 Jenefleet street aforesaid and that the said William Johnstone 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 William Johnstone as a Patient into the (5) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Johnstone which accompanied the said Petition.

DATED this ninth day of February One thousand eight hundred and eighty three years

David Boyle Hope

To the Superintendent of the (6) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1793

William Johnstone

9th February

1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of Mrs Isabel Grieve

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Greive

(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 Greive to the Crichton Royal Institution and to sanction her admission into the said Asylum.

Isabel Grieve

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 8th (4) day of Febr. One thousand eight hundred and eighty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Elizabeth Greive
Sex and Age,	Female - 60 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	House Keeper
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Cappleyill. Moffat
Place where Found and Examined,	Annanside Cottage. Moffat
Length of time Insane,	two months
Whether First Attack,	Yes
Age (if known) on First Attack,	
When and where previously under Examination and Treatment,	
Duration of Existing Attack,	Two months
Supposed Cause,	Not Known
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
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 Isabel Greive. Annanside Cottage Moffat. Mother - No
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth day of Febr. One thousand eight hundred and eighty three

(*To be signed by Party applying*) Isabel Grieve

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians and a Licentiate of the Royal College of Surgeons Edin and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Annan Cottage. Moffat in the County Dumfries separately from any other Medical Practi visited and personally examined (4) Elizabeth Greive. Annan Cottage. Moffat an the said Elizabeth Greive is a (5) person of Unsound Mind and a proper Person to be d under Care and Treatment, and that I have formed this opinion upon the fol grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Fancies she has committed some grave of that she can not take her food for fear she is lea nothing for her friends. general restlessness & refusing

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (

all the above facts

Name and Medical Designation, James Munro. M.D.

Place of Abode, Moffat

DATED this Eighth day of Feby One thousan hundred and Eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William D'Oyly Grange 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) Annan Cottage: Moffat in the Cou Dumfries separately from any other Medical Practi visited and personally examined (4) Elizabeth Greive an the said Elizabeth Greive is a (5) person of unsound mind and a proper person to be de under Care and Treatment, and that I have formed this opinion upon the foll grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Fancies nearly to be wrong in not having ordered omnibus and returns to this subject in spite of all a to engage her in conversation, fancies everything is going wro

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (

Reproach of fool. imagines impending poverty. continuous talking.

Name and Medical Designation, Wm D'Oyly Grange

Place of Abode Mansfield House Mo

DATED this eighth day of February One thousand hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute —
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mrs Isabel Grieve.
Annandale Cottage, Moffat
Certificates under the hands of James Munro
and William Doyle Grange, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Grieve.
Housekeeper Cappelgill, Moffat, Peters daughter and that the said
Elizabeth Grieve is a (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 Grieve as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Grieve which accompanied the said Petition.

DATED this ninth day of February One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution.
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Elizabeth Greene
9th May 1883

1887.

[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned John Johnston, Inspector of Poor, Penninghame being desirous to transfer Charles Kennedy Smith presently a Patient in Argyll & Bute Asylum, Lochgilphead, and (¹) a pauper lunatic of the parish of which I am Inspector from the said Asylum to the Southern Counties Asylum at Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Charles Kennedy Smith and a Medical Certificate with respect to his mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John Johnston

(²) Inspector of Poor. Penninghame

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Newton Stewart this tenth day of February — one thousand eight hundred and Eighty three years.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Charles Kennedy Smith
2. Sex and Age,	Male 50 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Unknown
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	Octr. 28th 1882
7. Length of time Insane,	Unknown
8. Whether first Attack,	Cannot say (Yes)
9. Age (if known) on first Attack,	Cannot say (50)
10. Duration of existing Attack,	Cannot say (3 months)
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Yes.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Registrate. No relatives alive. His grandmother (maternal) was not quite sane for some years before her death

Occupation Grieve
9th February 1883

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Johnston Insp. of Poor

Dated this 10th day of February One thousand eight hundred and Eighty three years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualifications.
(2) Name Asylum.

I, the undersigned John Cameron
being (1) Doctor of Medicine of the University of Edinburgh
hereby certify that I have this day at (2) Argyll and Bute Asylum, Lochgilphead
personally examined Charles Kennedy Smith ——— at present a
Patient in said Asylum, and with respect to his Mental State that he suffers
from Melancholia with delusions

; and with respect to his
Bodily Health and Condition that they are fairly good.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

John Cameron M.D.

DATED this Eighth day of February One thousand eight
hundred and Eighty-three

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Inspector of
Poor, Parish of Tenninghame
to authorize the transfer of Charles Kennedy Smith
from Argyll Districts Asylum to Dumfries
Royal Asylums (Southern Counties), and the Board having considered such application and
the accompanying Medical Certificate, do hereby authorize the transfer of the said
Charles Kennedy Smith as requested.

A Sheriff Clerk Depute Commissioner

DATED at Edinburgh, this 12th day of February one
thousand eight hundred and eighty three

Date of Sheriff's Order
31st October 1882.

Charles Kennedy Smith
Feb 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

ff or Steward. or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Alexander Kirkhope, 3 Scotland St, Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mr. Isabella ~~Howat or~~ Kirkhope or Stewart, your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella ~~Howat~~ or Kirkhope ~~or Stewart~~ to the Crichton Institution, Dumfries and to sanction her admission into the said Asylum.

ate degree of ship or other in which Peti. ands to Luna-

Alex Kirkhope

he date of the must be with- een clear days g the dates of dical Certifi-

Dated this Eighth (4) day of March One thousand eight hundred and eighty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

ristian Name and Surname of Patient at length,	Isabella ~~Howat or~~ Kirkhope or Stewart
x and Age,	F. 65 years.
arried, Single, or Widowed,	Widow
ondition of Life, and previous Occupation (if any),	Downmonger.
eligious Persuasion, so far as known,	Protestant
revious Place of Abode,	High Street, Saugnhar
lace where Found and Examined,	Townfoot, Saugnhar
ength of time Insane,	4 or 6 weeks
hether First Attack,	Yes.
ge (if known) on First Attack,	65.
hen and where previously under Examination and Treatment,	—
uration of Existing Attack,	4 or 6 weeks
upposed Cause,	No known cause
hether subject to Epilepsy,	No.
hether Suicidal,	No
hether Dangerous to others,	No.
arish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
ate of becoming Chargeable,	—
hristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Alexander Kirkhope, Family Grocer. 3 Scotland Street, Edinburgh – Brother. None.
pecial circumstances (if any) preventing the 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 March One thousand eight hundred and eighty three

(*To be signed by Party applying*) Alex Kirkhope

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Kay Surgeon being a (1) Licentiate of the Faculty of Phys[illegible] and Surgeon Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Her Sister house - High Street Sanquhar in the County of Dumfries separately from any other Medical Practition visited and personally examined (4) Isabella ~~Howat~~ or ~~Kirkhope~~ Ironmonger and th the said Isabella Howat is a (5) person of unsound mind and a proper Person to be detain under Care and Treatment, and that I have formed this opinion upon the followi grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is restl[illegible] talks incoherently - imagines that she has ruined her Nephew that in consequence he will har[illegible] wander like a beggar - through the [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has been unable to settle a shop being always in a state of [illegible] Rision - other facts as observed by my[illegible]

From her Sister and Miss Osborne.

Name and Medical Designation, Wm Kay - Surg[illegible]

Place of Abode, Sanquhar

DATED this 4th day of March One thousand eig hundred and 83

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Mowat 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) Town foot Sanquhar in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Isabella ~~Howat~~ Kirkhope ~~Kirkhope~~ Ironmonger and th the said Isabella Howat is a (5) person of unsound Mind and a proper person to be detaine under Care and Treatment, and that I have formed this opinion upon the followin grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) For weeks she has been growing melancholy and complaining of sleepl[illegible] Tonight she sat rocking to & fro and said that she had been the means of bringing on her sisters illness. She spoke incoherently, & chiefly in monosyllables

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She had been very restless and constantly talk[illegible] frequently stating that she had ruined the [illegible] family (Communicated by her brother)

Name and Medical Designation, J Mowat M.D.

Place of Abode Sanquhar

DATED this Seventh day of March One thousand eight hundred and Eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander Kirkhope, 3 Scotland Street Edinburgh, —
Certificates under the hands of William Kay
and John Mowat, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kirkhope, Widow, Townfoot, Sanquhar (Otis Sister) and that the said Isabella Kirkhope or Howat, is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Kirkhope or Howat as a Patient into the (6) Public — Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Kirkhope or Howat, which accompanied the said Petition.

DATED this Eighth day of March One thousand eight hundred and eighty three. Two words deleted.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1797

Isabella Kirkhope
or Howat
8th March
1883

1797

Isabella Kirkhope
or Howat
8th March 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Shire~~

of Dumfries ~~Kirkcudbright~~ *and his Substitute*

The Petition of Bernard E. J. Capes, 80 Victoria Road Clapham London

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Gerard Joseph Capes

(2) State degree of Relationship or other cause in which Petitioner stands to Lunatic.

your Petitioner's (2) Brother

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Gerard Joseph Capes to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Bernard E. J. Capes

(3) The date of the Petition must be within fifteen clear days preceding the dates of the Medical Certificates.

DATED this eighth (3) day of March One thousand eight hundred and eighty-three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Gerard Joseph Capes
2 Sex and Age,	Male ... About thirty three
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	Retired Lieutenant H.M. Navy
5 Religious Persuasion, so far as known,	Roman Catholic.
6 Previous Place of Abode,	80 Victoria Rd. Clapham. London
7 Place where Found and Examined,	Orchard Cottage, Ruthwell.
8 Length of time Insane,	Four days
9 Whether First Attack,	First Attack
10 Age (if known) on First Attack,	—
11 When and where previously under Examination and Treatment,	Not been under treatment before
12 Duration of Existing Attack,	Four days
13 Supposed Cause,	Intemperance
14 Whether subject to Epilepsy,	Yes
15 Whether Suicidal,	Yes
16 Whether Dangerous to others,	Yes
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18 Date of becoming Chargeable,	
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Frederick Capes, 80 Victoria Rd. Clapham, London. Father of patient. No member of family known to be or have been insane.
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of March One thousand eight hundred and eighty-three

(*To be signed by Party applying*) Bernard E. J. Capes.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Orchard Cottage, Ruthwells in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Gerard Joseph Capes Lieutenant Royal Navy - retired and the said Gerard J. Capes is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That he is excited and violent - Shouts and talks incoherent - hears voices, when all is quiet - thinks the time he is about to be murdered, and that he has been wrestling with the devil, and is [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by Mr. Broatch, and Allan and Ant, that he has required the restraint of two men, to prevent his injuring himself or others

Name and Medical Designation, Alex. Thomson

Place of Abode, 27 Castle St. - Dumfries

DATED this Sixth day of March One thousand hundred and Eighty three -

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugo M Hardcastle being a (1) graduate in medecine and surgery of Edinr. 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 in the County of Dumfries separately from any other Medical Practitioner visited and personally examined Gerard Joseph Capes and the said Gerard Joseph Capes is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless manner - Disinclination to [illegible] into conversation - Difficulty in recalling past events - States himself that his mind is failing

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr. Calder - house Surgeon - states that he has been violent, requiring restraint to prevent him injuring himself

Name and Medical Designation, Hugo M Hardcastle

Place of Abode 14 Castle St. Dumfries

DATED this 7th day of March One thousand hundred and Eighty three -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Alexander Thomson being (1) a Doctor of Medicine & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Orchard Cottage in the County of Dumfries, seen and personally examined Gerard Joseph Capes, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson

DATED this Sixth day of March One thousand eight hundred and Eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Bernard J. J. Capes, 80 Victoria Road, Clapham, London, Certificates under the hands of Alexander Thomson — and Hugo M. Hardcastle —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Gerard Joseph Capes Retired Lieutenant Royal Navy Orchard Cottage, Ruthwell (Petitioner's Brother) and that the said Gerard Joseph Capes, — is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Gerard Joseph Capes — as a Patient into the (6) Public — Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Gerard Joseph Capes, which accompanied the said Petition.

DATED this Eighth day of March, One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1796
Gerard Joseph Capes
7th March
1883

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (*) Sheriff ~~of the (*) County~~ of Dumfries ~~Stewartry~~, and his Substitutes,—

The Petition of William Roger, Inspector of Poor, Wester Kirk humbly showeth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Dickson or Sanderson —— is at present in a state of Mental Derangement, and 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 Dickson or Sandersm —— to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) William Roger, Inspector of Poor.

The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this ninth (*) day of March one thousand eight hundred and Eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Dickson or Sandersm
Sex and Age,	Female. 28.
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Ploughmans Wife; Servant.
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	middlebie
Place where Found and Examined,	Midknock Cottage, Wester Kirk.
Length of time Insane,	last Sig weeks.
Whether first Attack,	First
Age (if known) on first Attack,	—
When and where previously under Examination and Treatment,	—
Duration of existing Attack,	last Sig weeks.
Supposed Cause,	not Known.
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,	Wester Kirk, in the meantime
Christian Name 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 Dicksm, Eaglesfield, Parish of middlebie Father: No. —
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.

(SIGNED)* Name, William Roger, Inspector of Poor.

DATED this 9th day of March one thousand eight hundred and Eighty three.

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1866.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Duncan McC Clark
being a (1) Licentiate Royal College of Physicians Edin
& Faculty of Physician & Surgeon Glasgow
and being in actual practice as a (2) Physician Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Mirk
Cottage Dalupin in the Co
separately from any other Medical Practi
visited and personally examined (4) Mary Dickson or Sande
the said Mary Dickson or Sanderson an
is a (5) a pers
of unsound mind and a proper Person to be de
under Care and Treatment, and that I have formed this opinion upon the foll
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Hallucinat
of sight - Jealousy against husband. Sullen & d
Striking furiously at those around her. Failure of
reasoning power

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Jack communicated by Ann Mc Nab. Monock Cottag
& Elizabeth Lotty Bonese of keeping out of bed in
Ann. - Striking & biting those who have to bring the meat.
on the floor. cutting the cheesing hair & he burn & attemp
to commit - Suicide by drowning.

(Signed) Name and Medical Designation, Duncan McC Clark
RRCPE & FRCSE

Place of Abode, Hart Manor. Eskdalem

Dated this Ninth day of March One thousand
hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Johnstone Bartley
being a (1) Licentiate Royal College of Physi
& Licentiate of the Royal College Physicians Edin
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Mirk
College, Parish of Westerkirk in the Cou
Dumfries
separately from any other Medical Practit
visited and personally examined (4) Mary Dickson or Sanders
Mirkwood Cottage and
the said Mary Dickson or Sanderson is a (5) Lunatic or
of unsound mind and a proper person to be det
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Occasionally
quarrelsome & violent & refuses food
and at times talks to herself with great excitement
about a mild unsettled state, imagines
herself pursued by Black men who are going to
her home to take her name —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Mc Nab, Mirkwood Cottage states she
has attempted to commit suicide by
Mrs Mc Nab and Mrs Lotty Bonese
communicate the above facts

(Signed) Name and Medical Designation, W Bartley M.D.

Place of Abode Langholm

Dated this 9th day of March one thousand
hundred and 83

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Roger, Inspector of Poor Westerkirk, Certificates under the hands of Duncan McC. Clark and William Johnstone Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Dickson or Sanderson McKnock, Westerkirk (a Pauper) and that the said Mary Dickson or Sanderson, is a (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 Dickson or Sanderson as a Patient into the (6) Public Asylum of Southern Counties ~~Hope~~ and 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 Dickson or Sanderson which accompanied the said Petition.

(SIGNED) David Boyle Hope

DATED this Tenth day of March, one thousand eight hundred and eighty three.

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District or Private.

Mary Dickson
or Sanderson
16th March 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Jafar Iron Foundry Auchencairn Kirkmahoe humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Jafar. / your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Jafar. / to the Crichton Royal Institution and to sanction ~~her~~ transmission into the said Asylum.

John Jafar. /

DATED this 12th (4) day of March One thousand eight hundred and Eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Name and Surname of Patient at	Margaret Jafar /
Age, ...	Female 47 Years
Single, or Widowed, . .	Married
Rank of Life, and previous Occupation	Wife of a farmer
Religious Persuasion, so far as known, .	Church of Scotland
Usual Place of Abode, . . .	Cowtort of Auchencairn
Where Found and Examined, . .	Cowtort of Auchencairn
Duration of time Insane, . . .	Two weeks
Age on First Attack, . .	not known
Duration (or known) on First Attack, .	43 Years
Asylum where previously under Examination or Treatment, . . .	Nowhere
Duration of Existing Attack, . .	Five weeks
Supposed Cause, . . .	Climacteric
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, . . .	
Parish becoming Chargeable, . .	
Name and Surname, and Place of Abode of nearest known Relative of the Lunatic, and degree of Relationship (if any), and whether any Member of the Family is known to be or to have been Insane, ...	John Jafar. / Cowtort of Auchencairn Kirkmahoe. Husband Jane Mother.
Any circumstances (if any) preventing the Statement of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 12th day of March One thousand eight hundred and Eighty three

(*To be signed by Party applying*) John Jafar. /

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thomson
being (1) Doctor of medicine of the University
of Edinburgh and Licentiate of the Royal College of Physicians and Surgeons
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Townfoot
of Auchencairn, Kirkmichael in the County
of Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Margaret Forfar
Farmer's wife, Townfoot of Auchencairn, Kirkmichael
the said Margaret Forfar is a (5) person
of unsound mind, and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Excitement
incoherency, suspicion of those around
her, particularly her husband; thinks
is ill treated by him, wants to be murdered
and there any reason to believe that such is
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Told by her husband, son, and one
Servant, that she has been in an excited
and unmanageable state for some days & is
different from her usual condition.

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Dumfries.

DATED this Forty day of March One thousand
hundred and Eighty 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, Hugo M Handcastle
being a (1) graduate in medicine and surgery of the
University of Edinburgh
and being in actual practice as a (2) physician and surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Asylum
Royal Institution Dumfries in the County
separately from any other Medical Practitioner
visited and personally examined (4) Margaret Forfar,
Farmers wife, Townfoot of Auchencairn
the said Margaret Forfar is a (5) person
of unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Insane appearance
Says she is known to me - saw me in Kirkmichael
Church - which is not the fact. Entertains suspicions
of her husband, and a woman who used to live
Says her husband used her brutally, which I am
not true
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugo M Handcastle

Place of Abode 14 Castle St Dumfries

DATED this 10th day of March One thousand
hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson being (1) a Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Townfoot of Auchencairn in the County of Dumfries, seen and personally examined Margaret Forjer., and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson M.D. &c.

Dated this fourth day of March One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope —(1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Forjer, Farmer, Townfoot of Auchencairn, Kirkmahoe, Certificates under the hands of Alexander Thomson — and Angus M. Macdonald, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Margaret Forjer (Petitioner's wife,) and that the said Mrs Margaret Forjer, is a (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 Forjer, as a Patient into the (6) Public —Asylum of Dumfries Royal Infirmary and 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 Forjer, which accompanied the said Petition.

Dated this fourth day of March, One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Dumfries Royal Infirmary, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Margaret Horgan
10th March
1883

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...iff or Steward. ...e or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Peter McDonald, Inspector of Poor, New Abbey.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Blacklock, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Blacklock, to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

...ate degree of ...ship or other ...in which Peti... ...ands to Luna...

Peter McDonald Inspector of Poor

DATED this Twelfth (4) day of March One thousand eight hundred and Eighty Three

...e date of the ...must be with... ...en clear days ...the dates of ...dical Certifi...

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...ristian Name and Surname of Patient at length,	William Blacklock
...x and Age,	Male 18 years
...rried, Single, or Widowed,	Single
...ndition of Life, and previous Occupation (if any),	Farm servant
...ligious Persuasion, so far as known,	Presbyterian
...evious Place of Abode,	Kirkhouse Kirkbean
...ce where Found and Examined,	Shaw head
...ngth of time Insane,	Four days
...ether first Attack,	First Attack
...e (if known) on first Attack,	18 years
...en and where previously under Examination and Treatment,	..
...ration of existing Attack,	Four days
...pposed Cause,	Not known
...ether subject to Epilepsy,	No
...ether Suicidal,	No
...ether Dangerous to others,	Yes
...rish or Union to which the Lunatic (if a Pauper) is Chargeable,	New Abbey
...te of becoming Chargeable,	March 12th 1883.
...ristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charles Blacklock, Shawhead, New Abbey. Father. None.
...ecial circumstances (if any) preventing the insertion of any of the above particulars,	

...certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of March One thousand eight hundred and eighty three

(*To be signed by Party applying*) Peter McDonald Inspector of Poor

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned,
being a (1) Doctor of Medicine and Master of
C. M. I.
and being in actual practice as a (2) Physician and Surgeo
hereby certify, on soul and conscience, that I have this day, at (3) Shawh
Newabbey in the Co
Kirkcudbright separately from any other Medical Prac
visited and personally examined (4) William Blacklock,
Shawhead Newabbey, a pauper, a
the said William Blacklock is a (5) person
unsound mind and a proper person to be d
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Patient is a
his conduct at times ~~is not~~ has fixed delusio
that he may be delivered from his enemies; stat
I along with others are plotting against him.

2. Other facts (if any) indicating Insanity communicated to me by others:
Mother states that he says he is the Apostle Pa
that he is being persecuted. Refuses food from
that she wants to drug him and deliver him to

Name and Medical Designation, David Taylor Monteath

Place of Abode, Newabbey Kirkcudbrig

DATED this Eleventh day of March One thousa
hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal Colleges of Physicians
Edinburgh, & M.D.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 35 Bu
Dumfries in the Co
Dumfries separately from any other Medical Prac
visited and personally examined (4) William Blacklock, g
Shawhead, Newabbey
the said William Blacklock is a (5) person
unsound mind and a proper person to be d
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His facial
pression indicates mental disorder. He
vacant stare & speaks incoherently

2. Other Facts (if any) indicating Insanity communicated to me by others:
Has injured himself near penis & scrotum
information I received from Mr P. McDonald,

Name and Medical Designation, John Cunningham M.D. L.

Place of Abode, 35 Buccleugh St., Du

DATED this twelfth day of March One thousa
hundred and eighty three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Cunningham being (1) Licentiate of Royal Colleges of Physicians & Surgeons, Edinburgh, hereby certify, on soul and conscience, that I have this day, at (2) 35 Buccleuch St, Dumfries, in the County of Dumfries, seen and personally examined William Blacklock, 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.

John Cunningham M.D. R.C.P. & Ed.

DATED this twelfth day of March One thousand eight hundred and eighty three years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Peter McDonald, Inspector of Poor Newabbey Certificates under the hands of David Taylor Monteath and John Cunningham being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Blacklock, Shawhead Newabbey (a Pauper) and that the said William Blacklock, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Blacklock, as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Blacklock, which accompanied the said Petition.

DATED this Twelfth day of March, One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an incane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
597
William Blacklock
12th March
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shirrifdom of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Watson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret McGeorge your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret McGeorge to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other ability in which Petitioner stands to Lunatic.

John Watson
Inspector of Poor of Twynholm

DATED this Sixteenth (4) day of March One thousand eight hundred and Eighty Three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Margaret McGeorge
Sex and Age,	Female — 44 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Domestic Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Twynholm
Place where Found and Examined,	Twynholm Village
Length of time Insane,	a few Weeks
Whether first Attack,	first Attack
Age (if known) on first Attack,	44 years
When and where previously under Examination and Treatment,	
Duration of existing Attack,	a few weeks
Supposed Cause,	not known
Whether subject to Epilepsy,	No
Whether Suicidal,	No might be, but not shown
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	probably Twynholm
Date of becoming Chargeable,	March 16th 1883
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth McGeorge, Sister residing in Twynholm Village; not known
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of March One thousand eight hundred and Eighty Three

(*To be signed by Party applying*) John Watson, Inspr 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, James Moffat being a (1) Graduate in Medicine and Surgery of the University of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Swynholm Village in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Margaret McGeorge Lunatic Pauper Swynholm Village and that the said Margaret McGeorge is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her general appearance 2. She receives messages from God to do certain acts and does them saying she must do them e.g. today she lifted a shop in the Village and carried off a bundle of Newspapers locked them in her cellar and says God told her to [illegible] them till Monday – 3 The Devil also visits her inflicts pain and suffering on her bed when [illegible] knocks the Devil leaves. 4 She has distinct [illegible] God and Jesus Christ talking together but in [illegible] known tongue.

~~2. Other facts (if any) indicating Insanity communicated to me by others:~~ (7)

Name and Medical Designation, James Moffat M.D.

Place of Abode, Church Place – Kirkcudbright

DATED this 16th day of March One thousand eight hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Johnstone being a (1) M. D. of the University of Edin. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Swynholm Village in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Margaret McGeorge, pauper and that the said Margaret McGeorge is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) That she suffers from hallucination and delusions – hearing ordering her to do certain acts. seeing [illegible] of various kinds &c &c –

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this Sixteenth day of March One thousand eight hundred and Eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson, Esq.(1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Watson
Certificates under the hands of James Moffat
and William Johnstone, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Margaret McLenge, Pauper, and that the said
Margaret McLenge is a (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 McLenge as a Patient into the ~~Southern Counties~~ Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret McLenge which accompanied the said Petition.

DATED this Sixteenth day of March One thousand eight hundred and eighty three.

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

Alex Nicolson

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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598
Margaret Kilgorge
Mt Church
1883

7403.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY FOR SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Giles Mc Innes being desirous to transfer Jane Hepburn Blount at present a Patient in Royal Edinburgh Lunatic Asylum, and (1) a pauper Lunatic of the Parish of which I am Inspector of Poor — from the said Asylum to the Southern Counties Asylum at Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Jane Hepburn Blount 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 Innes

(2) Insp. of Poor, Dumfries

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Dumfries this 2nd day of March One thousand eight hundred and Eighty three years

STATEMENT.

1. Christian Name and Surname of Patient at length,	Jane Hepburn Blount
2. Sex and Age,	Female 55 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and Previous Occupation (if any),	Dunfries
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	14 Jany 1883
7. Length of time Insane,	Not Known
8. Whether first Attack,	No
9. Age (if known) on first Attack,	54 years
10. Duration of existing Attack,	Not Known
11. Supposed Cause,	do
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	✓

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Giles Mc Innes

DATED this second day of March One thousand eight hundred and Eighty three years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians Edin hereby certify that I have this day at (2) The Royal Edin Asy Lun personally examined Jane Hepburn Blount at present Patient in said Asylum, and with respect to her Mental State that She is mentally enfeebled & her memory is impaired. She is unfit to [illegible] her livelihood or look after her affairs or take care of herself. She restless and cannot do simple work; and with respect to her Bodily Health and Condition that she are now average

(1) State Medical Qualification.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

T. S. Clouston

DATED this 6th day of March One thousand eight hundred and 83.

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 Jane Hepburn Blount from Edinburgh Royal Asylum to Southern Counties Asylum, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Jane Hepburn Blount as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 8th day of March One thousand eight hundred and eighty three.

(1) Inserted in case Insurance 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.

Jane Hepburn Blount 26th March 1883

Date of Sheriff's Order,

18th January 1883.

I hereby renew the authority to transfer Jane Hepburn Blount as given above for one week from this date.

John Sibbald Commissioner

Edinburgh 24 March 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~*the* (2)~~ Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Insp. of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John O'Neill your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John O'Neill to the S. C. Asylum Dumfries and to sanction his admission into the said Asylum.

State degree of Relationship or other ...ity in which Petitioner stands to Luna...

Miles McInnes

The date of the ...ion must be within ...urteen clear days ...ving the dates of ...e Medical Certifi...

DATED this Thirtieth (4) day of March One thousand eight hundred and Eighty Three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	John O'Neill
2 Sex and Age,	Male 30 years
3 Married, Single, or Widowed,	Married
4 Condition of Life, and previous Occupation (if any),	Tailor
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Glasgow
7 Place where Found and Examined,	Dumfries Poorhouse
8 Length of time Insane,	Cannot tell
9 Whether First Attack,	— —
10 Age (if known) on First Attack,	— —
11 When and where previously under Examination and Treatment,	— —
12 Duration of Existing Attack,	— —
13 Supposed Cause,	— —
14 Whether subject to Epilepsy,	no
15 Whether Suicidal,	no
16 Whether Dangerous to others,	no
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18 Date of becoming Chargeable,	25th December 1882
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Lydia Loan Inglis or Irving (Mrs) 341 Govan St Glasgow
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	Refuses to speak and consequently can get no information from him

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of March One thousand eight hundred and Eighty Three years

(*To be signed by Party applying*) Miles McInnes

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Parkhouse Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Orrell Esq and the said John Orrell is a (5) person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Cannot be got to dress to be taking under a form of delusion and to be destitute of a single idea of decency in person &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the Governor states that he will bathe & eat but does speak but as he is under the

Name and Medical Designation, W Marshall M.D.

Place of Abode, 27 Buccleuch Street Dumfries

DATED this 30th day of March One thousand eight hundred and eighty three years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Poor House Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John O. Reid and the said John O. Reid is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His appearance is neglected, & inability to answer questions or to do anything asked of him.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Robertson informs me that he refuses to speak & at times to take food.

Name and Medical Designation, John Smith M.D.

Place of Abode, 44 Castle St Dumfries

DATED this 30th day of March One thousand eight hundred and 83 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute, — of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries, Certificates under the hands of William Marshall — and John Smith —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Friel, Dumfries Burrowmuir, (a Pauper), and that the said John Friel — is a (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 Friel — as a Patient into the (6) Public — Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Friel which accompanied the said Petition.

DATED this Fortieth day of March, — One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
600

John O'Neil
30th March 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) *of* *of the* (2) *and his Substitutes,*—

The Petition of

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that

(2) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

your Petitioner's (2)

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said to the and to sanction admission into the said Asylum.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this (3) day of One thousand eight hundred and

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Mary Locke or Gaultidge
2 Sex and Age,	Female 30 years
3 Married, Single, or Widowed,	Married
4 Condition of Life, and previous Occupation (if any),	Protestant
5 Religious Persuasion, so far as known,	Tobie Joggier
6 Previous Place of Abode,	—
7 Place where Found and Examined,	—
8 Length of time Insane,	—
9 Whether First Attack,	—
10 Age (if known) on First Attack,	—
11 When and where previously under Examination and Treatment,	—
12 Duration of Existing Attack,	no
13 Supposed Cause,	no
14 Whether subject to Epilepsy,	no
15 Whether Suicidal,	Dysgrin Asylum
16 Whether Dangerous to others,	30th March 1883
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	John Gaultidge (Husband)
18 Date of becoming Chargeable,	New Castle on Tyne
19 Christian Name and Surname, and Place of Abode of nearest known 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 Thirtieth day of March One thousand eight hundred and Eighty Three years

(*To be signed by Party applying*) Giles McInnes

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, [illegible] being a (1) [illegible] and being in actual practice as a (2) [illegible] hereby certify, on soul and conscience, that I have this day, at (3) [illegible] in the County [illegible] separately from any other Medical Practitioner, visited and personally examined (4) [illegible] and that the said [illegible] is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible]

Name and Medical Designation, [illegible]

Place of Abode, [illegible]

DATED this [illegible] day of [illegible] One thousand [illegible] hundred and [illegible]

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned,
being a (1)
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3)
in the County
separately from any other Medical Practitioner,
visited and personally examined (4)
and
the said
is a (5)
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, _____

Place of Abode _____

DATED this day of One thousand
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 Marshall, College of St Andrews being (1) a Graduate of the Faculty of Physicians and Surgeons Glasgow and hereby certify, on soul and conscience, that I have this day, at (2) Police office Dumfries in the County of Dumfries, seen and personally examined Mary Locke or Gentledge, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M.D.

DATED this 30th day of March One thousand eight hundred and eighty three years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of
and , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) and that the said is a (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said as a Patient into the (6) Asylum of and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this day of One thousand eight hundred and

To the Superintendent of the (7)
Asylum of

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary Locke or
Gouldedge
30th March 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of John Maxwell. Insp^r of Poor. Troqueer.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Asdailie. 1 A. Church St. Mark.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Asdailie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

John Maxwell. Insp^r of Poor.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Second (4) day of April — One thousand eight hundred and eighty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Asdailie.
2. Sex and Age,	Male. aged 70 years.
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Formerly entrance Lodge Keeper.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Newton Lodge. Parish of Terregles
7. Place where Found and Examined,	1 A. Church Street. Maxwelltown
8. Length of time Insane,	about one month,
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	about 70 years.
11. When and where previously under Examination and Treatment,	never under treatment before.
12. Duration of Existing Attack,	about one month.
13. Supposed Cause,	not known.
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Threatens Suicide
16. Whether Dangerous to others,	Dangerous,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueer in first instance. but supposed — Terregles.
18. Date of becoming Chargeable,	2nd April. 1883.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	His daughters. Mary and Jane reside in same house.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Second day of April One thousand eight hundred and eighty three

(*To be signed by Party applying*) John Maxwell. Insp^r of Poor. Parish of Troqueer.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Physicians and Surgeons Edinburgh and being in actual practice as a (2) physician surgeon hereby certify, on soul and conscience, that I have this day, at (3) 1a Church St, Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Asdaille, a pauper and that the said William Asdaille is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 cannot answer questions rationally. He is violent- deserted and imagines that his family and neighbours are doing all they can injure and murder him. He once his daughter has several times attempted to shoot him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His daughter Mary informs me that his conduct has completely changed lately. He has become violent and threatens to commit suicide. He has used violence towards of his daughter

Name and Medical Designation, James Hunter Dryden M.D.

Place of Abode, 18 George St, Dumfries

DATED this second day of April One thousand eight hundred and eighty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal College of Physicians & Surgeons, Edinburgh Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) 1a Church Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Asdaille, Pauper 1a Church St. Maxwelltown and that the said William Asdaille is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His family & person indicates mental disorder, He talks incoh

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Threatens to do harm to his daughter Many days he will take away his own life, this information received from his daughter

Name and Medical Designation, John Cunningham M.B.C.S.

Place of Abode 35 Buccleuch Street,

DATED this second day of April One thousand eight hundred and Eighty three 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 (2)
hereby certify, on soul and conscience, that I have this day, at (3)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(2) State medical qualification. (3) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Jardine Maxwell, Honorary Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell,
Inspector of Poor Frogmer,
Certificates under the hands of James Hunter Dryden
and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Asdaillie / A Church St Maxwelltown (a Pauper) and that the said William Asdaillie, — is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Asdaillie, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Asdaillie which accompanied the said Petition.

DATED this Third day of April, — One thousand eight hundred and eighty three years.

W. J. Maxwell

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
602
William Asdaile
3rd April
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of Bailie Mc Jones, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Hair

(3) State degree of Relationship or other circumstance 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 Hair to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Two Medical Certificates

Bailie Mc Jones

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of April One thousand eight hundred and Eighty Three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Robert Hair
2 Sex and Age,	Male, 42 years
3 Married, Single, or Widowed,	Married
4 Condition of Life, and previous Occupation (if any),	Pauper Labourer
5 Religious Persuasion, so far as known,	Presbyterian
6 Previous Place of Abode,	Wallace St Dumfries
7 Place where Found and Examined,	Dumfries & Galloway Infirmary
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,	now here
12 Duration of Existing Attack,	—
13 Supposed Cause,	—
14 Whether subject to Epilepsy,	no
15 Whether Suicidal,	no
16 Whether Dangerous to others,	no
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18 Date of becoming Chargeable,	3rd April 1883
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joana Hardy wife residing at Wallace St Dumfries.
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of April One thousand eight hundred and Eighty Three years

(*To be signed by Party applying*) Bailie Mc Jones

P. p.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians
Glasgow and College of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Infirmary
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Robert Hair (a pauper)
and
the said Robert Hair is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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
does not seem to understand where he is travelling
states that he walked by the high road
cannot say more

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
the Prison Surgeon states that he
told him that for several days before
Monday and that he had been better
Name and Medical Designation, W. Marshall M.D.
Place of Abode, 27 Buccleuch St Dumfries

DATED this 6th day of April One thousand eight
hundred and eighty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr.
being a (1) Graduate of Glasgow University &
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries &
Royal Infirmary Dumfries in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Robert Hair. a pauper
and
the said Robert Hair is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a vacant
appearance. talks in a rambling, incoherent manner
has delusions. has lost control of his appetite
His state is approximating that of General Paralysis of

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Prison Surgeon and nurse say he is quiet
and that he does everything in bed.

Name and Medical Designation, W. S. Kerr M.D.
Place of Abode Dumfries

DATED this 6th day of April One thousand eight
hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Jardine Maxwell (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor Dumfries, Certificates under the hands of William Marshall and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Stair, Dumfries Galloway Royal Infirmary (on Pauper) and that the said Robert Stair is a (5) person of unsound mind and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Stair as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Stair, which accompanied the said Petition.

DATED this Seventh day of April, One thousand eight hundred and eighty three years.

W. J. Maxwell

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Robert Mair
7th April
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Office or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Wills Mc Dowall Inspector of Poor, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Mc Lellan

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Keeper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said ~~Southern County Asylum~~ Samuel Mc Lellan to the ~~Southern County Asylum~~ and to sanction the admission into the said Asylum. Five Notes. Adult Wills Mc Dowall

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of April One thousand eight hundred and Eighty Three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Samuel Mc Lellan
2 Sex and Age,	Male. 27 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,	Galtstock Durisdeer
7 Place where Found and Examined,	Dumfries & Galloway Infirmary
8 Length of time Insane,	—
9 Whether First Attack,	—
10 Age (if known) on First Attack,	—
11 When and where previously under Examination and Treatment,	—
12 Duration of Existing Attack,	—
13 Supposed Cause,	—
14 Whether subject to Epilepsy,	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 Excambion
18 Date of becoming Chargeable,	6th April 1883
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Morgan, Wife, Residing at Galtstock, Durisdeer
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	—
	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of April One thousand eight hundred and Eighty Three years

(*To be signed by Party applying*) Wills Mc Dowall

P. p.

Robert Mac
Mc Allist

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wellesley Marshall
being a (1) Graduate of the Faculty of Physicians and
Surgeons and Licentiate of the College
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Infirmary
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Samuel McLellan (a pauper)
and that
the said Samuel McLellan is a (5) person of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems much depressed
& apprehensive state. Because spirits disturbed
Hears voices and complains of pain & noise
in his head

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
They say he never takes that he sleeps
& groans about the night and wants to be
let go for the Doctor &c

Name and Medical Designation, Wellesley Marshall M.D. Surg.

Place of Abode, 27 Buccleuch St Dumfries

DATED this 6th day of March One thousand eight
hundred and Eighty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University &
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Royal Infirmary, Dumfries in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Samuel McLellan, a pauper
and that
the said Samuel McLellan is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Was on Social visit
to-day. Restless & sleepless. Cries to leave Infirmary
Says his head is confused and cannot say what
was delusion — Has partial hemiplegia

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
House Surgeon not aware any he went to bed
to-night, being sleepless and roaming about
night

Name and Medical Designation, W. S. Kerr M.B.C.M.

Place of Abode Dumfries

DATED this Sixth day of April One thousand eight
hundred and Eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Pardine Maxwell (1) Honorary Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Allan M'Emus
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and William Smith Rees, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Samuel M'Lellan Dumfries Gallowa Royal Infirmary and that the said Samuel M'Lellan is a (5) person of unsound mind (a Pauper) and a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel M'Lellan 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 Samuel M'Lellan which accompanied the said Petition.

DATED this twenty-sixth day of April One thousand eight hundred and eighty three years.

W. P. Maxwell

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Samuel McLellan

7th April

1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway *and his Substitutes*—

The Petition of Christopher J Richardson Inspector of Kelton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Candlish your Petitioner's (3) ~~[illegible]~~ pauper is at present in a state of Mental Derangement, and 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 Candlish to the Southern Counties and to sanction her admission into the said Asylum. — one word delete

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

C Richardson Inspector of Kelton

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Ninth (4) day of April One thousand eight hundred and eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Candlish
2. Sex and Age,	female: 50
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	House keeper
5. Religious Persuasion, so far as known,	~~Protestant~~
6. Previous Place of Abode,	Kirkcudlight
7. Place where Found and Examined,	Castle Douglas
8. Length of time Insane,	several months
9. Whether First Attack,	Not aware
10. Age (if known) on First Attack,	about fifty
11. When and where previously under Examination and Treatment,	"
12. Duration of Existing Attack,	
13. Supposed Cause,	"Not known - sick nurse to bed-ridden mother for a long time
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	afraid so
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudlight
18. Date of becoming Chargeable,	Ninth April 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Sommerville her sister 95 George St Glasgow
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Ninth day of April One thousand eight hundred and eighty three

(*To be signed by Party applying*) C Richardson P.

Samuel M Lillian
7th April

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, 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 hereby certify, on soul and conscience, that I have this day, at (3) 20 St Andrew St Castle Douglas Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Margaret Condlich Pauper and the said Margaret Condlich is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 will not speak when spoken to She will not answer questions put to her but seems bodily well as regards

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Miss Thom with whom she has resided a few years that she seldom speaks is melancholy & dejected looking & sleepless restless

Name and Medical Designation, Walter Lorraine

Place of Abode, Castle Douglas

DATED this Eighth day of April One thousand nine hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Herbert James Lorraine being a (1) Licentiate of College of Physicians & Surgeons and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 18 St Andrew Street Castle Douglas Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Margaret Condlich Pauper and the said Margaret Condlich is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 entered the room She rushed into another room & locked the door, she would neither open the door nor answer me

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The sister tells me she has all her furniture to a neighbour she keeps three Cats & talks about fits & travelling, she imagines she is to marry a Mr Thom

Mrs Thom, 18 St Andrew St & without waiting any time bought 2 railway tickets for Castle Douglas

She left my house on Saturday morning took train

Name and Medical Designation, Herbert J. Lorraine L.R.C.P.

Place of Abode Castle Douglas.

DATED this 9th day of April One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson Esqre (1) Sheriff-Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Christopher P. Richardson Certificates under the hands of Walter Lorraine M.D. and Herbert James Lorraine L.R.C.P. , being two Medical Persons duly qualified in terms of an Act, intitaled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Candlish. Pauper and that the said Margaret Candlish is a (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 Candlish as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Candlish which accompanied the said Petition.

DATED this Ninth day of April One thousand eight hundred and eighty three

Alex. Nicolson

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Margaret Candlish
9th April
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Or Stewartry.

Unto the Honourable the (1) Sheriff —— *of the* (2) Dumfries and Galloway —— *and his Substitutes,—*

The Petition of James Dunsmore, Inspector of Poor of the Parish of Sorbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Stewart your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charles Stewart to the Public Asylum of the Southern Counties Dumfries and to sanction his admission into the said Asylum.

(3) State degree of relationship or other ground in which Petitioner intends to Lunacy.

James Dunsmore
Insp. of Poor Sorbie

(4) Not more than seven clear days after the dates of the Medical Certificates.

DATED this sixteenth (4) day of April —— One thousand eight hundred and eighty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Charles Stewart
Sex and Age,	Male. 31 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Ropemaker. Seaman
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Garliestown
Place where Found and Examined,	Do
Length of time Insane,	Has shown symptoms of unsound mind at times for many years
Whether First Attack,	No
Age (if known) on First Attack,	Not known
When and where previously under Examination and Treatment,	Was in the Southern Counties Asylum about 8 years ago
Duration of Existing Attack,	Not known
Supposed Cause,	Mental debility
Whether subject to Epilepsy,	No
Whether Suicidal,	Sometimes he threatens to destroy himself
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sorbie Parish
Date of becoming Chargeable,	April 13th 1883
Christian Name and Surname, and Place of Abode of nearest known 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 Frances Atkinson or Stewart, Widow Garliestown. Mother. None
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixteenth day of April One thousand eight hundred and Eighty three

(*To be signed by Party applying*) James Dunsmore
Insp. of Poor Sorbie.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Anderson being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Garlieston village in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Charles Stewart, (Pauper) and the said Charles Stewart is a (5) person of unsound mind and a proper Person to be dealt under Care and Treatment, 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 had himself locked in an attic which I had [illegible] When I got up there he was in a small recess amongst [illegible] He came out, his hair covered with cobwebs & filth, no [illegible] nor coat, his hands covered with tar, slow in answer, his appearance [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others:

Mrs Frances Stewart or Atkinson (his mother) says he has threatened to drown himself also he has often threatened [illegible] the house. She says he was in the Lunatic Asylum (Dungl[illegible]) [illegible] years ago

Name and Medical Designation, William Anderson

Place of Abode, Whithorn Wigtownsh[illegible]

DATED this fourteenth day of April One thousand [illegible] hundred and eighty-three years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Charles Douglas being a (1) Doctor in Medicine of Glasgow University & Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Garlieston village in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Charles Stewart, Seaman Garlieston .. Pauper - and the said Charles Stewart is a (5) person of unsound mind and a proper person to be dealt under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Cunning look, will not look you in the face will only speak when spoken to. will not [illegible] out, runs & hides whenever anyone comes into the house -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others:

Mrs Stewart (his Mother) says he does not rest [illegible] night but talks or swears incessantly at night - [illegible] to ill treat her & often strikes her. has threatened [illegible] commit suicide

Name and Medical Designation, John Charles Douglas

Place of Abode St Ninians, Whithorn

DATED this Fourteenth day of April One thousand [illegible] hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) James Dunsmore Inspector of Poor of the Parish of Sorbie Certificates under the hands of William Anderson MB & C.M. Whithorn and John Charles Douglas M.D. & L.R.C.S. Whithorn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charles Stewart Hunter and that the said Charles Stewart is a (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 Stewart as a Patient into the (6) Public Asylum of the Southern Counties Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles Stewart which accompanied the said Petition.

Dated this sixteenth day of April One thousand eight hundred and eighty three

Wm Mackie

To the Superintendent of the (7) Public
Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

b

2

606

Charles Stewart

19th April

1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Thomas Hark Miller, Solicitor, H. M. Lessons Office, Edinr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Steers, Medical Student, Elgin

(3) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) brother-in-law

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Steers, Medical Student, Elgin to the Crichton Royal Institution, Dumfries and to sanction his admission into the said Asylum.

Thos. H. Miller.

(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 April One thousand eight hundred and eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	James Steers
2	Sex and Age,	Male 26-years
3	Married, Single, or Widowed,	unmarried
4	Condition of Life, and previous Occupation (if any),	Medical Student
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	Elgin.
7	Place where Found and Examined,	Dumfries
8	Length of time Insane,	six years
9	Whether First Attack,	No
10	Age (if known) on First Attack,	20 years
11	When and where previously under Examination and Treatment,	Melrose Asylum
12	Duration of Existing Attack,	one month
13	Supposed Cause,	Intemperance & sexual excess
14	Whether subject to Epilepsy,	No
15	Whether Suicidal,	No
16	Whether Dangerous to others,	Yes
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	None
18	Date of becoming Chargeable,	
19	Christian Name and Surname, and Place of Abode of nearest known 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 Hark Miller, brother-in-law. Mossett Cottage, Corstorphine, Edinr. Not to my knowledge
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of April One thousand eight hundred and eighty three

(*To be signed by Party applying*) Thos. H. Miller.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Richard Bell Lorraine being a (1) Bachelor of Medicine and Master of Surgery of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 48 Irish Dumfries Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) James Steers Elgin a the said James Steers is a (5) person of unsound mind and a proper Person to be detained 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 vacant look - talks at the mirror & thinks he can't go back to College because he has been away 6 years. Knows nothing to say where he has been.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His Brother in law says he has been in an asylum till a year ago. Has been wandering about Edinburgh for the last fortnight

Name and Medical Designation, Richard B. Lorraine M.B.

Place of Abode, 2 Irving Street Dumfries

DATED this seventeenth day of April One thousand eight hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Ferguson being a (1) Graduate of Edinburgh University - M.B. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) James Steers an the said James Steers is a (5) person of unsound mind and a proper person to be detained 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 absent minded & stupid looking. Talks in a silly unconnected way repeating the same remarks & questions over & over again. Takes no interest in anything going on around him.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

By Dr Calder. That he has already been confined for violent treatment - in an asylum

Name and Medical Designation, Thomas Ferguson M.B.

Place of Abode 22 Castle St Dumfries

DATED this seventeenth day of April One thousand eight hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Richard Bell Lorraine being (1) a Bachelor of Medicine and Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined James Steers, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard Bell Lorraine

DATED this Nineteenth day of April One thousand eight hundred and Eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Stark Miller, Solicitor, St. M. Sasine Office, Edinburgh, Certificates under the hands of Richard Bell Lorraine and Thomas Ferguson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Steers, Medical Student, Elgin, Petit Brother in law, and that the said James Steers, is a (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 Steers as a Patient into the (6) Public Asylum of Crichton Royal Institution ~~and I authorize~~ his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Steers which accompanied the said Petition.

DATED this Twenty first day of April One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1807

James Steers

19th April

1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries ~~of~~ & Galloway — *and his Substitutes,*—

The Petition of James Dally, Inspector of Poor Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William McCune, Joiner, — ~~your Petitioner's~~ (3) Stranraer (a Pauper) — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William McCune — to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Dally

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this twenty third (4) day of April — One thousand eight hundred and eighty three —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	William McCune
2	Sex and Age,	male - 46
3	Married, Single, or Widowed,	Married
4	Condition of Life, and previous Occupation (if any),	Joiner
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	Stranraer
7	Place where Found and Examined,	Lockup - Stranraer
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,	Never before under treatment
12	Duration of Existing Attack,	Not known
13	Supposed Cause,	drink
14	Whether subject to Epilepsy,	No
15	Whether Suicidal,	Yes
16	Whether Dangerous to others,	Yes
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
18	Date of becoming Chargeable,	23d April 1883
19	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wife Wm McCune Millhill Street Stranraer
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty third day of April One thousand eight hundred and eighty three —

(*To be signed by Party applying*) James Dally

P. P.

1

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians & a Licentiate of the Faculty of Physicians and Surgeons and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Police Office, County Buildings Stranraer in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) William M'Cune and the said William M'Cune is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Appears quite excited and excited and rambles in his conversations. Says that he was been knighted Queen several times. Says he has to be on Rangers and has permission from his wife to bring me Sarah Jones to live with him and so on. 2. Other facts (if any) indicating Insanity communicated to me by others:

(7) *State the information, and from whom derived.*

(7) Superintendent McNeil informs me that on Saturday he was walking about the Harbour shouting and cursing at the top of his voice. He was jumping over the railings on Pier and himself in dangerous positions. Took off his boots threw them into the sea (in 15 ft water) then rolled up his sleeves as if preparing to swim

Name and Medical Designation, Hugh Cochrane M.B. C.M. Edin.

Place of Abode, Stranraer

DATED this twenty-third day of April One thousand eight hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William M'Neil being a (1) Doctor of Medicine of the University of Edinburgh and a licentiate of the Royal College of Physicians London and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Police Office, County Buildings, Stranraer, in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) William M'Cune, formerly of Stranraer (a seaman) and the said William M'Cune is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has a wild appearance in each eye corrected and more restlessly active. He has delusions as to certain discoveries made in West Australia, as to progress, an influence that can transmit a current miles of water and to the Cyprus Cable and a telegraph wire. He has a commission from God to perfect this discovery. He wants Jones to put away his wife & take to himself a Sarah Jones. 2. Other Facts (if any) indicating Insanity communicated to me by others:

(7) *State the information, and from whom derived.*

(7) The Superintendent of Police says he has of late been troublesome & irritable, putting himself into all dangerous positions e.g. hanging by hands from his jumping over parapet walls at Lady Pier, which overhangs the

Name and Medical Designation, William M'Neil M.B.

Place of Abode Stranraer

DATED this twenty third day of April One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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 Esqr (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dally Inspector of Poor Stranraer
Certificates under the hands of Hugh Cochrane Surgeon Stranraer
and William McNeil Doctor of Medicine this being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William McCune Joiner Stranraer (a pauper) and that the said William McCune is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William McCune as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William McCune which accompanied the said Petition.

DATED this twenty third day of April One thousand eight hundred and eighty three

W. McGibbon S. S.

No J.

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.

2
607
William McClune
24th April
1883

2
607
William McClune
24th April
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honorable the (1) Sheriff ~~of the County~~ of Dumfries ~~Stewartry~~ *and his Substitutes.*—

The Petition of Adam Sample, Inspector of Glencairn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Jackson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner (3) ~~Adam Sample, 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 James Jackson to the S. C. Asylum Dp.— and to sanction his admission into the said Asylum.

Adam Sample Inspector

(4) The date of the Petition must be within thirteen clear days following the dates of the Medical Certificates.

DATED this 24th (4) day of April — One thousand eight hundred and eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Jackson
2. Sex and Age,	Male 46
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Grocer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Edinburgh
7. Place where Found and Examined,	Springvale
8. Length of time Insane,	Three days
9. Whether First Attack,	Second Attack
10. Age (if known) on First Attack,	36 years
11. When and where previously under Examination and Treatment,	Ten years ago in S.C. Asylum Dumfries
12. Duration of Existing Attack,	three days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No!
15. Whether Suicidal,	No!
16. Whether Dangerous to others,	Yes!
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glencairn
18. Date of becoming Chargeable,	Now: 24th April 1883.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Martin brother in Law Springvale Glencairn
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 24th day of April — One thousand eight hundred and eighty three —

(*To be signed by Party applying*) James Young (Inspector Dumfries)
for Adam Sample
Inspector
Glencairn

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Picken Mun — being a (1) graduate of an University — and being in actual practice as a (2) Physician — hereby certify, on soul and conscience, that I have this day, at (3) Springvale Glencairn, — in the County of Dumfries — separately from any other Medical Practitioner visited and personally examined (4) James Jackson — and that the said James Jackson — 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) Maladie Incoherence of speech. Fancies he sees things floating before him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By James Craig) Struck James Craig and confess he did not know what he was doing

Name and Medical Designation, John Picken M

Place of Abode, Barrowfield Mo

DATED this 24th day of April One thousand eight hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, James Callender — being a (1) Medical graduate of the University — and being in actual practice as a (2) Medical practitioner — hereby certify, on soul and conscience, that I have this day, at (3) Springvale Glencairn — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) James Jackson — and that the said James 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Offering violence to others. Told me by James Craig, Robert Martin and others.

Name and Medical Designation, James Callender M.B.,

Place of Abode Dunscore, Dumfries

DATED this 24 day of April One thousand eight hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Callender being (1) a Medical Graduate of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Springvale in the County of Dumfries, seen and personally examined James Jackson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Callender M. B. & C. M.

DATED this 24th day of April One thousand eight hundred and eighty three and eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Jardine Maxwell, Honorary ~~David Boyle Stone~~, — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Adam Semple, Inspector of Poor Glencairn, Certificates under the hands of John Picken Muir and James Callender, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Jackson, Springvale, Glencairn (a Pauper) and that the said James Jackson, — is a (5) Lunatic, a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Jackson, — as a Patient into the (6) Public — Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Jackson, which accompanied the said Petition.

DATED this Twenty fourth day of April, — One thousand eight hundred and eighty three.

W. J. Maxwell

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
608
James Jackson
24th April
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries
of Dumfries & Galloway *and his Substitutes,*—

The Petition of John C. Gowan Shoemaker High Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (*) Wife Margret Gowan High Annan is at present in a state of Mental Derangement, and a proper person for admission into an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margret Gowan 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.

John C Gowan

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 26th (*) day of April — One thousand eight hundred and Eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margret Langton or Gowan
2. Sex and Age,	Female age 41
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Annan
7. Place where Found and Examined,	Annan
8. Length of time Insane,	Four months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Four months
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Carson Gowan Annan Husband Her mother was insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of April — One thousand eight hundred and eighty three

(*To be signed by Party applying*) John C Gowan

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Charles Cox
being a (1) Licentiate of the Royal College of Physicians
in Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Buck Close
Annan in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Langton or
Govan and that
the said is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She is very restless & unsettled. Fancies
is dying Sometimes crying at other times
& talking incoherently

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Husband states that at times she is
Violent requiring to be forcibly restrained
occasion she bit him on the hand She al
two occasions attempted Suicide once by an attem
Cut her throat at another by swallowing Oxalic

Name and Medical Designation, D. Chattox L R C

Place of Abode, Port Street Annan

DATED this 27 day of April One thousand eight hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians
Edinburgh
and being in actual practice as a (2) Physician Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle St.
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Langton or Govan
Buck Close, Annan and that
the said Margaret Langton or Govan is a (5) person of
unsound mind and a proper person to be detained
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 appe
indicate mental disorder. She talks about imagin
troubles

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has attempted Suicide by cutting her throat, the la
of Dr Cox, Annan, gave this information. She ca
sleep

Name and Medical Designation, John Cunningham L R C P

Place of Abode 37 Buccleuch St, Dumf

DATED this Twenty Sixth day of April One thousand eight hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, David Charles Cox being (1) a Licentiate of the Royal College of Physicians Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Annan in the County of Dumfries, seen and personally examined Margaret Gowan, and that the said (Margaret Gowan) person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. Chas. Cox

DATED this 26th day of April One thousand eight hundred and eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ——— (1) Sheriff Substitute, ——— of the (2) County of Dumfries, ——— having had produced to me, with a Petition at the instance of (3) John C. Gowan, Shoemaker, High Street Annan (husband) ——— Certificates under the hands of David Charles Cox, ——— and John Cunningham ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Margaret Gowan, High Street, Annan, ——— and that the said Margaret Gowan, ——— is a (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 Gowan ——— 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 Gowan, ——— which accompanied the said Petition.

DATED this twenty seventh day of April, ——— One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2/609
Margaret Lyon
26th April
1883

2/609
Margaret Langton
or Lyon
26th April 1883

7437.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY SCOTLAND 23 APR 83

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I the undersigned William C. Dalrymple
being desirous to transfer Alexander Dalrymple
at present a Patient in the Royal Edinburgh Asylum, and (¹) detained at my instance
Royal Crichton Institution, Dumfries from the said Asylum to the

(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.

Board to such transfer; and I subjoin a Statement of Particulars regarding the said hereby request the authority of
Alexander Dalrymple and a Medical Certificate with
respect to his mental and bodily condition.

Wm C Dalrymple

(²) Brother

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Royal Edinburgh Asylum this 21st day of April
One thousand eight hundred and Eighty-three

STATEMENT.

1. Christian Name and Surname of Patient at length,	Alexander Dalrymple
2. Sex and Age,	Male 60
3. Married, Single, or Widowed,	married
4. Condition of Life, and Previous Occupation (if any),	West Indian Merchant
5. Religious Persuasion, so far as known,	Episcopalian
6. Date of Admission into Asylum,	20th May 1879
7. Length of time Insane,	8½ years
8. Whether first Attack,	First
9. Age (if known) on first Attack,	41½
10. Duration of existing Attack,	8½ years
11. Supposed Cause,	unknown.
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Wm C Dalrymple Esq. 30 Stanhope Grove, London. W. Eldest Brother insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Wm C Dalrymple

DATED this 21st day of April One thousand eight hundred and Eighty-three

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians Edinr. hereby certify that I have this day at (2) the Royal Edinr. Asylum personally examined Alexander Dalrymple at present Patient in said Asylum, and with respect to his Mental State that he has been absolutely & acutely for many months this being result of an insane delusion that he refuses [illegible] receiving to be fed with the stomach pump. he resulting from an insane delusion and that he labours under the delusion that Sodomy is committed his person very night he cant say by whom; and with respect to his Bodily Health and Condition that the ann weak from his refusal of food.

(1) State Medical Qualification.
(2) Name Asylum.

1802
Alexander Dalrymple
30th April
1883

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

T. S. Clouston M.D. & [illegible]

DATED this 20th day of April One thousand eight hundred and 83.

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) William C. Dalrymple to authorize the transfer of Alexander Dalrymple from Edinburgh Royal Asylum to Crichton Royal Institution Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Alexander Dalrymple as requested.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

William Archbell Commissioner.

DATED at Edinburgh, this 23rd day of April One thousand eight hundred and eighty three.

Date of Sheriff's Order
21st May 1879.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Counties of Dumfries and Galloway *and his Substitutes,*—

The Petition of Alexander Kirk Inspector of Poor Dalry, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anne Jayler Foulds (Galloway) 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 Anne Jayler Foulds 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.

Alex. Kirk Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 16th (4) day of May One thousand eight hundred and Eighty Three.

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,	Anne Jayler Foulds
Sex and Age,	Female aged 79 Years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	not Known
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Millmark Cottage Dalry
Place where Found and Examined,	Millmark Cottage "
Length of time Insane,	Three Weeks
Whether First Attack,	No
Age (if known) on First Attack,	Not Known
When and where previously under Examination and Treatment,	Millmark Cottage Dalry
Duration of Existing Attack,	Not Known
Supposed Cause,	Intemperance
Whether subject to Epilepsy,	Yes
Whether Suicidal,	No
Whether Dangerous to others,	Might Become So
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dalry Parish Galloway
Date of becoming Chargeable,	15th May 1883
Christian Name and Surname, and Place of Abode of nearest known 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.
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of May — One thousand eight hundred and 83 —

(*To be signed by Party applying*) Alexander Kirk Inspector of Poor Dalry Parish (Galloway) P.P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Altham
being a (1) Graduate in Medicine of the
University of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3)
Millmark Cottage, Dalry in the Coun
Kirkcudbright separately from any other Medical Practiti
visited and personally examined (4) Anne Jayler Foulds
Pauper and
the said Anne Jayler Foulds is a (5) person
of unsound mind and a proper Person to be deta
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) On attending me
in consultation: Constantly chattering insane nonsense: A
of earthquakes, Marriages, funerals &c, the same breath. Told
first of a 'mulch woman' whom she described as "the
of pr[illegible]. Said that the woman in the house required a "
which would soon be "at the back of the fire" – and spoke not

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Marion Robb states she is subject to fits; is at times ab
and difficult to manage, would burn and tear her cl
thrown wearing apparel at the back of the fire.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or 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 Altham, M
Place of Abode, New Galloway

Dated this 15th day of May One thousand e
hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Pickton Muir
being a (1) Graduate in Medicine of the
University of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Mon
Lancaum, Dalmellington in the Count
separately from any other Medical Practitio
visited and personally examined (4) Anne Taylor Foulds
and
the said Anne Taylor Foulds is a (5) person
of unsound mind and a proper person to be detai
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Want of
Coherence & immediately wanders on
quite different subject. Seems hap
healthy, has to [illegible] very [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Alexander Pirie Subject to Epilepsy; for
herself quite a Lady; & mod

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or 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 Pickton Mu
Place of Abode Moncain, Glenca

Dated this 16th day of May One thousand ei
hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Altham being (1) a Graduate in Medicine of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Millmark Cottage, Dalry in the County of Kirkcudbright, seen and personally examined Anne Taylor Foulds, and that the said person is of unsound mind, and 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 Altham M.B. & C.M.

DATED this 15th day of May One thousand eight hundred and eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander Kirk Inspector of Poor, Dalry Galloway Certificates under the hands of James Altham and John Picken Muir, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Anne Taylor Foulds Millmark Cottage, Dalry, (a Pauper) and that the said Anne Taylor Foulds is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Anne Taylor Foulds 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 Anne Taylor Foulds which accompanied the said Petition.

DATED this Sixteenth day of May One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Anne Taylor Foulds
16th May
1883

Alteration of name Alexander to William sanctioned. JS.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

GENERAL BOARD OF LUNACY 30 MAY 83 SCOTLAND

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2) Shire~~ of Dumfries & Galloway, — *and his Substitutes,*—

The Petition of Adam Semple, Inspector of Poor, Glencairn, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~Alexander~~ William Buchanan — 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~~ William Buchanan — to the Southern County Asylum — and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other Charity in which Petitioner stands to Lunatic.

Adam Semple

DATED this Twenty-sixth (4) day of May — One thousand eight hundred and Eighty-three years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	~~Alexander~~ William Buchanan
2	Sex and Age,	Male
3	Married, Single, or Widowed,	Married
4	Condition of Life, and previous Occupation (if any),	Horse Breaker
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	Moniaive
7	Place where Found and Examined,	Moniaive
8	Length of time Insane,	Month
9	Whether First Attack,	yes
10	Age (if known) on First Attack,	78
11	When and where previously under Examination and Treatment,	—
12	Duration of Existing Attack,	month
13	Supposed Cause,	none
14	Whether subject to Epilepsy,	no
15	Whether Suicidal,	no
16	Whether Dangerous to others,	Sometimes
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glencairn
18	Date of becoming Chargeable,	24th May
19	Christian Name and Surname, and Place of Abode of nearest known 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 Smith, a Buchanan, Wife, none of the family have been known to be Insane
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Sixth day of May — One thousand eight hundred and 83 years

(*To be signed by Party applying*) Adam Semple, Inspector

P. p.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, John Picken Hume Munro being a (1) graduate of Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Monzie in the County of Perth separately from any other Medical Practitioner visited and personally examined (4) ~~Alexander~~ William Buchanan and the said ~~Alexander~~ William Buchanan 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) Want of Co[ntrol] does not know his own friends totally unable to comprehend even the simplest subject. fancies he has been a[t]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Wallace Monzie looks at times as if evidence to persons in public road, uses naked expressions constantly in the house in his room

Name and Medical Designation, John Picken Hume M.B. C.M.

Place of Abode, Broomfield Monzie

DATED this 25th day of May One thousand eight hundred and eighty three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Terrace Dundee separately from any other Medical Practitioner visited and personally examined (4) ~~Alexander~~ William Buchanan and the said ~~Alexander~~ William Buchanan is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a vacant appearance & rambling speech.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Adam Semple informs me that during the last two or three weeks he has been in a stupid mental condition. & occasionally violent & unmanageable

Name and Medical Designation, John Smith

Place of Abode 14 Castle Terrace Dundee

DATED this 26th day of May One thousand eight hundred and eighty three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Adam Semple, Inspector of Poor, Glencairn
Certificates under the hands of John Pickin Howie Muir,
and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) ~~Alexander~~ Buchanan, Horse-breaker, Monsoul (as Pauper) and that the said ~~Alexander~~ Buchanan, is a (5) Lunatic, a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said ~~Alexander~~ Buchanan, as a Patient into the (6) Public — Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said ~~Alexander~~ Buchanan, which accompanied the said Petition.

DATED this Twenty-sixth day of May — One thousand eight hundred and eighty three years. Four words deleted.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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William Buchanan
26 May 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff —— ~~of the (2) Shire~~ of Dumfries & Galloway, *and his Substitutes,*—

Lochay. Borgue The Petition of George Kirkpatrick. Gardener humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Kennedy or Kirkpatrick, your Petitioner's (3) Wife ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine Kennedy or Kirkpatrick to the Southern Counties asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

George Kirkpatrick

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventy sixth (4) day of May —— One thousand eight hundred and seventy three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Cathen Kennedy or Kirkpatrick.
2. Sex and Age,	Female = 32.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Wife of Gardner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Thornhill.
7. Place where Found and Examined,	Thornhill
8. Length of time Insane,	For at least six months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	32.
11. When and where previously under Examination and Treatment,	None previously under treatment.
12. Duration of Existing Attack,	At least six months.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable.
18. Date of becoming Chargeable,	——
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Kirkpatrick (Husband) + brother is at present a patient in the Crichton Royal 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 26th day of May One thousand eight hundred and eighty three

(*To be signed by Party applying*) George Kirkpatrick

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Boyle Grierson being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thornhill in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Cathern Kennedy the said Cathern Kennedy is a (5) person of unsound mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her mind full of delusions. supposes many [illegible] that are not real. fearful of people coming to [illegible] her away, or injure her. has made an attempt [illegible] destroy herself by wounding her neck with a knife and indicates that she would again do the same at times difficult to get her to take food.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: Her father and mother speak of her [illegible] and tendency to suicide. and the difficulty [illegible] in getting her to take food. and also of her [illegible]

Name and Medical Designation, W B Grierson

Place of Abode, Thornhill

DATED this 25th day of May One thousand hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Connal Wilson being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thornhill in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Catherine Kennedy or Kirkpatrick the said Catherine Kennedy or Kirkpatrick is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has the mark [illegible] former attempt to commit suicide on her neck is of a morose appearance - starts vacantly [illegible] restlessly paces up and down the rooms - [illegible] take food when offered - answers to all questions curt and monosyllabic.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: Father's statement that about a fortnight [illegible] a second attempt to commit suicide with a [illegible] knife - paces the rooms at night - thus [illegible] such as that every one is going down the Gill to be [illegible] the coal-carts carrying the supplies of fuel.

Name and Medical Designation, John Connal Wilson L.R.C.P. & S.E.

Place of Abode Thornhill

DATED this 25th day of May One thousand hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) George Kirkpatrick, Gardener, Andershaw, Borgue,
Certificates under the hands of Thomas Boyle Grierson
and John Connal Wilson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine Kennedy or Kirkpatrick (Petitioners wife) and that the said Catherine Kennedy or Kirkpatrick, person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine Kennedy or Kirkpatrick as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Kennedy or Kirkpatrick, which accompanied the said Petition.

DATED this Twenty sixth day of May One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Catherine Kennedy
or Kirkpatrick
26th May 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire or Stewartry~~ *of* Dumfries ~~or Stewartry~~ Galloway *and his Substitutes,*—

The Petition of A McGeachan, Inspector of Poor Lochinchar

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that

(3) State degree of Relationship or other Property in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper John Livingstone, is at present in a state of Mental Derangement, and 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 Livingstone to the P. County Asylum and to sanction his admission into the said Asylum.

A McGeachan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 28th (4) day of May One thousand eight hundred and 83

STATEMENT.

If any 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 Livingstone
2. Sex and Age,	male 47 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	married Sailor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Highlae
7. Place where Found and Examined,	Highlae
8. Length of time Insane,	4 weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	47 years
11. When and where previously under Examination and Treatment,	none
12. Duration of Existing Attack,	4 weeks
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochinchar in the meantime
18. Date of becoming Chargeable,	26th May 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Harriet Livingstone Wife Highlae. N/C. an uncle.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of May One thousand eight hundred and 83

(*To be signed by Party applying*) A McGeachan Inspector of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Reid
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Hightae
Lochmaben in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) John Livingstone, Pauper
Hightae
the said John Livingstone is a (5) person of
unsound mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very excitable
quoting texts of scripture in an incoherent way. Says he saw Jesus
who told him to attend to his body and take his medicine which
says as long as the lamp held on to burn he might have been saved
the lamp went out last night which is a delusion

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others:
His wife says that he thinks she is an evil spirit and will
tolerate her presence any more. Is always talking about his
lost and of having arrangements to worship at various places
during the night and will not rest in the house often going to the
praying several times during the night.

Name and Medical Designation, Thomas Reid

Place of Abode, Lochmaben

DATED this 26th day of May One thousand
hundred and eighty-three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall MacDonald
being a (1) Graduate 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) South
Counties Asylum in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) John Livingstone
Pauper
the said John Livingstone is a (5) person
of unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) he says
he is lost for the next world that
had hopes as long as long as
continued to burn but that it went
some day since Wednesday last.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others:
Kay tells me that he has hallucinated
seeing spirits and hearing them
to him during the night

Name and Medical Designation, A D MacDonald

Place of Abode 18 Castle St Dr

DATED this 27th day of May One thousand
hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Reid being (1) a Graduate in Medicine of Glasgow University hereby certify on soul and conscience, that I have this day, at (2) Hyltie, Lochmaben in the County of Dumfries, seen and personally examined John Livingstone, Hyltie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Reid M.D.

DATED this 26th day of May One thousand eight hundred and eighty-three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander M'Gaughan, Inspector of Poor, Lochmaben, Certificates under the hands of Thomas Reid, and Alexander Duff Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Livingstone, Hyltie, Lochmaben [illegible] and that the said John Livingstone, is a (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 Livingstone — as a Patient into the (6) Public — Asylum of Southern Counties and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Livingstone, — which accompanied the said Petition.

DATED this Twenty eighth of May — One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
673.

John Livingstone
26th May 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Peat 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 Peat to the Southern Counties Asylum and to sanction the admission into the said Asylum.

State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Miles McInnes

DATED this Second (4) day of June One thousand eight hundred and Eighty Three years.

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	Mary Peat
2	Sex and Age,	Female – 15 years
3	Married, Single, or Widowed,	Single
4	Condition of Life, and previous Occupation (if any),	Millworker
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	Willdale Terrace Maxwelltown
7	Place where Found and Examined,	Do Do
8	Length of time Insane,	about a month
9	Whether First Attack,	yes
10	Age (if known) on First Attack,	—
11	When and where previously under Examination and Treatment,	—
12	Duration of Existing Attack,	a month
13	Supposed Cause,	—
14	Whether subject to Epilepsy,	no
15	Whether Suicidal,	might be
16	Whether Dangerous to others,	no
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18	Date of becoming Chargeable,	26th Jany 1882
19	Christian Name and Surname, and Place of Abode of nearest known 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 Peat, her Mother resides at Willdale Terrace 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 June One thousand eight hundred and Eighty Three years

(*To be signed by Party applying*) Miles McInnes

Insp. of Poor Dumfries

P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, [illegible] being a (1) [illegible] and being in actual practice as a (2) [illegible] hereby certify, on soul and conscience, that I have this day, at (3) [illegible] in the County [illegible] separately from any other Medical Practitioner, visited and personally examined (4) Mary Peat (a pauper) and the said Mary Peat is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently and does unintelligently [illegible] makes strange and [illegible] noises and Language &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the person with whom she lives states much the same as above

Name and Medical Designation, [illegible]

Place of Abode, 27 Breadalbane [illegible]

DATED this 1st day of June One thousand eight hundred and eighty three years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith, being a (1) Graduate in Medicine of Edinburgh and in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the South Poorhouse in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Peat. A pauper and the said Mary Peat is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 & action & muttering incoherent speech. When asked questions rambles from one subject to another.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M.D.

Place of Abode [illegible]

DATED this 7th day of June One thousand eight hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Marshall — and collegiate of the Hydrogen being (1) a graduate of the faculty of Physicians & Surgeons Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Willdale Terrace in the County of Kirkcudbright, seen and personally examined Mary Peat, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M: D &c

DATED this 1st day of June One thousand eight hundred and eighty three years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw (1) Sheriff. Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor, Dumfries Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Peat Willdale Terrace Maxwelltown (a Pauper) and that the said Mary Peat is a (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 Peat 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 Peat which accompanied the said Petition.

DATED this Second day of June One thousand eight hundred and eighty three.

Geo. Whitelaw
Flory S.S.

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
614
Mary Peat
1st June
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~County of~~ Dumfries of said Galloway — *and his Substitutes,*—

The Petition of William Simpson, Farthingbank

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Simpson

(3) State degree of Lordship or other County 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 Jessie Simpson to the ~~Dumfries Royal Institution~~ Dumfries and to sanction her admission into the said Asylum.

William Simpson Brother

(4) The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

DATED this 6th (4) day of June One thousand eight hundred and Eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Jessie Simpson
Sex and Age,	Female age fifty years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	None
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Thornhill
Place where Found and Examined,	Thornhill
Length of time Insane,	three Months
Whether First Attack,	yes.
Age (if known) on First Attack,	Thornhill
When and where previously under Examination and Treatment,	~~two to five hours~~ three months not known
Duration of Existing Attack,	at one time
Supposed Cause,	at times
Whether subject to Epilepsy,	at times
Whether Suicidal,	~~quarton~~ Not chargeable.
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	William Simpson Farthingbank - Brother.
Date of becoming Chargeable,	None
Christian Name and Surname, and Place of Abode of nearest known 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
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 6th day of June One thousand eight hundred and Eighty three

(*To be signed by Party applying*) William Simpson

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Davidson
being a (1) Bachelor of Medicine & Master of Surgery
of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) North
Drumlanrig Street Thornhill in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Jessie Simpson North
Drumlanrig Street Thornhill and
the said Jessie Simpson is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has been under observation
for two years. Is subject to hallucinations &c. Refuses to eat & at times when asked to do so.
Have seen her tear her hair, strike her mother & perform antics in bed. She is
marked with bruises inflicted by herself. Roars like a bull, and sings for a
time spouting nonsense all the time.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By her Sister & Mrs Corson neighbour } Has struck her sister, Pitched bed clothes on to the floor, tried to hang herself with strings of her night cap, frequently asked for a knife to cut her throat. Wheels round in bed, tears the clothes, when taken out of bed floor refuses to stand, but goes round & round & grovelling all sorts of ways.

Name and Medical Designation, Thomas Davidson M.B.C.M.

Place of Abode, Thornhill Dumfries

Dated this fifth day of June One thousand eight hundred and eighty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Anstruther Davidson
being a (1)
Bachelor of Medicine and Master of Surgery
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) North
Drumlanrig Street Thornhill in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Jessie Simpson North
Drumlanrig Street and
the said Jessie Simpson is a (5) person
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has
for the last two years been subject to Hysteria and at present the subject of
varying hallucinations such as imagining she has snakes in her abdomen
and that there is sand always running out of her fingers. She was
in sudden frenzy tore her hair attempts to throw herself

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her sister says she attempts to go out when she is out of the room
for the purpose she says of destroying herself. One night she attempted
hang herself with her cap strings

Name and Medical Designation, Anstruther Davidson M.B.C.M.

Place of Abode Thornhill Dumfr

Dated this fifth day of June. One thousand eight hundred and eighty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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 Whitelaw — (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Simpson Farthinghank Dumfries Certificates under the hands of Thomas Davidson and Matthew Davidson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie Simpson Farthinghank Dumfries Petitioner and that the said Jessie Simpson, — is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie Simpson — as a Patient into the (6) Public — Asylum of ~~Dumfries Royal Lunatic Asylum~~ and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie Simpson, — which accompanied the said Petition.

DATED this Seventh — day of June, — One thousand eight hundred and eighty three years.

Geo. Whitelaw
Hon. S. S.

To the Superintendent of the (7) Public Asylum of ~~Dumfries Royal Lunatic Asylum~~ Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
615
Jessie Simpson
6th June
1883

4466

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY SCOTLAND 2 JUN 83

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James Baillie, Inspector of Poor of the Parish of Inch, Stranraer, in the County of Wigtown being desirous to transfer Grace Baird, (a pauper) at present a Patient in Crichton Royal Asylum, and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Southern Counties Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Grace Baird and a Medical Certificate with respect to her mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James Baillie

Inspector of Poor of Inch

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Stranraer this 30th day of May One thousand eight hundred and eighty three.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Grace Baird
2. Sex and Age,	female - 23½
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	formerly a Private Patient -
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	17th February 1883.
7. Length of time Insane,	July 1876 -
8. Whether first Attack,	No
9. Age (if known) on first Attack,	16½
10. Duration of existing Attack,	since July 1876
11. Supposed Cause,	Not known
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Inch, County of Wigtown
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 Mrs Baird Drumdynald Irvine

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Baillie

DATED this thirtieth day of May One thousand eight hundred and eighty three.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Charles H Skae being (1) an M.D. St Andrews & L.R.C.S.E. hereby certify that I have this day at (2) the Ayr County Asylum personally examined Grace Baird at present a Patient in said Asylum, and with respect to ~~his~~ her Mental State that she is demented

; and with respect to ~~his~~ her Bodily Health and Condition that they are fair.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties at Dumfries

Chas H Skae

DATED this 31st day of June One thousand eight hundred and 83

2/616
Grace Baird
6th June 1883

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) the Inspector of Poor, Inch to authorize the transfer of Grace Baird from Ayr District Asylum to Dumfries (Southern Counties) Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Grace Baird as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 2nd day of June One thousand eight hundred and eighty three.

Date of Sheriff's Order
20th February 1883.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Dumfries County~~ of Dumfries Lieutenant and his Substitutes,—

The Petition of John A. Carse Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Bridget Meehan or Ainley 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 Bridget Ainley to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John A Carse

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 4th (4) day of June One thousand eight hundred and eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Bridget Meehan or Ainley.
2. Sex and Age,	F. 38.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourers Wife
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	14 Market St. Maxwelltown Bowhouse, Tenegles
7. Place where Found and Examined,	No. 32.
8. Length of time Insane,	18 Sept. 1876.
9. Whether First Attack,	Tenegles
10. Age (if known) on First Attack,	Southern Counties Asylum.
11. When and where previously under Examination and Treatment,	11 March 1877 Do.
12. Duration of Existing Attack,	Unknown
13. Supposed Cause,	do
14. Whether subject to Epilepsy,	do
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Tenegles.
18. Date of becoming Chargeable,	4th June 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Ainley Husband 14 Market St. Maxwelltown.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th day of June One thousand eight hundred and 83.

(*To be signed by Party applying*) John A Carse
Inspector of Poor.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Bowhouses, Terregles in the County of ~~Dumfries~~ Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Bridget Meehan or Airley, Pauper. and that the said Bridget Meehan or Airley is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a wild expression in the Countenance, is noisy and talks incoherently

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has been in an Asylum under treatment before

Name and Medical Designation, Hugh Cunningham L.R.C.P.S.E.

Place of Abode, 25 Castle Street, Dumfries

DATED this Seventh day of June One thousand eight hundred and eighty three years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons, Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Bowhouses Terregles in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Bridget Meehan or Airley Pauper and that the said Bridget Airley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is violent in her behaviour & incoherent in her speech & from her facial appearance there can be little doubt of her insanity

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She carried a chair to Terregles to take possession of a house there & was very violent

Name and Medical Designation, John Cunningham Med L.R.C.P.S.E.

Place of Abode Dumfries

DATED this Seventh day of June One thousand eight hundred and eighty three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Hugh Cunningham being (1) Licentiate of the Royal College of Physicians in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Bowhouses in the County of Kirkcudbright, seen and personally examined Bridget Meehan or Airley, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh Cunningham L.R.C.P. Edin.

DATED this Seventh day of June One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John A. Carse Inspector of Poor Terregles — Certificates under the hands of Hugh Cunningham — and John Cunningham —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Bridget Meehan or Airley, Bowhouse, Terregles (a Pauper) and that the said Bridget Meehan or Airley is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Bridget Meehan or Airley 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 Bridget Meehan or Airley which accompanied the said Petition.

DATED this Eighth day of June — One thousand eight hundred and eighty three years

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Bridget Meehan
or Airley
7th June 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Inverness and Cullodenshire *and his Substitutes,*

The Petition of James Dallas Procurator fiscal of Nairn residing in Nairn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charlotte McPhee or Morrison ~~your Petitioner's~~ (3) residing at Culloden Lodge — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charlotte McPhee or Morrison to the Northern Counties Asylum Inverness and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Dallas

DATED this seventeenth (4) day of June One thousand eight hundred and eighty three. —

(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,	Charlotte McPhee or Morrison
2. Sex and Age,	female - 40
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Culloden Lodge
7. Place where Found and Examined,	— do —
8. Length of time Insane,	a fortnight
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	40
11. When and where previously under Examination and Treatment,	To a fortnight
12. Duration of Existing Attack,	not Reckoned
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Nairn
18. Date of becoming Chargeable,	7 June 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husband John Morrison Keeper Culloden Lodge Strathnairn
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this seventeenth day of June One thousand eight hundred and eighty three. —

(To be signed by Party applying)

James Dallas

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William McNeil being a (1) Doctor of Medicine of the University of Edinburgh and a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) ~~Bigfrid~~ Culhorn Lodge in the parish of Inch and in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Charlotte McGill or Morrison wife of John Morrison Heller residing there (pauper) and the said Charlotte McGill or Morrison is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a wild appearance. moves restlessly about. keeps constantly rambling one subject to another in an incoherent manner, shaves sit up in the centre of her bed, shouting she was a Queen. delusions about her husband and neighbours &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband John Morrison states that for the last month she has been quite changed towards him & her children has neglected her house & family. Breaks out into violent fits of passion. Shouting raves incoherently on all sorts of subjects does not sleep. Wm McNeil her present attendant corroborates this

Name and Medical Designation, William McNeil M.D.

Place of Abode, Stranraer

DATED this seventh day of June One thousand eight hundred and Eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Edinburgh and a Licentiate of the Faculty of Physicians & Surgeons Edinburgh and being in actual practice as a (2) general Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Culhorn Lodge in the parish of Inch and in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Charlotte McGill or Morrison residing there (Pauper) and the said Charlotte McGill or Morrison is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has an excited appearance and talks in an incoherent manner and in a very loud voice. Rambles from one to another in quick succession. Had me several in the different appartments of the house looking at One minute ordering me from the house the next the

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband says for the last month she has sleeping well and has been very excited. She is quite out of her usual and unable after her house affairs. Going shouting about house and knocking things about

Name and Medical Designation, Hugh Cochrane LRCPEd L.F.P.S.

Place of Abode Stranraer

DATED this seventh day of June One thousand eight hundred and eighty-three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon Esqr.(1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) James Dally Inspector of Poor of the Parish of Inch Certificates under the hands of William M'Neil, Doctor of Medicine and Hugh Cochrane Surgeon both in Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charlotte McGill or Morrison residing at Culhomridge and that the said Charlotte McGill or Morrison is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charlotte McGill or Morrison 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 Charlotte McGill or Morrison which accompanied the said Petition.

Dated this seventh day of June One thousand eight hundred and eighty three

W. M'Gibbon, Sheriff Substitute.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Charlotte McGill
or Morrison
8th June 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Sheriff Arm~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Lawson Inspector of the Poor Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Morris or Scott, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Morris or Scott to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Lawson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 11th (4) day of June One thousand eight hundred and eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Morris or Scott
2. Sex and Age,	Female 41 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Millworker - formerly
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Portstreet Annan
7. Place where Found and Examined,	Fishcross Cottages
8. Length of time Insane,	13 years
9. Whether First Attack,	No
10. Age (if known) on First Attack,	28 years
11. When and where previously under Examination and Treatment,	So. Co Asylum
12. Duration of Existing Attack,	Four or Five days
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Rather
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan
18. Date of becoming Chargeable,	4th July 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Scott Mariner Husband Fishcross Cottages Annan not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 11th day of June One thousand eight hundred and eighty three

(*To be signed by Party applying*) John Lawson Insp of Poor

Charlotte Wright
or Morrison
8th June 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Master in Surgery
being a (1) Bachelor of Medicine & 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) Butts Street Cottages, Annan. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Morris or Scott Pauper. and that the said Elizabeth Morris or Scott is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is violent in looks, language & actions. threatening everyone that comes within reach. Incoherent in speech & unreasonable in answering simple questions. —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has been several times confined in a Lunatic Asylum before. Violence towards her husband & others. — Sleeplessness. —

Name and Medical Designation, D. Mackenzie MB. RCM.

Place of Abode, Church Place, Annan —

DATED this Eleventh day of June One thousand eight hundred and eighty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thos Williamson Licentiate of
being a (1) general medical Practitioner
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Butts st Cottages Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Morris or Scott and that the said Elizabeth Morris or Scott is a (5) lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I saw her [illegible] night on the High st Annan in custody of an [illegible] officer, making a loud noise, swearing loudly and threatening every one she saw amongst others myself and clearly insane.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I heard from the Police man that [illegible] found her on the street, in the state described above, and she has been formerly in Asylum

Name and Medical Designation, Thos Williamson

Place of Abode Church Place, Annan

DATED this Eleventh day of June One thousand eight hundred and Eighty three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Daniel Mackenzie being (1) Bachelor of Medicine & Master in Surgery, hereby certify, on soul and conscience, that I have this day, at (2) Butts Street, Annan, in the County of Dumfries, seen and personally examined Elizabeth Morris or Scott, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. Mackenzie, M.B. & C.M.

DATED this eleventh day of June One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, —(1) Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me with a Petition at the instance of (3) John Lawson, Inspector of Poor, Annan Certificates under the hands of Daniel Mackenzie — and Thomas Williamson —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Morris or Scott, Fishers Cottages, Annan, a Pauper, and that the said Elizabeth Morris or Scott is a (5) Lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Morris or Scott as a Patient into the (6) Public — Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Morris or Scott, — which accompanied the said Petition.

DATED this Eleventh day of June, — One thousand eight hundred and

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Elizabeth Morris
or Scott
11th June 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shires~~ of Dumfries and Galloway and his Substitutes,—

The Petition of James Grieve, Inspector of Poor, Moffat.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Laidlaw or Dixon, your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Laidlaw or Dixon to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Grieve
Inspector of Poor

(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 June One thousand eight hundred and three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Laidlaw or Dixon
2. Sex and Age,	Female. 34
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,	Georgetown. Dumfries
7. Place where Found and Examined,	Rogermoor. Moffat
8. Length of time Insane,	Ten days
9. Whether First Attack,	Yes
0. Age (if known) on First Attack,	
1. When and where previously under Examination and Treatment,	Never
2. Duration of Existing Attack,	Ten days
3. Supposed Cause,	Not Known
4. Whether subject to Epilepsy,	No
5. Whether Suicidal,	Might be
6. Whether Dangerous to others,	
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	(~~Halle. Cumberland. England~~) Moffat (in meantime)
8. Date of becoming Chargeable,	11th June 1883
9. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Dixon. Husband her paternal cousin was in the Southern Counties Asylum for a short time.
0. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twelfth day of June One thousand eight hundred and eighty three

(*To be signed by Party applying*) James Grieve
Inspector of Poor

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians & a Licentiate of the Royal College of Surgeon Edin and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Roger moor Moffat in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Laidlaw or Dixon Roger moor. Moffat. Pauper and that the said Helen Laidlaw or Dixon is a (5) person of Unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Supposing she is lost - thinking her Children are going to be taken from her wanting to run out of the house naked & refusing to take food

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The above facts also being very violent occasionally & requiring to be held to prevent hurting herself.

Name and Medical Designation, James Munro. M.D. L.R.C.

Place of Abode, Moffat. Dumfries-shire

DATED this 11th day of June One thousand eight hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John MacMillan being a (1) Bachelor of Medicine and Master in Surgery and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Roger-Moor Moffat in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Laidlaw or Dixon of Roger-Moor Moffat; a pauper and that the said Helen Laidlaw or Dixon is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That she fancies she is at present in Dumfries; does not know which daughter is the younger supposes that she has only the children whereas she has three, fancies she has lived a bad life and is going to perdition sometimes looks vacant questions; and when I was coming away she took my arm and coming with me.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

That she has been melancholy of late. had made foolish will, and packed ornaments into boxes to be distributed her death, which was to take place soon. has many marks on her person said to have been caused by in the struggle her gait, and that she sleeps badly.

Name and Medical Designation, John MacMillan Bachelor of Medicine & Master in

Place of Abode St Blane's, Lockerbie, Dumfries

DATED this Eleventh day of June One thousand eight hundred and eighty-three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Munro
being (1) Doctor of Medicine & Licentiate of the Royal of Surgeons Edinr
hereby certify, on soul and conscience, that I have this day, at (2) Rogermoor. Moffat
in the County of Dumfries, seen and personally examined
Helen Laidlaw or Dixon, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro. MD. LR.C.S. Edinr

DATED this 11th day of June One thousand eight hundred and eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, ~~Sheriff Substitute~~ (1) Sheriff Substitute —
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Grieve, Inspector of Poor, Moffat
Certificates under the hands of James Munro M.B. L.R.C.S.E. —
and John MacMillan, M.B. C.M. —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Laidlaw or Dixon, Rogermoor Moffat a pauper and that the said Helen Laidlaw or Dixon, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Laidlaw or Dixon, — as a Patient into the (6) Public — Asylum of Southern Counties — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Laidlaw or Dixon — which accompanied the said Petition.

DATED this twelfth — day of June — One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
620
Helen Laidlaw
or Dixon
12th June 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) shire of Dumfries & Galloway *and his Substitutes,—*

The Petition of William Gourlay farmer Dinmans in the parish of Whithorn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Mackenzie ~~farmer, Dinmans in the parish of Whithorn~~ 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 Jessie Mackenzie to the Crichton Royal Institution and to sanction her admission into the the said Asylum. Seven words delete. —

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Gourlay

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eleventh (4) day of June One thousand eight hundred and eighty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jessie Mackenzie
2. Sex and Age,	Female 33 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Living retired, no occupation.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Whithorn, Wigtownshire
7. Place where Found and Examined,	Shaddock, Whithorn
8. Length of time Insane,	One week —
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	"
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	One week.
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Jane Mackenzie or Gourlay. Dinmans, Whithorn. Sister. Grand uncle & aunts subject to nervous depression.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this eleventh day of June One thousand eight hundred and eighty three years.

(*To be signed by Party applying*) William Gourlay

F. 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, William Anderson being a (1) Bachelor of Medicine Master in Surgery and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Shaddock Farm house Whittlesea in the County of separately from any other Medical Practitioner visited and personally examined (4) Jessie Mackenzie unmarried and that the said Jessie 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) She is married. Gets up dances very incoherent in speech. Thinks she is married. Gets up dances. Cannot name families persons. Runs out of house talks wildly in open air. Talks almost incessantly. She nursed a child in my presence & said it was a child.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr. Wm Gourley her cousin says she thinks she has had children (which is not true) after drinking flings the dish from her if not watched. talks pure nonsense generally

Name and Medical Designation, William Anderson M.B.

Place of Abode, Whittlesea. Wisbechshire N. B.

DATED this Tenth day of June One thousand eight hundred and eighty-three years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Charles Douglas being a (1) Doctor in Medicine of Aberdeen University and Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Shaddock Farm Parish of Whittlesea — — in the County of Wisbech separately from any other Medical Practitioner visited and personally examined (4) Jessie Mackenzie, retired spinster residing in Whittlesea and that the said Jessie 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) Great excitement talks incoherently — will not take food — thinks she is Queen Victoria — cannot sleep —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Spedding of Shaddock her Aunt, says she was remains a married woman. Spite of her fact thinks she has been married. sings and talks incessantly.

Name and Medical Designation, John C. Douglas M.D. L.R.C.S.

Place of Abode, St Rimands, Whittlesea

DATED this Tenth day of June One thousand eight hundred and eighty three years —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Gourlay Farmer Dinnans in the Parish of Whithorn
Certificates under the hands of William anderson M.B. Cm. Whithorn and John Charles Douglas M.D. L.R.C.S. Edin. Whithorn being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Jessie Mackenzie Shaddock Whithorn and that the said
Jessie Mackenzie is a (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 Mackenzie as a Patient into the (6) the Crichton ~~Asylum of~~ Royal Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie Mackenzie which accompanied the said Petition.

DATED this eleventh day of June One thousand eight hundred and eighty three years

Wm Mackie

To the Superintendent of the (7)
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1807

Jessie McKenzie

12th June

1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of the (2) Dumfries and Galloway — *and his Substitutes,—*

The Petition of John M'Knight Inspector of Poor Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rachel Scott

(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 Rachel Scott to the Southern Counties Asylum. Dumfries and to sanction her admission into the said Asylum.

John M'Knight Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 19th (4) day of June One thousand eight hundred and Eighty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rachel Scott
2. Sex and Age,	Female Aged 16 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	At School under Lady
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Langholm
7. Place where Found and Examined,	Langholm
8. Length of time Insane,	Mother Says of weak intellect
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	From her Birth
11. When and where previously under Examination and Treatment,	Nowhere
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,	Langholm
18. Date of becoming Chargeable,	1st June 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother was of Weak Intellect She is now Dead
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of June One thousand eight hundred and 83 years

(*To be signed by Party applying*) John M'Knight
Inspector of Poor for the
Parish of Langholm

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Johnstone Carlyle being a (1) Graduate of the University of Edinburgh and Licentiate of the Royal College of Surgeons Edinb and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Casual Sick Poor House, Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Rachel Scott, residing at Casual Sick Poor House and that the said Rachel Scott is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her mind is not in a healthy state, she seems to have no control over her temper, when thus it is she gets into a state of wild excitement and smashes every that comes in way — she has been so from Infancy

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Matron of the Casual Sick Poor House has informed me that she cannot control her least, and when excited breaks the windows and shows great violence

Name and Medical Designation, W. Carlyle M.D.

Place of Abode, Langholm

DATED this 17th day of June One thousand eight hundred and 83

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 of Surgery of the Univ 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) Casual Sick Poor Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Rachel Scott residing at Casual Sick Poorhouse, Langholm and that the said Rachel Scott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her appearances shews her to be of weak intellect. When seen me she was most abusive & foul in her language to the matron. Her talk was most unreasonable & while I saw her she had the window half up for the purpose of making her escape.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Matron of Casual Sick Poorhouse tells me she exceedingly violent, making a noise & kicking everything she can across if not allowed her own way. She will not change her unclean clothing & often lies in bed all night with clothes & boots on unless forced to do otherwise.

Name and Medical Designation, John Gill M.B., C.M.

Place of Abode Langholm

DATED this 19th day of June One thousand eight hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke (1) Sheriff's Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John M'Knight,
Inspector of Poor Langholm
Certificates under the hands of William Johnstone Lockie
and John Gill , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Rachael Scott casual pauper Parish of Langholm and that the said Rachael Scott is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rachael Scott as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Rachael Scott which accompanied the said Petition.

DATED this Twentieth day of June One thousand eight hundred and eighty three years.

David Boyle Stoke

To the Superintendent of the (7) Public
Asylum of
Southern Counties,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
621

Rachel Scott
21st June
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff~~ —— *of the* (2) Dumfries and Galloway, at Kirkcudbright, *and his Substitutes,*—

The Petition of Charles Finlayson Insp. of Poor Kirkcudbrightshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Stevenson ——— 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 Thomas Stevenson ——— to the Southern Counties Asylum, Dumfries, and to sanction his admission into the said Asylum.

C. Finlayson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (4) day of June One thousand eight hundred and eighty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Stevenson
2. Sex and Age,	Male 41
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Tailor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	High Street Kirkcudbright
7. Place where Found and Examined,	" "
8. Length of time Insane,	about one month
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	41
11. When and where previously under Examination and Treatment,	——
12. Duration of Existing Attack,	a month
13. Supposed Cause,	Religious Mania
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	June 20th
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet Stevenson Sister— Uncle Walter Stevenson now a patient in Southern Counties Asylum Dumfries
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of June One thousand eight hundred and eighty three

(*To be signed by Party applying*) C. Finlayson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Johnstone
being a (1) M. D., Edin.

and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Kirkcudbright in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Thomas Stevenson, Pauper
and t
the said Thomas Stevenson is a (5) person
unsound mind and a proper Person to be detai
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He imagines
suffering from various diseases (bodily) that
no existance and that his Soul is

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Sister gives somewhat similar
statements.

Name and Medical Designation, Wm Johnstone M

Place of Abode, Kirkcudbright

DATED this 20th day of June One thousand ei
hundred and Eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Moffat
being a (1) M.B., C.M. Glasgow Univ:

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Kirkcudbright in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Thomas Stevenson, Tailor
Pauper, High Street, Kirkcudbright and t
the said Thomas Stevenson is a (5) person
of unsound mind and a proper person to be detai
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Naturally of
a Melancholy temperament, it has lately assume
the phase of religious depression, and now he believ
his soul is lost. Says he can get no rest day or n
because of the strings of an accusing conscience &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His sister informs me that some six weeks ago he expec
some blood & the sight of which gave his nervous system a s
Then he began to say he was dying, became anxious about the
welfare of his children, finally began to be in doubt about his
and these doubts have ended in despair. He thinks God consider

Name and Medical Designation, James Moffat M.B.

Place of Abode Church Place, Kirkcudbright

DATED this 20th day of June One thousand ei
hundred and Eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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 Sandilands Maxwell (1) Esqr Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Charles Finlayson Inspr of Poor Kirkcudbright Certificates under the hands of William Johnstone and James Moffat, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Stevenson, Pauper, and that the said Thomas Stevenson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Stevenson as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Stevenson which accompanied the said Petition.

Dated this twenty first day of June One thousand eight hundred and eighty three.

R. J. Maxwell

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
622

Thomas Stevenson
21st June
1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Sheriff dom~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Lawson Inspector of Poor, of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Ann Warwick your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Ann Warwick to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Lawson

(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 June One thousand eight hundred and eighty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Ann Warwick
2. Sex and Age,	Female. 26 years
3. Married, Single, or Widowed,	Unmarried
4. Condition of Life, and previous Occupation (if any),	House Servant
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Has always been in Annan Parish
7. Place where Found and Examined,	Brydekirk Village
8. Length of time Insane,	about 8 months
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	never
11. When and where previously under Examination and Treatment,	8 months with interval of 3 weeks
12. Duration of Existing Attack,	unknown maybe disappointment in Love
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	rather
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan
18. Date of becoming Chargeable,	now
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Walter Warwick (father) whose sister was once insane but has been quite well for near 30 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 22nd day of June One thousand eight hundred and eighty three

(*To be signed by Party applying*) John Lawson Insp of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Daniel MacKenzie being a (1) Bachelor of Medicine & Masters in Surgery. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Annan. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Ann Warwick and that the said Jane Ann Warwick 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) Incoherence in thought & Speech. ——

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her father says she tries to do injury to neighbours & others. —

Name and Medical Designation, D. MacKenzie MB Ch.M.

Place of Abode, Annan. —

DATED this twenty second day of June One thousand eight hundred and eighty 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, Thomas Williamson being a (1) Licentiate of the Royal Col of Surgeons Edinr. and being in actual practice as a (2) General Practitioner in M hereby certify, on soul and conscience, that I have this day, at (3) Brydekirk in the Parish of Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Ann Warwick residing in Brydekirk and that the said Jane Ann Warwick 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) Her conjoined appearance, restlessness, muttering speech and conversation

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I was told by Mr Jamieson Blacksmith that he had seen her furiously attack her father with her fists and strong people on the road by him I am informed that she has been furiously violent to her mother

Name and Medical Designation, Mr Williamson L

Place of Abode Church Place Annan

DATED this twenty first day of June One thousand eight hundred and Eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Williamson being (1) a Licentiate of the College of Surgeons of Edin hereby certify, on soul and conscience, that I have this day, at (2) Brydekirk Village in the County of Dumfries, seen and personally examined Jane ann Warnock, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thos Williamson L R C S Edin

DATED this twenty first day of June One thousand eight hundred and eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lawson Inspector of Poor Annan Certificates under the hands of Daniel Mackenzie and Thomas Williamson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Ann Warnock Brydekirk Village a Pauper and that the said Jane Ann Warnock a (5) Lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Ann Warnock as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit to you herewith the said Medical Certificates, and a Statement regarding the said Jane Ann Warnock, which accompanied the said Petition.

DATED this twenty third day of June One thousand eight hundred and eighty three years.

Geo Whitelaw Hon S.S.

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

623

James Ann Warwick

22nd June

1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

ward. artry. *Unto the Honourable the* (1) Sheriff ~~of the (2) County~~ *of* Dumfries ~~Stewartry~~ *and his Substitutes,—*

The Petition of Revd William Watson Wesleyan Minister Cockermouth humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Watson

ce of other Peti- Luna- your Petitioner's (3) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Watson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

William Watson

f the with- days es of rtifi- Dated this 23rd (4) day of June One thousand eight hundred and Eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Name and Surname of Patient at	Mary Watson
ge,	Female, 23½ years
ingle, or Widowed,	Single
of Life, and previous Occupation	Gentlewoman
Persuasion, so far as known,	Protestant
lace of Abode,	7 Fernbank Cockermouth
e Found and Examined,	Crichton Royal Institution, Dumfries
time Insane,	Three years
First Attack,	Yes
own) on First Attack,	20½ years
where previously under Examina- l Treatment,	Crichton Royal Institution
f Existing Attack,	three years.
Cause,	Unknown
ubject to Epilepsy,	No
uicidal,	No
angerous to others,	Yes.
Union to which the Lunatic (if a is Chargeable,	—
oming Chargeable,	
Name and Surname, and Place of f nearest known Relative of the and degree of Relationship (if and whether any Member of known to be or to have been In-	Revd William Watson Wesleyan Minister Cockermouth.
umstances (if any) preventing the of any of the above particulars,	—

that, to the best of my knowledge, the above particulars are correctly stated.

is 23rd day of June One thousand eight hundred and Eighty

(*To be signed by Party applying*) William Watson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugo M Hardcastle being a (1) Graduate in Medicine and Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfriesshire separately from any other Medical Practitioner visited and personally examined (4) Mary Watson from of Fernbank, Cockermouth, at the said Mary 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Foolish Expression of Countenance – childish smiling – Refused to answer questions addressed to her, or to look one in the face

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Father states that she is quite unmanageable; is dangerous and destructive.

Name and Medical Designation, H M Hardcastle M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 23rd day of June One thousand eight hundred and Eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Patrick M Murray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Watson of Fernbank Cockermouth at the said Mary 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Refuses to answer any questions – Expression devoid of intelligence –

(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, P M Murray M.D.

Place of Abode Castle St Dumfries

DATED this 23rd day of June One thousand eight hundred and 1883

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, H M Hardcastle being (1) a graduate in Medicine and Surgery of Edinr. University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries in the County of Dumfriesshire, seen and personally examined Mary 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.

H M Hardcastle M.B: C.M.

DATED this 23d day of June One thousand eight hundred and Eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) The Reverend William Watson, Wesleyan Minister, Cockermouth, Certificates under the hands of Hugh M. Hardcastle, and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Watson, Farmbank, Cockermouth, Petrs Dumfries, and that the said Mary Watson, is a (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 Watson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Watson, which accompanied the said Petition.

DATED this Twenty fifth day of June, One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1806
Mary Watson
25th June
1883

7471.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned
being desirous to transfer Alexander Christie-Thomson
at present a Patient in Mavisbank Asylum, and (¹) detained at my instance, from the said Asylum to the Royal Crichton Institution Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Alexander Christie-Thomson 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.

Adam Deas,

(²) Curator Bonis

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Duns this 9th day of June
One thousand eight hundred and Eighty three

STATEMENT.

1. Christian Name and Surname of Patient at length,	Alexander Christie-Thomson
2. Sex and Age,	Male — Born 4 April 1856
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	No occupation. Proprietor of Estate of Gruesdykes, Berwickshire
5. Religious Persuasion, so far as known,	Church of England
6. Date of Admission into Asylum,	26th Septr 1879
7. Length of time Insane,	Since he was about 11 years old
8. Whether first Attack,	— — —
9. Age (if known) on first Attack,	
10. Duration of existing Attack,	
11. Supposed Cause,	Propinquity of relationship of his father & mother they having been first cousins
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,	Mrs Christie-Thomson, his mother residing at Briery Bank Duns, N. B. Yes. one brother living imbecile from birth and two others who died young.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Adam Deas

DATED this 9th day of June One thousand eight hundred and Eighty three.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Charles James Allan
being (1) MB & CM of the University of Edinburgh
hereby certify that I have this day at (2) Mavisbank Private Asylum
personally examined Christie Thomson at present a
Patient in said Asylum, and with respect to his Mental State that he is
imbecile; but quiet, inoffensive, & cheer

; and with respect to h
Bodily Health and Condition that both are good,

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Co-
dition of the Patient to contraindicate removal to the ~~Asylum of~~ Royal Edi
Institution, Dumfries

Charles J. Allan

Dated this sixth day of June One thousand eigh
hundred and eighty three years

(1) State Medical Qualification.
(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) Adam Deas,
Curator Bonis
to authorize the transfer of Alexander Christie-Thomson
from Mavisbank Private Asylum to Crichton Royal
Institution, Dumfries, and the Board having considered such application a
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the s
Alexander Christie-Thomson as requested.

John Sibbald Commissioner.

Dated at Edinburgh, this 11th day of June O
thousand eight hundred and eighty three.

(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.

1807
Alexander Christie Thomson
25th June 1883

Date of Sheriff's Order,
29th September 1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (*) The Sheriff of ~~the~~ Dumfries & Galloway *and his Substitutes*

The Petition of Edward Kirkhaugh Aspatria Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~Dorothy~~ Eda Kirkhaugh

(*) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Eda Kirkhaugh to the Crichton Royal Institution and to sanction her admission into the said Asylum.

Edw Kirkhaugh

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 28th (*) day of June One thousand eight hundred and 83

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Eda Kirkhaugh
2. Sex and Age,	Female 39
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Episcopalian Aspatria
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Six weeks
8. Length of time Insane,	Second attack
9. Whether First Attack,	Never and nowhere
10. Age (if known) on First Attack,	Six weeks
11. When and where previously under Examination and Treatment,	unknown
12. Duration of Existing Attack,	No
13. Supposed Cause,	No
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,	Edw Kirkhaugh Husband Aspatria Carlisle
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 28th day of June One thousand eight hundred and 83

(*To be signed by Party applying*) Edw Kirkhaugh

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Patrick M Murray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Dora Kirkhaugh Whitehaven an the said Mrs Dora Kirkhaugh is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incessantly and incoherently - fancies the sun God and devils in heaven - says has had no food for a fortnight -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The attendant tells me the nasty outrageous last night -

Name and Medical Designation, P M Murray M

Place of Abode, Castle St Dumfries

DATED this 27th day of June One thousand eight hundred and 83

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Dora Kirkhaugh Aspatria Cumberland an the said Dora Kirkhaugh is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is very excited talks incessantly has delusions as seeing people in the dark especially on large glassy eyes staring fixedly at her.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The attendant says she was very violent last night and required 2 attendants to watch her.

Name and Medical Designation, A D MacDonald

Place of Abode Dumfries

DATED this 28th day of June One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Patrick M Murray being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 33 Castle St Dumfries in the County of Dumfries seen and personally examined Mrs Dora Kirkhaugh Whitehaven, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

P M Murray MD

DATED this 27th day of June One thousand eight hundred and 83

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Edward Kirkhaugh, Aspatria, Cumberland, Certificates under the hands of Patrick M. Murray and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Dora Kirkhaugh, Aspatria Cumberland (Petitioner) and that the said Dora Kirkhaugh, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Dora Kirkhaugh as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Dora Kirkhaugh, which accompanied the said Petition.

DATED this Twenty-ninth day of June, One thousand eight hundred and eighty three.

David Boyle Stope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Nora Kirkhaugh

24th June 1883

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries ~~Galloway~~ *and his Substitutes*— ~~County~~

The Petition of Alex McWilliam. Insp of Poor, Carlaverock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Fisher your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Fisher to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Alex McWilliam Insp of Poor

DATED this Second (4) day of July One thousand eight hundred and eighty three.

(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,	David Fisher
2. Sex and Age,	Male, 60
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	resided in this parish for 21 years
7. Place where Found and Examined,	Craig Cottage Carlaverock.
8. Length of time Insane,	about a fortnight.
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	a fortnight
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Carlaverock
18. Date of becoming Chargeable,	2d July 1883.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Agnes Duncan, wife, Craig Cottage Yes. 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 2d day of July One thousand eight hundred and eighty three

(*To be Signed by Party applying*) Alex McWilliam, Insp of Poor Carlaverock

Note Jackhaugh 27th June 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Richard Bell Lorraine being a (1) graduate of Edinburgh University and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Craig Cantavarock in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) David Fisher (Pauper) and that the said David Fisher (Pauper) is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very violent cursing and swearing continually - does not know me - will not take food offered him - is very violent against his wife and one of his daughters -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His son says he got out of bed in the night out in his night dress - he is always swearing at any who go near him - tears the clothes with his teeth

Name and Medical Designation, Richard Bell Lorraine MB Cantab

Place of Abode, 2 Irving Street Dfs.

DATED this second day of July One thousand eight hundred and eighty three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Duff MacDonald being a (1) graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) David Fisher Pauper Craig Work Cantavarock and that the said David Fisher is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) A very excited and violent & quick talker & in most abusive & violent language about food things & he has gone to bed. And other delusions of a confused character

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) As very one he meets especially his own friends. And is very violent at all times

Name and Medical Designation, A D MacDonald MB

Place of Abode, Western Counties Asylum Dumfries

DATED this 20 day of July One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Richard Bell Lorraine being (1) A Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Craigs Carlaverock in the County of Dumfries, seen and personally examined David Fisher (Pauper), and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard Bell Lorraine

DATED this second day of July One thousand eight hundred and eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander McWilliam, Inspector of Poor, Carlaverock Certificates under the hands of Richard Bell Lorraine — and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Fisher, Labourer, Craig Cottage, Carlaverock (a Pauper) and that the said David Fisher, — is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Fisher — as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Fisher — which accompanied the said Petition.

DATED this Second — day of July — One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

David Fisher

2nd July 1883

1492.

PAROCHIAL BOARD OF RECEIVED 25 JUN 83 GLASGOW
BARONY PAROCHIAL BOARD RECEIVED 27 JUN 1883 GLASGOW
PAROCHIAL BOARD OFFICE 28 JUN.83 DUMFRIES.
GENERAL BOARD OF LUNACY 29 JUN 83 SCOTLAND
BARONY PAROCHIAL BOARD RECEIVED 30 JUN 1883 GLASGOW
PAROCHIAL BOARD OFFICE 30 JUN.83 DUMFRIES.

44554

[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 Giles Mc Jones, Inspector of Poor, Dumfries being desirous to transfer James Harris at present a Patient in Woodilee Asylum, and (†) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Southern Counties Asylum at Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James Harris and a Medical Certificate with respect to his mental and bodily condition.

(†) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Giles Mc Jones
(‡) Inspector of Poor

(‡) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Dumfries this 28th day of June One thousand eight hundred and Eighty three years.

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Harris
2. Sex and Age,	Male. 26 yrs.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and Previous Occupation (if any),	~~Blastener~~ Slater
5. Religious Persuasion, so far as known,	Protestant.
6. Date of Admission into Asylum,	23d May 1883.
7. Length of time Insane,	Over one month.
8. Whether first Attack,	Supposed
9. Age (if known) on first Attack,	—
10. Duration of existing Attack,	—
11. Supposed Cause,	—
12. Whether subject to Epilepsy,	Yes
13. Whether Suicidal,	—
14. Whether Dangerous to others,	yes.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Wife Jessie Armstrong, residing 3 Society St, Cumlachie

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 28th day of June One thousand eight hundred and Eighty three years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

Discharged Recovered 2nd July 1883

MEDICAL CERTIFICATE.

(1) State Medical Qualification.

(2) Name Asylum.

I, the undersigned Robert Blair being (1) graduate in Medicine & Surgery, Glasgow University hereby certify that I have this day at (2) Woodilee Asylum personally examined James Harris at present a Patient in said Asylum, and with respect to his Mental State that he labours under epileptic mania

; and with respect to his Bodily Health and Condition that they appear to be ordinary

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

Robert Blair, M.D.

DATED this 26th day of June One thousand eight hundred and 83.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) The Inspector of Poor, Parish of Dumfries to authorize the transfer of James Herries (Harris) from Barony Parochial Asylum to Southern Counties Asylum, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said James Herries (Harris) as requested.

[signature] Commissioner.

DATED at Edinburgh, this 29th day of June One thousand eight hundred and eighty three.

Date of Sheriff's Order,

25th May 1883.

2
626
James Herries
4th July 1883

4th July 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries Shire *and his Substitutes,*—

The Petition of Robert Shields, Inspector of Poor Durrisdeer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Corson your Petitioner's (3) Pauper Durrisdeer Parish is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Corson 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.

Robert Shields

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (4) day of July One thousand eight hundred and Eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Thomas Corson
Sex and Age,	Male. — 65 Years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Pauper
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Alton
Place where Found and Examined,	Cranichies Shed. & Sweetbit Cottage
Length of time Insane,	
Whether First Attack,	No
Age (if known) on First Attack,	0
When and where previously under Examination and Treatment,	1869. Southern Counties Asylum
Duration of Existing Attack,	—
Supposed Cause,	—
Whether subject to Epilepsy,	—
Whether Suicidal,	—
Whether Dangerous to others,	Sometimes
Parish or Union to which the Lunatic (if a [illegible]	[illegible]
Date of becoming Chargeable,	25 November 1865
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
Special circumstances (if any) preventing the insertion of any of the above particulars,	No relatives residing in this district

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of July One thousand eight hundred and Eighty three

(*To be signed by Party applying*) Robert Shields
Inspector of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugo M Hardcastle being a (1) Graduate in Medicine & Surgery of Edin 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) 14 Southern Counties asylum Dumfriesshire separately from any other Medical Practitioner visited and personally examined (4) Thomas Corson, a pauper and the said Thomas Corson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) he came appears Loss of Memory; Incoherent and rambling statements — Irrelevant answers to q

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugo M Hardcastle

Place of Abode, 14 Castle St Dumfries

DATED this 7th day of July One thousand eight hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum. Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Corson Pauper, and the said Thomas Corson (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) speaks incoherently does not answer questions readily but with some rambling statements & appears to attempts steal his clothes - Thinks he is Jesus Christ &c &c suppositions and would require watching but is not violent

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Richd B. Lorraine M.B. & C.M.

Place of Abode 2 Drumsheugh Street Dumfries

DATED this seventh day of July One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Davidson being (1) Bachelor of Medicine & Master of Surgery of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Sweetbit Cottage, Durrisdeer in the County of Dumfries, seen and personally examined Thomas Corson (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.

Thomas Davidson M.B. C.M.

DATED this sixth day of July One thousand eight hundred and eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Shields Inspector of Poor Durrisdeer Certificates under the hands of Hugh M. Hardcastle 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) Thomas Corson, Sweetbit Cottage, Durrisdeer (a Pauper) and that the said Thomas Corson is a (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 Corson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Corson, which accompanied the said Petition.

DATED this Ninth day of July One thousand eight hundred and eighty three.

David Boyle Stope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2626
Thomas Gordon
4th July 1853

627
Thomas Gordon
4th July 1853

7506.

[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 Keiller being desirous to transfer Amelia Roy at present a Patient in Whitehouse Private Asylum and (¹) is detained at my instance from the said Asylum to the Crichton Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Amelia Roy 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 Keiller
(²) Brother in Law.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at this day of One thousand eight hundred and

STATEMENT.

1. Christian Name and Surname of Patient at length,	Amelia Roy.
2. Sex and Age,	F. about 60 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Gentle woman.
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	20th October 1863
7. Length of time Insane,	21 years.
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	
10. Duration of existing Attack,	
11. Supposed Cause,	
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,	Maria Elizabeth Keiller Sister. no.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Alexander Keiller.

DATED this 13th day of July One thousand eight hundred and 83.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

Thomas Coron
7th July 1883

MEDICAL CERTIFICATE.

I, the undersigned A. D. N. Thomson

(1) State Medical Qualification.
(2) Name Asylum.

being (1) Physician & Surgeon
hereby certify that I have this day at (2) Whitehouse Asylum
personally examined Mrs Amelia Roy at present
Patient in said Asylum, and with respect to her Mental State that she
suffering from Mania

; and with respect to her
Bodily Health and Condition that they are very fair

1810
Amelia Roy
16th July 1883

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

A. D. N. Thomson

Dated this 19th day of July One thousand eight hundred and eighty three

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Alexander Keillor
to authorize the transfer of Amelia Roy
from Whitehouse Private Asylum to Crichton Royal Institution, Dumfries and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Amelia Roy as requested.

(2) Valid for fourteen days from date.

Commissioner.

Dated at Edinburgh, this 19th day of July One thousand eight hundred and eighty three.

Date of Sheriff's Order,
20th October 1883.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Ayr *and his Substitutes,—*

The Petition of James Bunten Dempster Kilmarnock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Paxton or Bunten your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Paxton or Bunten 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.

James Bunten

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixteenth (4) day of July One thousand eight hundred and Eighty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Paxton or Bunten.
2. Sex and Age,	Female - 60 years.
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kilmarnock
7. Place where Found and Examined,	Nurseyhill - Kilmarnock.
8. Length of time Insane,	one week
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	One week
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Bunten - Nurseyhill, Kilmarnock — 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 Sixteenth day of July One thousand eight hundred and Eighty three

(*To be signed by Party applying*) James Bunten

P. T.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander William Macfarlane being a (1) Doctor of Medicine of the University of Glasgow and a Member of the Royal College of Physicians, Edin. and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Nursery Hill Kilmarnock Ayr in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Agnes Paxton or Bunten wife of James Bunten, Nursery Hill, Kilmarnock and the said Agnes Paxton or Bunten is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She believes that she and her husband were idiots when they were married that they have lived for 30 years without paying any one, and that they owe £40.000 and have not a penny to pay it. — That she, her husband and two daughters are four idiots, incapable of taking care of themselves.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That she is completely changed in her conduct Thinks they are beggars, this being not the case and that they and their friends are all idiots.

(7) Brother husband & 2 daughters

Name and Medical Designation, A W Macfarlane M.D.

Place of Abode, Kilmarnock

DATED this nineteenth day of July One thousand eight hundred and Eighty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Durrant Gardner being a (1) Fellow of the Royal Coll. of Physicians and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Nursery Kilmarnock Ayr in the County of Ayr visited and personally examined (4) Agnes Paxton or Bunten wife of James Bunten, Kilmarnock and the said Agnes Paxton or Bunten is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is under the entire delusion that her whole family, including herself are under a visitation of God which has made them idiots & incapable of regulating affairs, which she according to Agnes's note in the Confusion. From personal conversation with Mrs Bunten I am satisfied that this is not the case. It is as they are under

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Bunten tells me that her mother will not go out in a carriage scarcely out of the house for fear of accidents. From any other facts I gathered when I put the matter to Mrs Bunten she was quite insensible that she ought to go out in a carriage, and that many people were aware of this & the case. She can abroad (see my letter hereto annexed)

Name and Medical Designation, W D Gardner

13th Place of Abode 225 St Vincent St & The City

DATED this day of July One thousand eight hundred and eighty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander William Macfarlane being (1) a Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Kilmarnock in the County of Ayr, seen and personally examined Agnes Porter or Bunter, and that the said person is of unsound mind, and 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 Macfarlane M.D.

DATED this fifteenth day of July One thousand eight hundred and eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Hall Advocate one of the (3) Sheriff Substitutes for Ayrshire having had produced to me, with a Petition at the instance of (4) James Bunter draper Kilmarnock Certificates under the hands of Alexander William Macfarlane and William Tennant Gairdner, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Agnes Porter or Bunter of Kilmarnock and that the said Agnes Porter or Bunter 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 Agnes Porter or Bunter as a Patient into the (7) Public Asylum of Royal Institution Dumfries and I authorize You Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Porter or Bunter which accompanied the said Petition.

DATED this Seventh day of July One thousand eight hundred and eighty three

David Hall

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution Dumfries

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(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

1811
Agnes Paxton or Bunten
16th July 1883
SS

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Shire~~ of Dumfries ~~Galloway~~ *and his Substitutes,*—

The Petition of William Gibb, Hillhead Cottage, Kelso

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Darling Gibb

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Darling Gibb to the Crichton Royal Institution, and to sanction his admission into the said Asylum.

William Gibb

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 26th (3) day of July One thousand eight hundred and eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hugh Darling Gibb
2. Sex and Age,	Male 37
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Draper
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Nebraska United States America
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	6 Months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	Supposed 36
11. When and where previously under Examination and Treatment,	Lincoln United States America six Months
12. Duration of Existing Attack,	Unknown
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Uncertain
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 Gibb Hillhead Cottage Kelso Father
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 26th day of July One thousand eight hundred and eighty three

(*To be signed by Party applying*) William Gibb

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Hugo M Hardcastle
being a (1) Bachelor of Medecine and Master in Surgery of Edinburgh University
and being in actual practice as a (2) physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3)
14 Castle St Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Hugh Darling Gibb, a native
from Nebraska, U.S. America and
the said Hugh Darling Gibb is a (5) person of unsound
mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Insane appearance and restless manner
Talks incessantly about himself and one
States he is possessed of millions of money, and
owner of untold property.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Cousin says ~~he~~ he has delusions
about money matters.

Name and Medical Designation, } H M Hardcastle

Place of Abode, 14 Castle St Dumfries

DATED this 25th day of July One thousand nine
hundred and Eighty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alexander Dace Mackie
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) Hugh Darling Gibb
Draper Lincoln Nebraska and
the said Hugh Darling Gibb is a (5) Lunatic
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Excessive activity
And his delusions as to his wealth
Saying he is going to build colleges all
over the world and that he is a great
soldier he is in fact every thing he desires
Rapid incoherent utterance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I am told his Cousin says he has
delusions about monetary affairs

Name and Medical Designation, } A D Mackie

Place of Abode Dumfries

DATED this 25th day of July One thousand nine
hundred and eighty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Hugo M. Hardcastle being (1) Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries in the County of Dumfries & Kirk, seen and personally examined Hugh Darling Gibb, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

H. M. Hardcastle M.B. & C.M.

DATED this 25th day of July One thousand eight hundred and Eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Gibb, Stitchel Cottage, Kelso Certificates under the hands of Hugo M. Hardcastle and Alexander Dall Macdonald being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Darling Gibb, sometime of Nebraska, U.S. America (Pers. Sen.) and that the said Hugh Darling Gibb, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Darling Gibb as a Patient into the (6) Public Asylum of Crichton Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Darling Gibb, which accompanied the said Petition.

DATED this Twenty eighth day of July One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

7525.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY 31 JUL 83 SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James Dally, Inspector of Poor Parish of Inch & County of Midtown being desirous to transfer Hugh Hair (Pauper) at present a Patient in Ayr District Asylum and (¹) a pauper Lunatic of the Parish of Inch 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 Hugh Hair and a Medical Certificate with respect to his mental and bodily condition.

James Dally

(²) Inspr. of Poor of Inch Stranraer

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Stranraer this 26th day of July One thousand eight hundred and eighty three

STATEMENT.

1. Christian Name and Surname of Patient at length,	Hugh Hair
2. Sex and Age,	male - 28
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Date of Admission into Asylum,	28th June 1883
7. Length of time Insane,	5 weeks
8. Whether first Attack,	First
9. Age (if known) on first Attack,	28 years
10. Duration of existing Attack,	5 weeks
11. Supposed Cause,	Religious mania
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,	Inch
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Mother Mrs Hugh Hair Our Rhead Castle Douglas

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) James Dally

DATED this 26th day of July One thousand eight hundred and eighty three

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

26th July 1883

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Charles H Skae being (1) [illegible] hereby certify that I have this day at (2) the Ayr County Asylum personally examined Hugh Hair at present a Patient in said Asylum, and with respect to his Mental State that he is mildly demented & inclined to melancholy & taciturnity, & slow in answering questions as to his past life, as if confused it, or as if his memory regarding it was defective; and with respect to his Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties, at Dumfries

Charles H Skae

DATED this 28th day of July One thousand eight hundred and 83

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) The Inspector of Poor, Parish of Inch to authorize the transfer of Hugh Hair from Ayr District Asylum to Southern Counties Asylum, Dumfries; and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Hugh Hair as requested.

John Cowan Commissioner.

DATED at Edinburgh, this 31st day of July One thousand eight hundred and eighty three.

Date of Sheriff's Order, 30th June 1883.

2629 Hugh Hair 7th August 1883

[illegible] 7th August 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (*) Sheriff of ~~the~~ (*) County of Dumfries & Galloway *and his Substitutes,*—

The Petition of John McWilliam, Dalbeattie, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Craig Johnstone Knockshean, Kells, your Petitioner's (*) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Craig Johnstone to the (Crichton) The Crichton Institution and to sanction her admission into the the said Asylum.

(*) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

John McWilliam

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 6th day of (*) August One thousand eight hundred and eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Craig Johnstone
2. Sex and Age,	about 36 years (Female)
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Farmers Widow
5. Religious Persuasion, so far as known,	Presbetrian
6. Previous Place of Abode,	Knockshean
7. Place where Found and Examined,	Knockshean
8. Length of time Insane,	about eight weeks
9. Whether first Attack,	third attack
10. Age (if known) on first Attack,	twenty eight
11. When and where previously under Examination and Treatment,	at Knockshean in 1875-4 1882
12. Duration of existing Attack,	Eight weeks
13. Supposed Cause,	unassignable
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 McWilliam Dalbeattie None Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	nothing

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 6th day of August One thousand eight hundred and eighty three

(*To be signed by Party applying*) John McWilliam

P. 2

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Altham being a (1) Graduate in Medicine of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Knocksheen, Kells in the County Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Craig Johnstone Knocksheen, Kells and the said Mary Craig 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) Walks excitedly about constantly chattering incoherent nonsense. laughs without reason & keeps moving little articles in the room to different places, for no object.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother Robert McWilliam states that she is at times unmanageable, has at times torn her clothes and struck and bit at any person attempt to control her

Name and Medical Designation, James Altham

Place of Abode, New Galloway

DATED this Tenth day of August One thousand eight hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Nivison being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Knocksheen Kells in the County Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Craig Johnstone and the said Mary Craig 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) Has a peculiar excited look - is very restless, moving about the room in an excited manner laughing & talking nonsense, & spoke of things that have not happened as facts -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother John McWilliam says she is times unmanageable - rushes about in a rest & purposeless manner tears her clothes, knocks the door & walls and is very impatient of restraint

Name and Medical Designation, John Nivison M.B. & C.M.

Place of Abode, Castle Douglas.

DATED this Tenth day of August One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Altham being (1) Graduate in Medicine of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Knocksheen in the County of Kirkcudbright, seen and personally examined Mary Craig Johnstone, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Altham M.B.

DATED this Tenth day of August One thousand eight hundred and Eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John McWilliams, residing in Dalbeattie, Certificates under the hands of James Altham and John Nivison, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Craig Johnstone, Widow, Knocksheen, Kells (Polis Sister) and that the said Mary Craig Johnstone is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Craig Johnstone as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Craig Johnstone, which accompanied the said Petition.

DATED this Thirteenth day of August, One thousand eight hundred and eighty three years

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary Craig Johnson
11th Augt 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1)~~ County of Dumfries & Galloway *and his Substitute,*—

The Petition of Andrew Mackintosh Crown Hotel Lockerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Graham Carruthers your Petitioner's (2) 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 John Graham Carruthers to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(2) State degree of relationship or other ...ncity in which Petitioner stands to Luna.

Andw. McIntosh

(3) The date of the ...tition must be within fourteen clear days ...wing the dates of ... Medical Certificates.

DATED this 13th (3) day of August One thousand eight hundred and eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	John Graham Carruthers
Sex and Age,	Male 68.
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Minister
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Lockerbie
Place where Found and Examined,	Lockerbie
Length of time Insane,	three weeks
Whether First Attack,	Fifth attack
Age (if known) on First Attack,	Unknown
When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
Duration of Existing Attack,	three weeks
Supposed Cause,	Unknown
Whether subject to Epilepsy,	No.
Whether Suicidal,	No.
Whether Dangerous to others,	No.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Jane Mackintosh Crown Hotel, Lockerbie Cousin
Special circumstances (if any) preventing the 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 August One thousand eight hundred and eighty three

(*To be signed by Party applying*) Andw. McIntosh

P. p.

Lloyd Craig
11th Augt 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Maclachlan being a (1) Bachelor of Medicine & Master in Surgery of the University of Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Bowar Hotel, Lockerbie in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Graham Carruthers Minister Lockerbie and the said John Graham Carruthers is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is restless and excited rambling from one subject to another in conversation & mutters to himself.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Rev. James Thomson took his examination stated that he walked about during night, is excited nothing to himself & unsettled when left. very much same in this regard.

Name and Medical Designation, James Maclachlan M.B. & C.M.

Place of Abode, Lockerbie

DATED this 12th day of August One thousand eight hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Thomson Wilson being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Graham Carruthers and the said John G. Carruthers is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) That he is in a restless and excited state, muttering and talking to himself and his sentences very disjointed and irrelevant, manner suspicious

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Jas. T. Wilson, Surgeon

Place of Abode Lockerbie

DATED this 12th day of August One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James MacLachlan being (1) a Bachelor of Medicine & Master in Surgery of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Lockerbie in the County of Dumfries, seen and personally examined John Graham Carruthers, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James MacLachlan M.B. & C.M.

DATED this 12th day of August One thousand eight hundred and eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Andrew McIntosh, Crown Hotel, Lockerbie Certificates under the hands of James MacLachlan and James Thomson Wilson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Graham Carruthers, Minister, Lockerbie (Vates Cousin) and that the said John Graham Carruthers is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Graham Carruthers as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Graham Carruthers which accompanied the said Petition.

DATED this Fifteenth day of August, One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

14th August 1883

7530

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY SCOTLAND 11 AUG 83

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER

I, the undersigned James Kelly Inspector of Poor Parish of Inch County of Wigtown being desirous to transfer Peter McWhirter at present a Patient in Montrose Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Southern Counties Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Peter McWhirter 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 Kelly

(²) Inspector of Poor

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Stranraer this 10th day of August One thousand eight hundred and eighty three.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Peter McWhirter
2. Sex and Age,	male 42
3. Married, Single, or Widowed,	married
4. Condition of Life, and Previous Occupation (if any),	Teacher
5. Religious Persuasion, so far as known,	protestant
6. Date of Admission into Asylum,	October 11th 1882
7. Length of time Insane,	a year
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	41
10. Duration of existing Attack,	a year
11. Supposed Cause,	not known
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	no
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Mary McWhirter Torla wife

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Kelly

DATED this 10th day of August One thousand eight hundred and eighty three.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

11th Aug 1883

MEDICAL CERTIFICATE.

I, the undersigned James C. Howden
being (1) M. D
hereby certify that I have this day at (2) the Montrose Asylum
personally examined Peter McWhirter at present
Patient in said Asylum, and with respect to his Mental State that he is demented
& liable to paroxysms during which
he displays great confusion of ideas
& defect of memory ; and with respect to his
Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

James C. Howden M. D.

DATED this 9th day of August One thousand eight hundred and 83

(1) State Medical Qualification.
(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) The Inspector of Poor, Parish of Inch to authorize the transfer of Peter McWhirter from Montrose Royal Asylum to Southern Counties Asylum, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Peter McWhirter as requested.

[illegible] Commissioner.

DATED at Edinburgh, this 11th day of August One thousand eight hundred and eighty three.

Date of Sheriff's Order,
9th October 1882.

(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.

2632
Peter McWhirter
18th August 83

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Wigton *and his Substitutes,*—

The Petition of Hugh McLachlan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that his sister Elizabeth McLachlan 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 McLachlan to the Lunatic Assylum at Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Hugh McLauchlan

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 18th (4) day of August One thousand eight hundred and eighty three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Elizabeth McLachlan
Sex and Age,	Female
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Workwoman or farmservant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Drummore
Place where Found and Examined,	Cairngaun, her mother's
Length of time Insane,	Three or four days, but now very violent
Whether first Attack,	Has had two or three attacks and been in assylum before.
Age (if known) on first Attack,	not known
When and where previously under Examination and Treatment,	Drummore, Cairngaun, & Dumfries Assylum.
Duration of existing Attack,	Of violent type two days, very violent one
Supposed Cause,	Hereditary, hysterical
Whether subject to Epilepsy,	No
Whether Suicidal,	Offers to jump through windows and so on
Whether Dangerous to others,	Yes and to self also from violence
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmaiden
Date of becoming Chargeable,	not known
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Her mother and one brother at Cairngaun and one brother at Cardrain, not sure
Special circumstances (if any) preventing the insertion of any of the above particulars,	Those not answered from haste to get her properly guarded

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 18th day of Augt One thousand eight hundred and eighty three

Quintin Cochrane Insp. of Poor

(*To be signed by Party applying*)

I Quintin Cochrane Insp. of Poor

the Parish of Kirkmaiden also petition for her removal to Assylum Quintin Cochrane Insp. Parish of Kirkmaiden

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gemmill being a (1) Bachelor of Medicine and Master in Surgery of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Cairnga Kirkmaiden Wigton in the Coun separately from any other Medical Practiti visited and personally examined (4) Elizabeth McLachlan pauper and the said Elizabeth McLachlan is a (5) Lunatic and a proper person to be det under Care and Treatment, and that I have formed this opinion upon the follo grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherence of ideas restlessness of muscles of mouth broken articulation violent and impulsive movemen to jump through a window dashing at those around tearing her clothes off and delusions about the necessity of sethi

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Violent and unmanageable, in her wild three or four men can scarcely restrain her sleep but continually tearing about given by her bo

Name and Medical Designation, William Gemmill

Place of Abode, Drummore

DATED this Seventeenth 17th day of Augt One thousand hundred and eighty three

On the 18th very violent and unmanageable W. G.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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. Valentine, Bachelor of Medicine & Master of Surgery of Edinburgh University being a (1) and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Sandhead Stoney Kirk Wigtown in the Coun separately from any other Medical Practiti visited and personally examined (4) Elizabeth McLauchlan and the said Eliz McLauchlan is a (5) person unsound mind and a proper person to be det under Care and Treatment, and that I have formed this opinion upon the follo grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) unable to give correct answers to questions. Strikings of the and altogether seems in a state of mental debility.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Have been told of her being at times very violent and requiring three or four to hold her.

Name and Medical Designation, Alex. Valentine M

Place of Abode, Sandhead, Stoney Kirk

DATED this 18th day of August One thousand hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Gemmell,
being (1) an M.B. and C.M. of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Cairngaan
in the County of Wigton, seen and personally examined
Elizabeth M'Lachlan, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum, when she has been before.

And I further certify that the case of the said person is one of Emergency.

William Gemmell M.B.C.

DATED this 19th day of August One thousand eight hundred and eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon, Sheriff Substitute
of the (1) County of Wigtown, Quintin Cochrane
having had produced to me, with a Petition at the instance of (2)
Inspector of Poor of the parish of Kirkmaiden
Certificates under the hands of William Gemmell M.B.C.M. Drumore
and Alexander Valentine 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 (3)
Elizabeth M'Lauchlan, Kirkmaiden and that the said
Elizabeth M'Lauchlan is a (4) Lunatic, or insane person
and a pauper on said parish
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth M'Lauchlin as a Patient into the Southern Counties Asylum of Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth M'Lauchlin which accompanied the said Petition.

DATED this eighteenth day of August One thousand eight hundred and eighty three years.

William M'Gibbon, L.S.

To the Superintendent of the (5) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

18th August 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Shire~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of James Stoll, Milton, Dunscore.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Stoll

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Stoll to the Crichton Royal Institution and to sanction her admission into the said Asylum.

James Stoll

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (3) day of August — One thousand eight hundred and Eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Stoll
Sex and Age,	Female 35 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Domestic Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Milton Dunscore
Place where Found and Examined,	Milton Dunscore
Length of time Insane,	4 Months
Whether First Attack,	no
Age (if known) on First Attack,	28 years
When and where previously under Examination and Treatment,	Home at Milton
Duration of Existing Attack,	about 4 Months
Supposed Cause,	Not known
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Date of becoming Chargeable,	—
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Stoll. Milton Dunscore
Special circumstances (if any) preventing the insertion of any of the above particulars,	no other member of the family ever showed symptoms of insanity

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of August One thousand eight hundred and Eighty three

(*To be signed by Party applying*) James Stoll

P. P.

18th August 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Callender being a (1) Bachelor of Medicine of the University of Ed[inburgh] and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Milton, Dun[score] ——— in the Co[unty of] Dumfries ——— separately from any other Medical Practi[tioner] visited and personally examined (4) Mary Stott, Domestic Ser[vant] Milton Dunscore the said Mary Stott ——— is a (5) person of unsound mind, ——— and a proper Person to be d[etained] under Care and Treatment, and that I have formed this opinion upon the foll[owing] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions, Hy[pochondriacal] and other Kinds of. Persistent refusal to take food.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Callender, M.B.

Place of Abode, Dunscore Dumfriesshire.

DATED this 20th day of August One thousand hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith. being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumpries ——— in the County of Dumpries ——— separately from any other Medical Practitioner visited and personally examined (4) Mary Stott. Domestic Servant Milton. Dunscore ——— and the said Mary Stott ——— is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 insane delusions & delusions regarding religious subjects. States that her soul is in hell.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Brother Frank Stott informs me that she refuses to take food & that he cannot manage her at home.

Name and Medical Designation, John Smith M.B.

Place of Abode 14 Castle St Dumfries

DATED this 20th day of August One thousand hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Callender being (1) a Graduate in Medicine of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Milton, Dumfries in the County of Dumfries Mary Stott, Domestic Servant, Milton, Dumfries seen and personally examined and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Callender. M.B.

DATED this 20th day of August One thousand eight hundred and eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I William Jamieson Sheriff-Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) James Stott Milton Dumfries Certificates under the hands of James Callender and John Smith being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Mary Stott, Milton Dumfries (Petitioner's daughter) and that the said Mary Stott, is a (6) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Stott as a Patient into the (7) Public Asylum of Crichton Royal Institution, and I authorize her Transmission to the said Asylum accordingly, and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Stott which accompanied the said Petition.

DATED this Twentieth day of August, One thousand eight hundred and eighty three.

W. H. Smith

To the Superintendent of the (7) Public
Asylum of
Crichton Royal Institution
Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary Scott

20th August 1883

SS

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) County of Ayr *and his Substitutes,*

The Petition of James Wilson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mc Whirter

(2) State degree of affinity or other quality in which Petitioner stands to Lunatic.

your Petitioner's (2) Uncle is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Mc Whirter to the Crichton Royal Institution, Dumfriesshire and to sanction his admission into the said Asylum.

James Wilson.

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (3) day of August One thousand eight hundred and 83

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Mc. Whirter
2. Sex and Age,	Male 44. Years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Gentleman,
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	21 Wallace St. Ayr
7. Place where Found and Examined,	" " "
8. Length of time Insane,	one Week.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	see above
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20 day of August One thousand eight hundred and 83

(*To be signed by Party applying*) James Wilson.

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Charles Hillas
being a (1) a Member of St. Andrews M.R.C.S.E.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 21 Wallace
Street in the County
Newton on Ayr separately from any other Medical Practitioner,
visited and personally examined (4) John McWhirter residing
at 21 Wallace Street Newton on Ayr and
the said John McWhirter 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) Labours under
delusions, such as that poison is put
into his food; that he is persecuted by his
neighbours; and that he is [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
that he is under the influence of drink by their "working upon" him.
When I saw him to-day his shoes were on the table, and when
he was told he would not do it because poison had been put
into them.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

Name and Medical Designation, Charles Hillas, M.R.C.S.E.

Place of Abode, Glenguall Street

DATED this 15th day of August One thousand eight hundred and 83

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Robert Blane Erskine.
being a (1) M.D. of the University of Edinburgh and
Licentiate of the Royal College of Surgeons Edin.
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 21 Wallace
Street, Ayr, in the County
Ayr, separately from any other Medical Practitioner,
visited and personally examined (4) John Mc Whirter residing
at 21 Wallace Street, Ayr, and
the said John Mc Whirter is a (5) Lunatic
person of unsound mind. and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Restless and excitable; believes that everyone about him
is trying to poison him and says that he is afraid on this account
to take food; is of [illegible] opinion also that his house is watched
day and night by people who are plotting to kill him, or [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others:
His attendant states that he has difficulty in getting him to
take food owing to his dread of its containing poison; that
he is restless and suspicious; sleeps very little; and that
he has fears of his injuring himself.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

Name and Medical Designation, Robert Blane Erskine, M.D. & L.R.C.S.E.

Place of Abode 5 Alloway Place, Ayr

DATED this Twentieth day of August One thousand eight hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Robert Blane Erskine being (1) M.D. University of Edin. & L.R.C.S. Edin. hereby certify, on soul and conscience, that I have this day, at (2) 21 Wallace St. Ayr. in the County of Ayr., seen and personally examined John McWhirter, a Lunatic, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert Blane Erskine, M.D. & L.R.C.S.E.

DATED this Twentieth day of August One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Kilpatrick (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) James Jackson Merchant and Agent Cassillis Street Ayr Certificates under the hands of Charles H. Shaw M.D. and Robert B. Erskine M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John McWhirter residing Wallace St. Ayr and that the said John McWhirter is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John McWhirter as a Patient into the (6) Chrichton Asylum ~~of~~ Dumfries-shire 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 McWhirter which accompanied the said Petition.

DATED this Twentieth day of August One thousand eight hundred and eighty three

Will Kilpatrick

To the Superintendent of the (7) Chrichton Asylum ~~of~~ Dumfries-shire

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

John McWhister
20th August 1883
SS

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) Shire of Dumfries *or his Substitutes,—*

The Petition of James Murkead Russell Grandson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Russell

(2) State degree of Relationship or other quality in which Petitioner stands to Lunatic.

your Petitioner's (2) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Russell to the Crichton Royal Institution, Dumfries and to sanction his admission into the said Asylum. three words delete

James M Russell

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty first (3) day of August One thousand eight hundred and eighty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	John Russell
Sex and Age,	Male 54 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Servant farmer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Sanghton Hall Mains Edinburgh
Place where Found and Examined,	Edinburgh & Dumfries
Length of time Insane,	Graduelly since November 1879
Whether First Attack,	about 30 years
Age (if known) on First Attack,	
When and where previously under Examination and Treatment,	Colonhill. Stafford.
Duration of Existing Attack,	as stated above
Supposed Cause,	Heartless & cruel treatment by owner of farm.
Whether subject to Epilepsy,	No.
Whether Suicidal,	No.
Whether Dangerous to others,	No.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Muirhead Russell Greendykes by Musselburgh only Brother. Had illness for few weeks somewhat similar
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of August One thousand eight hundred and 83

(*To be signed by Party applying*) James M Russell

P. P.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Alexander Thomson being (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle Street, Dumfries — in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Russell, late Farmer Saughton Mains, Edinburgh and the said John 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The incoherent manner in which he talks about ecclesiastical affairs, and the influence of the Devil on his Condition of his body.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by Dr Rutherford, that he was brought here direct from an Asylum in England.

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Eight St. Dumfries

DATED this 20th day of August One thousand eight hundred and eighty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Hugh Cunningham being a (1) licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries — in the County of Dumfries — separately from any other Medical Practitioner visited and personally examined (4) John Russell, late Farmer Saughton Mains Edinburgh — and the said John 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has a vacant appearance of the countenance, and believes that a widow in England has a supernatural influence of his life.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Rutherford informs me that John Russell was for about two years under treatment in an asylum

Name and Medical Designation, Hugh Cunningham M.D.

Place of Abode, 25 Castle Street, Dumfries

DATED this twenty first day of August One thousand eight hundred and eighty three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Alexander Thomson being (1) a Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St. Dumfries in the County of Dumfries, seen and personally examined John Russell, late Farmer, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson

DATED this 20th day of August One thousand eight hundred and Eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Harris Shortt (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Muirhead Russell Greendykes By Makmoor, Certificates under the hands of Alexander Thomson and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Russell, lately Farmer, Langston, Wall Mains, Goldenhugh (Otter Brother) and that the said John 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 John Russell as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Russell, which accompanied the said Petition.

DATED this Twenty second day of August, One thousand eight hundred and eighty three.

W H Shortt

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

W H Shortt

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Corn Clarke

20th August 1883

S

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ (~~1~~)
of Dumfries & Galloway, *and his Substitutes,—*

The Petition of Robert Harvey, Carnowen Green, Omagh Tyrone

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Eliza Harvey, Carnowen Green, aforesaid,

(2) State degree of relationship or other cause in which Petitioner stands to Lunatic.

your Petitioner's (2) Sister

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Eliza Harvey to the Carlton Royal Institution and to sanction the admission into the said Asylum.

Robert Harvey

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22nd (3) day of August One thousand eight hundred and Eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Eliza Harvey
2. Sex and Age,	Female 34 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Carnowen Green. Omagh. Ireland
7. Place where Found and Examined,	Found Do. Examined at Dumfries
8. Length of time Insane,	Ten years - intermittent -
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	24 years
11. When and where previously under Examination and Treatment,	at home
12. Duration of Existing Attack,	
13. Supposed Cause,	Disappointment of marriage
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Harvey Carnowen Green. Omagh. 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 22nd day of August One thousand eight hundred and Eighty three

(To be signed by Party applying) Robert Harvey

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Eliza Harvey, Spinster, Camowen Omagh, Co. Tyrone and the said Eliza Harvey is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She imagines her brother is married to a man in female attire and that he wants her to marry her nephew.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother informs me she has taken a great antipathy to her relations, and that she is often very excited.

Name and Medical Designation, Hugh Cunningham L.R.C.P.

Place of Abode, 25 Castle Street, Dumfries

DATED this twenty first day of August One thousand eight hundred and eighty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson, being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Eliza Harvey, Spinster, Camowen Green, Co. Omagh, Ireland, and the said Eliza Harvey is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The manner in which she talks about her relations — that she has been kept by them in a state of slavery and cruelty treat also her peculiar views as to her spiritual condition.

(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 M.D.

Place of Abode Castle St. Dumfries

DATED this Twenty second day of August One thousand eight hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Hugh Cunningham being (1) a licentiate of the Royal College of Physicians in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 25 Castle Street, Dumfries in the County of Dumfries, seen and personally examined Eliza Harvey, spinster, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh Cunningham M.R.C.P. Edin &c

DATED this twenty first day of August One thousand eight hundred and eighty three years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Harvey Shortt (3) Honorary Sheriff-Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Harvey, Cansowen Green, Omagh, Ireland, Certificates under the hands of Hugh Cunningham and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Eliza Harvey, Spinster, Cansowen Green a pressed (Spinster) and that the said Eliza Harvey, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Eliza Harvey as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Eliza Harvey, which accompanied the said Petition.

DATED this ~~Twenty third~~ day of August, One thousand eight hundred and eighty three.

W H Shortt

C.M.K.

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.

1818

Eliza Harvey

22nd August 1883

SS

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~County~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of William Mc Culcheon Addenwell, West Calder,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann McCutcheon, Addenwell, West Calder,

(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 Person to the Crichton Institution and to sanction her admission into the said Asylum.

Wm McCutcheon

(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 Eighty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Mc Cutcheon
2. Sex and Age,	Female 58 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Resided with Parents
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	at Addenwell West Calder for 11 months Previous to 4th August 1883
7. Place where Found and Examined,	Daily
8. Length of time Insane,	10 days since first Symptoms observed
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	32 years
11. When and where previously under Examination and Treatment,	Glasgow Gartnavel Asylum 1876
12. Duration of Existing Attack,	10 days
13. Supposed Cause,	Domestic affliction
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wm McCutcheon Addenwell West Calder Brother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No other member of the Family have been or are Insane

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 Eighty Three

(*To be signed by Party applying*) Wm McCutcheon

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Shaw ——— being a (1) Bachelor of Medicine & Master in Surg. 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) Dailly ——— in the County of Ayr ——— separately from any other Medical Practitioner visited and personally examined (4) Ann Mc Culcheon ——— and that the said Ann Mc Culcheon ——— is a (5) person of unsound mind ——— and a proper Person to be detained 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 fits of mental depression & aberration Does not get natural sleep. Has had a similar attack. Case is one of acute melancholia the cause being domestic affliction

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her brother & friends substantiate the above facts

Name and Medical Designation, Robert Shaw M.B. C.M.

Place of Abode, Dailly

DATED this 22nd day of August One thousand eight hundred and Eighty 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, William Smith Kerr ——— being a (1) graduate of Glasgow University ——— and being in actual practice as a (2) Physician ——— hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution ——— in the County of Dumfries ——— separately from any other Medical Practitioner visited and personally examined (4) Ann Mc Culcheon ——— and that the said Ann Mc Culcheon ——— is a (5) person of unsound mind ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has an anxious look, Seems pretty depressed, in fact. Shows quite a case of Melancholia. She will not open her mouth to speak a answer questions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The attendants with her here, say she is obstinate, silent and abrupt.

Name and Medical Designation, W. S. Kerr M.D. &c

Place of Abode Dumfries

DATED this 23rd day of August One thousand eight hundred and Eighty three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr being (1) Graduate of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) ~~Dumfries~~ Crichton Roy. Institution in the County of Dumfries, seen and personally examined Ann McCutcheon, and that the said person is of unsound mind, and 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. T. Kerr M.D.

DATED this 23rd day of August One thousand eight hundred and Eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Harrison, Sheriff Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert McCutcheon, Addrewell, West Calder, Certificates under the hands of Robert Shaw and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann McCutcheon, Dailly Ayrshire, Petro Sister and that the said Ann McCutcheon is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann McCutcheon as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann McCutcheon which accompanied the said Petition.

DATED this Twenty fourth of August, One thousand eight hundred and eighty three years.

W. H. Smith

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Ann McCatchin
23rd August. 1883
SS

7538.

[FORM B²]

GENERAL BOARD OF LUNACY 28 AUG 83 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 Helen Brown being desirous to transfer James Brown at present a Patient in Glasgow Royal Asylum, and (¹) detained at my instance from the said Asylum to the Crichton Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James Brown 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.

Helen Brown

(²) Sister

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 21st day of August One thousand eight hundred and 83.

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Brown
2. Sex and Age,	Male. 37
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Corresponding Clerk
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	15 September 1882
7. Length of time Insane,	Uncertain
8. Whether first Attack,	Two previous attacks of Depression
9. Age (if known) on first Attack,	Uncertain
10. Duration of existing Attack,	Uncertain
11. Supposed Cause,	"Brooding over Religious subjects"
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	not avowed
14. Whether Dangerous to others,	Yes. was so
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,	Helen Brown, 14 Queen Mary Street (off London Road) Bridgeton, Glasgow. None so far as known.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Helen Brown

DATED this 21st day of August One thousand eight hundred and 83.

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 D. Yellowlees being (1) M.D. Edin. F.F.P.S. Glasg hereby certify that I have this day at (2) Glasgow Royal Asylum personally examined James Brown at present a Patient in said Asylum, and with respect to his Mental State that he is obstinately taciturn, will not utter a word but stares fixedly when addressed. The silence is apparently due to divine command for on being sent to the Asylum he dated himself "Commissioner of the Most High" and with respect to his Bodily Health and Condition that they are average. He deems himself the victim of oppression & injustice for righteousness' sake - & undoubtedly of unsound mind.

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 18th day of Augt. One thousand eight hundred and 83.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Helen Brown to authorize the transfer of James Brown from Glasgow Royal Asylum to Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said James ~~Board~~ Brown as requested.

[signature] Commissioner.

DATED at Edinburgh, this 24th day of August One thousand eight hundred and eighty three.

Date of Sheriff's Order,
16th September 1882.

1821
James Brown
27th August 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of John Lowden Inspector of Poor, Parish of Urr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Johnstone your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Johnstone to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Lowden Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28th (4) day of August One thousand eight hundred and eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Johnstone
2. Sex and Age,	male. 25.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Mole catcher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lochrie Parish of Urr
7. Place where Found and Examined,	Lochrie Parish of Urr
8. Length of time Insane,	About four years ago
9. Whether First Attack,	no
10. Age (if known) on First Attack,	21
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Urr
18. Date of becoming Chargeable,	Thomas Johnstone. Lochrie Parish of Urr
19. Christian Name and Surname, and Place of Abode of nearest known 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. No relation 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 28th day of August One thousand eight hundred and eighty three

(*To be signed by Party applying*) John Lowden Inspector

P. A

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Paterson Lewis MD
being a (1) graduate of the University of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Lochside
Ur, in the County of
Kirkcudbright, separately from any other Medical Practitioner
visited and personally examined (4) Thomas Johnstone,
and that
the said Thomas Johnstone is a (5) a person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Does not know his says he is 18 years, whereas he is in his
Twenty fifth year;—Does not know what month it is, nor
the day of the week.—Does not remember being at Dalbeattie
about a fortnight ago.—

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His father tells me that he struck him about a fortnight
ago & that his manner was alarming but that he got away
the door—that he cut his brother on the face with a turnip—he
about five weeks ago.—& that he made a violent stroke at his hat
with a spade on Saturday last,

Name and Medical Designation, John Paterson Lewis; MD

Place of Abode, Alma. Dalbeattie,

DATED this 27th day of August One thousand eight
hundred and Eighty three;—

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Meggat Bachelor of Medicine
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) Lochside
of Ur in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Thomas Johnstone
and that
the said Thomas Johnstone is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

His memory is much impaired. forgets dates
his own age. When speaking to him he sets [illegible]
answers questions in an uncertain manner

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

He struck his Father with a spade and
struck his Brother with a hoe on the face
If told to do anything he gets excited

Name and Medical Designation, John Meggat MB, C.M.

Place of Abode Kirkpatrick Durham Dalbeattie

DATED this 27th day of August One thousand eight
hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Herries Shortt Honorary (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Lowden Inspector of Poor parish of Urr
Certificates under the hands of John Paterson Lewis M. D.
and John Meggat M. B. C. M. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Johnstone Lochside parish of Urr a pauper and that the said Thomas Johnstone is a (5) person of Unsound Mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Johnstone as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Johnstone which accompanied the said Petition.

DATED this Twenty eighth day of August One thousand eight hundred and eighty three

W H Shortt

To the Superintendent of the (7) Public
Asylum of Southern Counties

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Thomas Johnston
28th August 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Armstrong Grocer & Lowthertown Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Armstrong,

(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 Ann Armstrong to the Dumfries County Asylum and to sanction the admission into the said Asylum.

John Armstrong

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 3rd (4) day of August One thousand eight hundred and Eighty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Armstrong
2. Sex and Age,	Female 23 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeping
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lowthertown - Annan Pt.
7. Place where Found and Examined,	One week
8. Length of time Insane,	10
9. Whether First Attack,	19 years
10. Age (if known) on First Attack,	at home
11. When and where previously under Examination and Treatment,	One week
12. Duration of Existing Attack,	Uterine irregularity
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not avowed
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 Armstrong Grocer & Dealer Lowthertown - by Annan 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 3rd day of August One thousand eight hundred and Eighty three

(*To be signed by Party applying*) John Armstrong

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Daniel Mackenzie being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Lowthertown Annan, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Annie Armstrong, and that the said Annie Armstrong 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) Restlessness, by night & day; incoherence of thought & speech, — delusions about her friends & every circumstance connected with her position. Unmanageable in every way.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) A previous attack about four years ago.

Name and Medical Designation, D. Mackenzie M.B. & C.M.

Place of Abode, Annan.

DATED this thirty first day of August One thousand eight hundred and eighty 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, Thos Williamson being a (1) General Practitioner and Surgeon and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Anne Armstrong and that the said Anne Armstrong 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) Incoherence in thought speech and behaviour

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Violence attempted towards her relations and friends

Name and Medical Designation, Thos Williamson

Place of Abode Annan

DATED this thirty first day of August One thousand eight hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Daniel Mackenzie, being (1) Bachelor of Medicine & Master in Surgery, Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Lochmaben in the County of Dumfries, seen and personally examined Anne 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.

D. Mackenzie MB & CM.

DATED this thirty first day of August One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Thott, (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Armstrong, Grocer &c, Lochmaben, Annan, Certificates under the hands of Daniel Mackenzie, and Thomas Williamson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Anne Armstrong Lochmaben Annan Petitioners daughter and that the said Anne Armstrong is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Anne Armstrong 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 Anne Armstrong which accompanied the said Petition.

DATED this thirty first day of August One thousand eight hundred and eighty three years

W H Thott

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.

31st August 83

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Dumfriesshire and Galloway, *and his Substitutes,—*

The Petition of William Craig Campbell of Kemmelhill humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Kelly, Pauper

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Kelly to the Southern Counties Asylum and to sanction the admission into the the said Asylum.

William Craig Campbell of Kem

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 30th (4) day of August One thousand eight hundred and eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Kelly
2. Sex and Age,	Female 50 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Washerwoman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dalry Castle way
7. Place where Found and Examined,	Do
8. Length of time Insane,	14 days
9. Whether first Attack,	No
10. Age (if known) on first Attack,	Not known
11. When and where previously under Examination and Treatment,	Dumfries Asylum
12. Duration of existing Attack,	about 14 days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kells
18. Date of becoming Chargeable,	June 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	A. Kelly Irish Row Dalry Cousin Kemmelhead Parish
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 30th day of August One thousand eight hundred and eighty three

(*To be signed by Party applying*) William Craig Campbell of Kem

P. p

31 & 32 Vict. c. 93

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Aitham
being a (1) Graduate in Medicine of the University
Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3)
Dalry, Galloway
in the County of Kirkcudbright
separately from any other Medical Practitioner, visited and personally examined (4) Agnes Kelly,
Dalry Parish
and that the said Agnes 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says that the Lord has afflicted her whole body because her sins; that she has grieved the Holy Spirit, committed the 'unpardonable Sin' and that she is lost.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Elspeth Kerran who has been in attendance, states that this afternoon after Kelly heard me & Mrs Gamer praying about the room and rolling on the floor clutching at her, calling on the Saviour and His Sins.

Name and Medical Designation, James Aitham M.B.

Place of Abode, New Galloway

DATED this thirtieth day of August One thousand eight hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians
Surgeons Edin.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle
Dumfries
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Agnes Kelly, Pauper
Dalry
and that the said Agnes 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She speaks incessantly & constantly, displays this under the impression that her soul is lost

Name and Medical Designation, John Cunningham, Med. L.R.C.P.

Place of Abode, 25 Buccleuch Street, Dumfries

DATED this 4th day of August One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Altham, being (1) A Graduate in Medicine of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Dalry, Galloway in the County of Kirkcudbright, seen and personally examined Agnes Kelly, Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Altham MB, CM

DATED this thirtyfirst day of August One thousand eight hundred and eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Craig Inspector of Poor Kells Certificates under the hands of James Altham and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Kelly Dalry Galloway and that the said Agnes Kelly is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Kelly as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Kelly which accompanied the said Petition.

DATED this thirty first day of August One thousand eight hundred and eighty three.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

E H Hunter

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

31st August 83

954 2.

[Form B]

GENERAL BOARD OF LUNACY 30 AUG 83 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 Gordon Wilson being desirous to transfer Jane Brash Wilson at present a Patient in Glasgow Royal Asylum, and (*) detained at my instance from the said Asylum to the Crichton Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Jane Brash Wilson and a Medical Certificate with respect to her mental and bodily condition.

(*) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Gordon Wilson +

(†) Father

(†) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Kirkintilloch this 28 day of August One thousand eight hundred and 83

31st August 83

STATEMENT.

1. Christian Name and Surname of Patient at length,	Jane Brash Wilson
2. Sex and Age,	female. about 34
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. Date of Admission into Asylum,	16 August 1881
7. Length of time Insane,	fully two years
8. Whether first Attack,	fourth attack
9. Age (if known) on first Attack,	about 22
10. Duration of existing Attack,	fully 2 years
11. Supposed Cause,	Previous attacks
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	at times
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	The Petitioner is her Father. address Cairnview, Kirkintilloch

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Gordon Wilson +

Dated this 28 day of August One thousand eight hundred and 83

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 D Yellowlees being (1) M.D. Edin. F.F.P.S. Glasg. hereby certify that I have this day at (2) Glasgow Royal Asylum personally examined Jane Brash Wilson at present a Patient in said Asylum, and with respect to ~~his~~ Mental State that She labours under Recurrent Mania, prior of Excitement & of depression alternating: at present she is emerging from the excitement but still has delusions; and with respect to his Bodily Health and Condition that they are moderately good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Royal Institution under proper [illegible]

D Yellowlees

DATED this 27th day of August One thousand eight hundred and 83

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Gordon Wilson to authorize the transfer of Jane Brash Wilson from Glasgow Royal Asylum to Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Jane Brash Wilson as requested.

[illegible] Commissioner.

DATED at Edinburgh, this 30th day of August One thousand eight hundred and eighty three.

Date of Sheriff's Order,
17th August 1881.

1823
Jane Brash Wilson
3rd September 1883
SS

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) County~~ of Dumfries & Galloway *and his Substitutes.*

The Petition of Thomas Hamilton, Carnhill, Kilmarnock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Mary Steven or Hamilton, your Petitioner's (2) Wife

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Mary Steven or Hamilton to the Crichton Royal Institution and to sanction her admission into the said Asylum.

Thomas T Hamilton

(1) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fifth (1) day of September One thousand eight hundred and eighty-three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Mary Steven or Hamilton
2. Sex and Age,	Female, 54 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of Mr. Thomas Hamilton
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Auchinleck. Ayrshire
7. Place where Found and Examined,	Carnhill.
8. Length of time Insane,	5½ months
9. Whether First Attack,	First.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	5½ months
13. Supposed Cause,	Menopause & an attack of Fever
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hamilton. Carnhill. Kilmarnock Husband.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifth day of September — One thousand eight hundred and ~~eighty~~ three years.

Thomas T Hamilton

(*To be signed by Party applying*)

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned Alexander William Macfarlane being a (1) Member of the Royal College of Physicians Edin and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Cairnhill near Kilmarnock, in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Mary Steven or Hamilton wife of Thomas Hamilton and the said Elizabeth Mary Steven or 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) Has fixed delusion Number that she has murdered all her family, and that she must consequently suffer some horrible death. She lives in constant apprehension that she is to be apprehended by a special warrant from the Queen, and constantly rushing to the window to see if the officers are in [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That she is in constant terror of being arrested by her husband & sister in law Mrs Ferrier Hamilton condemned to some terrible death for crimes of which she has not been guilty.

Name and Medical Designation, A. W. Macfarlane

Place of Abode, Kilmarnock

DATED this twenty seventh day of August One thousand eight hundred and Eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Tennant Gairdner 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) Cairnhill House, Kilmarnock in the County of Ayrshire separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Mary Steven or Hamilton, wife of ~~[illegible]~~ Hamilton and the said Eliz. Mary Steven or 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 under [illegible] delusions as to her having committed sins or crimes for which she is to [illegible] painful death; e.g. she states to me repeatedly and with great emphasis [illegible] is to be taken away forcibly to the Tower this very night & torn limb [illegible] this is generally known in London, but that she herself has it by a prophetic [illegible] atrium; and she is so sure of it that she maintains it is of no use for me [illegible] her chest for a cough which she has, or in any way to inquire into her bodily [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her illness is attributed in part to a fever of some kind [illegible] suffered in Nice nearly six months ago. The delusions grown upon her gradually since then, & the one about the [illegible] is comparatively recent (Husband, daughter, sister-in-law)

Name and Medical Designation, W. Gairdner M.D.

Place of Abode 225 St Vincent St. Glasgow

DATED this twenty-seventh day of August One thousand eight hundred and eighty-three

1009

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I William Harris Scott (1) Sheriff-Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Hamilton
Carruthill, Kirkmahoe
Certificates under the hands of Alexander William Macfarlane
and William Tennant Gardner, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mary Steven or Hamilton (Petitioner's wife) and that the said Elizabeth Mary Steven or 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 Mary Steven or Hamilton as a Patient into the (6) Public Asylum of Crichton Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Mary Steven or Hamilton which accompanied the said Petition.

DATED this Fifth day of September One thousand eight hundred and eighty three years.

D H Scott

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.

Elizabeth Mary Steele
or Hamilton
5th September 1883

6681

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Alexander McWilliam Insp. of Poor, Carlaverock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Fisher, your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Fisher to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alex. McWilliam Insp. of Poor of Carlaverock

DATED this ~~fifth~~ 6th (1) day of September One thousand eight hundred and eighty three

(1) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Fisher
2. Sex and Age,	Male, 60
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	labourer
5. Religious Persuasion, so far as known,	Christian
6. Previous Place of Abode,	Craig's Carlaverock
7. Place where Found and Examined,	Craig's Cottage Carlaverock
8. Length of time Insane,	3 weeks
9. Whether First Attack,	~~yes~~ no
10. Age (if known) on First Attack,	57 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of Existing Attack,	4 weeks
13. Supposed Cause,	had Pneumonia and became insane during convalescence
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,	Carlaverock
18. Date of becoming Chargeable,	September 5th 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Duncan. Craig's Cottage Carlaverock.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of September One thousand eight hundred and eighty three

(*To be signed by Party applying*) Alex McWilliam Insp. of Poor Carlaverock P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Dove MacDonald
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Dalbeattie Road
Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) David Fisher (Pauper)
Craigs Cottages
and that
the said David Fisher is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems excited
& irritable unnecessarily and
portent at slightest provocation
has been in the asylum very often

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Report of his friends since
him and at home his son says
he is sometimes unmanageable

Name and Medical Designation, Alexr Dove MacDonald M.B.

Place of Abode, Dalbeattie Road Dumfries

DATED this 6th day of September One thousand eight
hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) ~~2 Irving Street~~
Craigs Cottages
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) David Fisher (Pauper)
and that
the said David Fisher (Pauper) is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Looks very excited and answers
unreasonably — Says ~~Simpson~~ keeper is asking
dresses as a Chapman & frightens him —
talks about some of his friends trying to poison
him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His daughter says he refuses to take his porridge because
said they were trying to poison him — His son says at times
he is very violent swearing and cursing and — Suspects
his friends of trying to poison him —

Name and Medical Designation, Richard B Lorraine M.B.

Place of Abode 2 Irving Street Dumfries

DATED this fifth day of September One thousand eight
hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Richard B. Lorraine
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Craigs Cottage
in the County of Dumfries, seen and personally examined
David Fisher (Pauper), and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Richard B. Lorraine

DATED this fifth day of September One thousand eight hundred and eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Norman Macpherson, (1) Sheriff of Dumfries and Galloway,
of the (2)
having had produced to me, with a Petition at the instance of (3) Alexander McWilliam,
Inspector of Poor, Parkgate
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) David Fisher, Craigs Cottage, Carlaverock & Pauper; and that the said
David Fisher, — is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Fisher, — as a Patient into the (6) Public — Asylum of Southern Counties; and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Fisher, which accompanied the said Petition.

DATED this sixth day of September One thousand eight hundred and eighty three years.

Norman Macpherson

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

David Fisher
6th Sept 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries shire and of Galloway *and his Substitutes,*—

The Petition of Alexander Heurson, as Inspector of the humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Campbell — 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 Campbell to the Southern Counties Asylum at Dumfries and to sanction he admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alexr. Heurson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirteenth (4) day of September One thousand eight hundred and Eighty Three years —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Campbell
2. Sex and Age,	36 years female
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant —
6. Previous Place of Abode,	Thornhill —
7. Place where Found and Examined,	Thornhill
8. Length of time Insane,	— about 10 days just now
9. Whether First Attack,	— Third necessitating removal to Asylum
10. Age (if known) on First Attack,	— 32
11. When and where previously under Examination and Treatment,	Thornhill 1879 - S. Counties
12. Duration of Existing Attack,	— about 10 days —
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,	(Dalrymple parish per) Morton
18. Date of becoming Chargeable,	— 13 Sep 1883 —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Campbell 153 Drumlanrig Street Thornhill is her Mother —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of September One thousand eight hundred and

(*To be signed by Party applying*) Alexr. Heurson

P p

David Fisher
6th Sept 1883

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Davidson being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 153 North Drumlanrig St Thornhill in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Campbell and that the said Margaret Campbell is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She is subject to these attacks being the fifth one. Is melancholic refuses to eat or drink except occasionally. She suffers from want of sleep, delusions &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By the mother { Gets excitable and unmanageable at times. Wont speak & refuses food of all kinds.

Name and Medical Designation, Thomas Davidson M B

Place of Abode, Thornhill

DATED this thirteenth day of September One thousand eight hundred and eighty three.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Thomas Boyle Pierson being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 153 North Drumlanrig Street Thornhill Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Campbell and that the said Margaret Campbell is a (5) 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)
I have repeatedly seen her in a state of insanity in years past at present she refuses all food and drink, she does not recognise me indicate that she understands what is said to her, she is conscious to external impressions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother with whom she resides states that she is in a state like to what she has previously been in, that for some weeks she has scarcely slept at night.

Name and Medical Designation, W Pierson Surg

Place of Abode Thornhill

DATED this thirteenth day of September One thousand eight hundred and eighty three

I advise that she should be again vaccinated by a medical man previous to being removed from where she at present is W Pierson

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Davidson being (1) Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) 153 North Drumlanrig St in the County of Dumfries, seen and personally examined Margaret Campbell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Davidson M B C M

DATED this thirteenth day of September One thousand eight hundred and eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Stewison Inspector of Poor Alston Certificates under the hands of Thomas Davidson and Thomas Boyle Emerson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Campbell 153 Drumlanrig St Thornhill a pauper and that the said Margaret Campbell is an (5) insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Campbell as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Campbell which accompanied the said Petition.

DATED this Fourteenth day of September One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2638
Margaret Campbell
14th Sept 1883

Thornhill. (Morton)

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of A. McGeachan Inspector of Poor Lochmaben

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Watson

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Watson to the 8 Counties asylum and to sanction his admission into the said Asylum.

A. McGeachan

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this Thirteenth (4) day of September One thousand eight hundred and eight Three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Watson
2. Sex and Age,	Male 32 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Ploughman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Prince Street Lochmaben
7. Place where Found and Examined,	Prince Street Lochmaben
8. Length of time Insane,	not known
9. Whether First Attack,	no
10. Age (if known) on First Attack,	28 Years
11. When and where previously under Examination and Treatment,	Galloway
12. Duration of Existing Attack,	3 Years in asylum
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Hutton
18. Date of becoming Chargeable,	4th Sepr 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Watson Father no none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Thirteenth day of September One thousand eight hundred and 83

A. McGeachan

(*To be signed by Party applying*)

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Reid being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Princes Street Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Watson, pauper, Princes Street Lochmaben and that the said George 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) He is of a sullen temperament sits rolling a pipe in his mouth like a child does not answer questions readily but when forced to speak his answers are not rational, says he is working but does not understand anything [illegible] wages for his labour. When asked if he denies or does not recollect an assault is charged with says quite unconcernedly that he denies

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Inspector informs me that he assaulted a young girl suddenly and without the slightest provocation, His parents [illegible] are unwilling to admit anything, say he is of weak mind and that he had thought the girls a wedding party which was a delusion

Name and Medical Designation, } Thomas Reid M.D.

Place of Abode, Lochmaben

DATED this thirteenth day of September One thousand eight hundred and eighty-three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Rutherford being a (1) Fellow of the Royal College of Physicians and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum — in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Watson - a pauper. from Princes Street - Lochmaben - and that the said George Watson is a (5) Lunatic - and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His incoherent replies to questions - vacant Countenance & manner which is indication of mental weakness

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, } James Rutherford M.D. M.C.P.E.

Place of Abode Crichton House Dumfries

DATED this thirteenth day of September One thousand eight hundred and Eighty three —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Reid being (1) a graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Princes St. Lodgings in the County of Dumfries, seen and personally examined George Watson, and that the said George Watson person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Reid. M.D.

DATED this thirteenth day of September One thousand eight hundred and eighty-three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Maxwell Shortt (3) Honorary Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Alexander McGeachan Inspector of Poor Lochmaben Certificates under the hands of Thomas Reid and James Rutherford, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) George Watson Princes Street Lochmaben and that the said George Watson is a (7) pauper person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Watson as a Patient into the (8) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Watson which accompanied the said Petition.

DATED this Fourteenth day of September One thousand eight hundred and eighty three.

W H Shortt

To the Superintendent of the (9) Public Asylum of Southern Counties

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(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

2639
George Watson
14th Sept 1883.

Lochmaben.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries & Galloway *and his Substitutes,—*

The Petition of Richard Brown Inspector of Poor Kirkpatrick Fleming humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Rae Brantelth Cottages your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Rae to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Richard Brown

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fourteenth (4) day of September One thousand eight hundred and Eighty three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Rae
2. Sex and Age,	Female . 58 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Fishmoor
7. Place where Found and Examined,	Brantelth Kirkpatrick Fleming
8. Length of time Insane,	two weeks
9. Whether First Attack,	no
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties Asylum two weeks
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Fleming
18. Date of becoming Chargeable,	Sep. 13th 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Rae Fishmoor Kirkpatrick Fleming
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourteenth day of September One thousand eight hundred and Eighty three years

(*To be signed by Party applying*) Richard Brown

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Carruthers being a (1) Lic Roy: Coll: Phys: Edin: & Lic: Fac: Phys: [illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Branteth Kirkpatrick Fleming Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Margaret Graham or Rae, Branteth pauper in Kirkpatrick Fleming and the said Margaret Rae is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Patient seems unsettled in mind: is continually restless; says she has been ill but does not know whether has been ill a week or months; when asked to describe the symptoms of her illness, she cannot

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Elizabeth Rae says patient always becomes more restless towards night; that she insists upon wandering about without any purpose; that she does various little household duties over & over again unnecessarily.

Name and Medical Designation, William Carruthers L.R.C.P. & S. Edin

Place of Abode, Kirkpatrick Fleming

DATED this thirteenth day of September One thousand eight hundred and eighty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, David Carruthers being a (1) Licentiate of the Royal College of Physicians & of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Branteth Kirkpatrick Fleming Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Margaret Graham or Rae Pauper, Branteth Kirkpatrick Fleming and the said Margaret Rae is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Patient has a restless appearance. In conversation she becomes confused and cannot give a correct account of her illness nor of what she has been doing during the past few days

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Jane Wright says Patient went out at night into the fields to look for children whom she imagined were lost

Name and Medical Designation, David Carruthers L.R.C.P. & S. Edin

Place of Abode Muirkirk; Ayrshire

DATED this thirteenth day of September One thousand eight hundred and eighty three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Richard Brown Inspector of Poor Kirkpatrick Fleming Certificates under the hands of William Carruthers and David 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) Margaret Rae Brantelh Cottage Kirkpatrick and that the said Margaret Rae is a (5) Fleming a pauper person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Rae as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Rae which accompanied the said Petition.

DATED this Fourteenth day of September One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2640

Margaret Rae
14th Sept 1883

1564.

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

GENERAL BOARD OF LUNACY
15 SEP 83
SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Thomas Workman being desirous to transfer George Augustus Workman at present a Patient in Glasgow Royal Asylum, and (*) detained at my instance from the said Asylum to the Crichton Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Geo. Aug: Workman and a Medical Certificate with respect to his mental and bodily condition.

Thos Workman

(*) Brother

(*) *If Lunatic is not a Pauper*: detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper*: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(*) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Moffat this 14th day of Sept. One thousand eight hundred and 83.

STATEMENT.

1. Christian Name and Surname of Patient at length,	George Augustus Workman
2. Sex and Age,	male. about 34.
3. Married, Single, or Widowed,	married
4. Condition of Life, and Previous Occupation (if any),	Gentleman.
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	1 September 1882
7. Length of time Insane,	about 18 months
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	about 33
10. Duration of existing Attack,	as above.
11. Supposed Cause,	-Masturbation -Domestic unhappiness -Business anxieties
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	sometimes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	=
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his family known to be, or to have been Insane,	The Petitioner is his brother address. 4 Bedford St. Belfast. none known none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Thos Workman

Dated this 14th day of Sept. One thousand eight hundred and 83.

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 D. Yellowlees being (1) M.D. Edin: F.F. P.S. Glasg: hereby certify that I have this day at (2) Glasgow Royal Asylum personally examined Geo. Augustus Workman at present a Patient in said Asylum, and with respect to his Mental State that he labours under Chronic Mania with many transient delusions & occasional outbreaks of abuse even violence; and with respect to his Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Royal Institution Dumfries

D. Yellowlees

DATED this Eighth day of Sept One thousand eight hundred and 83.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Thomas Workman to authorize the transfer of George Augustus Workman from Glasgow Royal Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said George Augustus Workman as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 17th day of September One thousand eight hundred and eighty three.

Date of Sheriff's Order:—
2nd September 1883

George Augustus 1826
Thomas Workman
19th September 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of ~~[illegible]~~ alexander McGeachan Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Michael Farles

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 Michael Farles to the Counties Asylum and to sanction his admission into the said Asylum.

A McGeachan Inspector of Poor

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 16th (4) day of September One thousand eight hundred and 83

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Michael Farle
2. Sex and Age,	Male 55 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Bullockman
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Cumrine Cottage Kirkmichael
7. Place where Found and Examined,	Lochmaher
8. Length of time Insane,	4 Days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	55 years
11. When and where previously under Examination and Treatment,	nowhere
12. Duration of Existing Attack,	4 Days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaher
18. Date of becoming Chargeable,	16th Sep 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Grobler Wife unknown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of Sep One thousand eight hundred and 83

(*To be signed by Party applying*) A McGeachan

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Reid being a (1) graduate in Medicine of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 38 High Street Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Michael Farles, pauper, Cumrue Cottages, Kirkmichael and that the said Michael Farles is a (5) person of unsound mind and a proper Person to be detained 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 talkative state says policemen and others are at his house going to shoot his wife and children, which is a delusion says one thing and then contradicts it immediately after. Is rambling in his conversation and accusing his neighbours of absurd things

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife says that he will not let her out to harvest as men are going to kill her and the children and that he has seen them with guns for that purpose. He accused her sister of illusing the child and caught her furiously by the throat. He is so excited at night that he is afraid to be alone with him

Name and Medical Designation, Thomas Reid M.D.

Place of Abode, Lochmaben

DATED this Sixteenth day of September One thousand eight hundred and eighty-three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Rutherford being a (1) Fellow of the Royal College of Physicians and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Michael Farles, a pauper from Cumrue Cottage Lochmaben — and that the said Michael Farles is a (5) person of unsound mind and a proper person to be detained 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 about having been injured by a Calf. States that certain persons desire to injure his wife & family which statement I consider to be a delusion. Appears to be in a morbidly excited state.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Rutherford M.D.

Place of Abode Crichton House Dumfries

DATED this Sixteenth day of September One thousand eight hundred and Eighty-three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Reid being (1) a Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Holmwater in the County of Dumfries, seen and personally examined Michael Fairlie, pauper, Cumroe Cottages, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Reid M.D.

DATED this nineteenth day of September One thousand eight hundred and eighty-three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Norries Shortt Kemp (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander M'Graham Inspector of Poor Holywood Certificates under the hands of Thomas Reid and James Rutherford, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Michael Fairlie Cumroe Cottages Kirkmichael and that the said Michael Fairlie is a (5) pauper person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Michael Fairlie as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Michael Fairlie which accompanied the said Petition.

DATED this Eighteenth day of September One thousand eight hundred and eighty three.

W N Shortt

To the Superintendent of the (6) Public Asylum of Southern Counties

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Michael Sutter
16th September 1883
Lochmaben

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff and Galloway of the (2) Shire of Dumfries and his Substitutes,—

The Petition of John Irving

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Irving 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 Joseph Irving to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Irving

DATED this nineteenth (4) day of September One thousand eight hundred and eighty three

(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,	Joseph Irving
2. Sex and Age,	male, 14 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	working on farm
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Whinnyrig
7. Place where Found and Examined,	Do
8. Length of time Insane,	one day
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	one day
13. Supposed Cause,	epilepsy
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	not known
16. Whether Dangerous to others,	not known
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Irving, Whinnyrig, father none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this nineteenth day of September One thousand eight hundred and eighty three

(*To be signed by Party applying*) John Irving

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Currithers
being a (1) Lic: Fac: Phys & Surg: Glasg: & Lic: Roy: Coll: Phys Ed
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Whinnyrig Gretna in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Joseph Irving, Whinnyrig, and that the said Joseph Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Patient struggles to get out of the house at night & made attempts to run off, not knowing what he wished to be at, he talks incoherently

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
John Irving says that patient made violent efforts to go through the window at night; that he is unsettled, and at times outrageous; & talks unreasonably

Name and Medical Designation, William Currithers
L.R.C.P. &c

Place of Abode, Kirkpatrick Fleming

DATED this nineteenth day of September One thousand eight hundred and eighty three —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Barton Gass
being a (1) Licentiate of Royal coll Physicians & Surg Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Whinnyrig Gretna in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Joseph Irving and that the said Joseph Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Seems very odd looking when asked a question and at a loss what to say. Did know whether he had slept any or not last night.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He has suffered from epilepsy from childhood. His father says he was very outrageous through the night, requiring two men to hold him

Name and Medical Designation, James Barton Gass
Physician & Surgeon

Place of Abode. Ecclefechan

DATED this nineteenth day of September One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Carruthers
being (1) M.C. Roy: Coll: Phys: Edin: &c
hereby certify, on soul and conscience, that I have this day, at (2) Whinnyrig
in the County of Dumfries, seen and personally examined
Joseph Irving, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers

DATED this 19th day of September One thousand eight hundred and eighty three —

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Irving Whinnyrig Gretna
Certificates under the hands of William Carruthers
and James Barton Cass, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joseph Irving Whinnyrig Gretna Petitioners son and that the said Joseph Irving is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Irving 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 Joseph Irving which accompanied the said Petition.

DATED this Twentieth day of September One thousand eight hundred and eighty three years

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2642
Joseph Irving
Private

19. 9. 83

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Giles Mc Dowall, Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Moran or Manley your Petitioner's (3) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Moran or Manley 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.

Giles Mc Dowall

DATED this 19th (4) day of September One thousand eight hundred and Eighty three years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Moran or Manley
2. Sex and Age,	Female - 28
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkbean Boyd Tolin Office
7. Place where Found and Examined,	Cannot tell
8. Length of time Insane,	So far as known
9. Whether First Attack,	—
10. Age (if known) on First Attack,	no When
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	not known
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Dumfries Guardians
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	18th Sept 1883
18. Date of becoming Chargeable,	John & Susan Moran Father Mother
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	residing at Creetown not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of September One thousand eight hundred and Eighty three years

(To be signed by Party applying) Giles Mc Dowall

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Hugo M Hardcastle being a (1) graduate in Medicine and Surgery of the Univ of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Dumfries Office, Buccleuch St in the County of Dumfriesshire separately from any other Medical Practitioner visited and personally examined (4) Mary Moran or Hanley and that the said Mary Moran or Hanley is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane appearance. Loss of Memory. She remembers nothing of ~~her sex~~ having attempted suicide on two occasions, though am informed this actually took place

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sergeant Gibson informs me that she Refuses to take food. Has attempted on two occasions to commit suicide by strangling herself.

Name and Medical Designation, Hugo M Hardcastle

Place of Abode, 14 Castle St Dumfries

DATED this 18th day of September One thousand eight hundred and Eighty three —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Marshall being a (1) graduate of the Faculty of Physicians and Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 27 Buccleuch Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Moran or Hanley and that the said Mary Moran or Hanley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently seems to have no recollection of the past; in a most fretful and uneasy state; is suicidally inclined &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of Poor informs me that she has been roaming about the streets and been confined in the Police Office because she was offensive to public decency

Name and Medical Designation, W Marshall M.D.

Place of Abode 27 Buccleuch St Dumfries

DATED this 19 ~~Sept~~ day of Septr One thousand eight hundred and Eighty three 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, Hugo M Hardcastle being (1) Bachelor of Medicine and Master of Surgery of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) the Police Office, Dumfries, in the County of Dumfriesshire, seen and personally examined Mary Moran or Hanley, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugo M Hardcastle MB:, CM.

DATED this 18th day of September One thousand eight hundred and Eighty Three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries Certificates under the hands of Hugo M Hardcastle and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Moran or Hanley Burgh Police Office Dumfries and that the said Mary Moran or Hanley is a (5) pauper person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Moran or Hanley as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Moran or Hanley which accompanied the said Petition.

DATED this Twentieth day of September One thousand eight hundred and eighty three

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary Moran
of Hanley
19.9.83
Dumfries

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles Mc Donnell, Inspector of Poor, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ellen Hornal, your Petitioner's (3) pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ellen Hornal, 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.

Miles Mc Donnell

DATED this 22nd (4) day of September, One thousand eight hundred and Eighty three years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ellen Hornal
2. Sex and Age,	Female - 50
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Queensland Place Dumfries
7. Place where Found and Examined,	a few weeks
8. Length of time Insane,	yrs
9. Whether First Attack,	now here
10. Age (if known) on First Attack,	a few weeks
11. When and where previously under Examination and Treatment,	British
12. Duration of Existing Attack,	no
13. Supposed Cause,	might be
14. Whether subject to Epilepsy,	might be
15. Whether Suicidal,	Dumfries
16. Whether Dangerous to others,	22nd Sept. 1883
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	James Hornal. Labourer. Son
18. Date of becoming Chargeable,	Father residing at Queensland Place.
19. Christian Name and Surname, and Place of Abode of nearest known 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 22nd day of September One thousand eight hundred and Eighty three years.

(To be signed by Party applying) Miles Mc Donnell

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugo M Hardcastle
being a (1) graduate in Medicine and Surgery of the Univ[illegible] 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) Queensland [illegible] Dumfries in the County [illegible] Dumfriesshire separately from any other Medical Practitioner visited and personally examined (4) Ellen Hornal, a pauper, and th[illegible] the said Ellen Hornal is a (5) person of unsound mind and a proper Person to be detain[illegible] under Care and Treatment, and that I have formed this opinion upon the followin[illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Excited & restless manner. Want of control over [illegible] Complains that she is in danger of her life from her [illegible] son and daughter and law. Threatens to commit [illegible] and refuses to take food.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her son informs me that she is dangerous [illegible] throws knives &c. That she refuses to eat, [illegible] of poison being in the food, and that he is [illegible] of her committing suicide.

Name and Medical Designation, } Hugo M Hardcastle [illegible]

Place of Abode, 14 Castle St Dumfries

DATED this 22d day of September One thousand eigh[illegible] hundred and Eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall,
being a (1) Graduate of the Faculty of Physicians [illegible] Surgeons, Glasgow, and College of St Andrews,
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Queensland [illegible] Dumfries in the County [illegible] Dumfriesshire separately from any other Medical Practitioner visited and personally examined (4) Ellen Hornal, a pauper, and tha[illegible] the said Ellen Hornal is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems terrib[illegible] happy and disturbed talks incoherently. Declares that everybody is against her, [illegible] conspiring against her. Imagines others in [illegible] terms with her God &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her friends state that she is greatly dis[illegible] at night and would wander about if all[illegible] Would have dangerous recourse to knives if allowed &c.

Name and Medical Designation, } W Marshall M.D.

Place of Abode 27 Buccleuch St Dum[illegible]

DATED this 22d day of Septr One thousand eight hundred and Eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Hugo M Hardcastle being (1) Bachelor of Medicine and Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Queensland Place, Dumfries in the County of Dumfriesshire, seen and personally examined Ellen Hornal, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugo M Hardcastle MB & CM.

DATED this 22d day of Sept. One thousand eight hundred and Eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Harris Scott Honorary (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Moiles McLennan, Inspector of Poor, Dumfries, Certificates under the hands of Hugo M. Hardcastle, and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ellen Hornal, Queensland Place, Dumfries (a pauper) and that the said Ellen Hornal, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ellen Hornal, 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 Ellen Hornal which accompanied the said Petition.

DATED this Twenty-fourth day of September, One thousand eight hundred and eighty three.

W H Shortt

To the Superintendent of the (7) Public *Asylum of* Southern Counties

Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2644
Ellen Hornal
22nd Sept 1883

Dumfries

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries Galloway and his Substitutes,—

The Petition of Mrs Isabell Grieve, Annandale Cottage Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Grieve 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 Grieve 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.

Isabell Grieve

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (4) day of Sept One thousand eight hundred and eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Greive
2. Sex and Age,	Female. 60
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Annandale Cottage Moffat
7. Place where Found and Examined,	Annandale Cottage. Moffat
8. Length of time Insane,	6 months
9. Whether First Attack,	No
10. Age (if known) on First Attack,	60
11. When and where previously under Examination and Treatment,	3 months ago. Crichton Royal Institution
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes No
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Isabell Grieve, Annandale Cottage, Moffat. Mother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of Sept One thousand eight hundred and eighty three

(*To be signed by Party applying*) Isabell Grieve

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians Edinr. & Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Annanside Cottage. Moffat in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Freide. Annanside Cottage Moffat and that the said Elizabeth Freide is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Thinking she is lost and seeing Monsters coming out of the roof, stripping off her clothes & refusing food.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The above facts - also attempting to set fire to the house - putting a cord round her neck & attempting to strangle herself

Name and Medical Designation, James Munro MD. LRCS

Place of Abode, Moffat

DATED this 25th day of Sept One thousand eight hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm. Ogly Grange being a (1) Doctor of Medicine & Master in Surgery of the University of Edinburgh. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Annanside Cottage, Moffat, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Freide, of Annanside Cottage, Moffat and that the said Elizabeth Freide is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Nervous & Frightened look.
States that she does not remember things she did the day before. Thinks she is troublesome to [illegible] Thinks she is not right in the mind. Been in [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Sees objects in the air. applies every [illegible] to her throat.

Name and Medical Designation, Wm. Ogly Grange

Place of Abode Mansfield House [illegible]

DATED this twenty fifth day of September One thousand eight hundred and eighty-three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Munro
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Annan cum Cottage, Moffat
in the County of Dumfries
Elizabeth Greive, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro M.D. L.R.C.S. Edin

DATED this 25th day of Sept One thousand eight hundred and eighty three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (3) Sheriff-Substitute
of the (4) County of Dumfries,
having had produced to me, with a Petition at the instance of (5) Mrs Isabella Greive Annandale cottage Moffat,
Certificates under the hands of James Munro
and William Dolby Grange, 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 (6) Elizabeth Greive, Annandale cottage, Moffat this day, and that the said Elizabeth Greive is a (6) person of unsound mind, an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Greive as a Patient into the (7) Public Asylum of Crichton Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Greive, which accompanied the said Petition.

DATED this Twenty sixth day of September, One thousand eight hundred and eighty three years.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1827
Elizabeth Grieve
Sept. 26th 1883

7569.

[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY SCOTLAND 18 SEP 13

I, the undersigned Lord Watson being desirous to transfer Miss Jane Watson at present a Patient in the Glasgow Royal Asylum and (1) detained at my instance from the said Asylum to the Crichton Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Miss Jane Watson 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.

(2) Brother

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Gillespie this 28th day of August one thousand eight hundred and Eighty-three

STATEMENT.

1. Christian Name and Surname of Patient at length,	Jane Watson
2. Sex and Age,	female 53 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and Previous Occupation (if any),	Lady
5. Religious Persuasion, so far as known,	Church of Scotland
6. Date of Admission into Asylum,	31 March 1881.
7. Length of time Insane,	about 9 years
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	as above
10. Duration of existing Attack,	unknown
11. Supposed Cause,	no
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	—
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Lord Watson Gillespie Sockenbee
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	No

1828 Jane Watson 25th Sept. 1903

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*)

Dated this 28th day of August One thousand eight hundred and Eighty-three

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned D Yellowlees
being (1) M.D. Edin. F.F.P.S.Glasg
hereby certify that I have this day at (2) Glasgow Royal Asylum
personally examined Miss Jane Watson at present
Patient in said Asylum, and with respect to ~~his~~ Mental State that her mind
considerably weakened, she is childish
appetite in her appearance & demeanour
and she believes that she is frequently
ed & injured by secret means, especially
during the night ; and with respect to her
Bodily Health and Condition that they are good

(1) State Medical Qualifications.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton
Royal Institution Dumfries

D Yellowlees

DATED this 17th day of Sept One thousand eight
hundred and 83.

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) Lord Watson
to authorize the transfer of Jane Watson
from Glasgow Royal Asylum to Crichton
Royal Institution, and the Board having considered such application and
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said
Jane Watson as requested.

(2) Valid for fourteen days from date.

John Sibbald *Commissioner.*

DATED at Edinburgh, this 18th day of September One
thousand eight hundred and eighty-three.

Date of Sheriff's order:—
29th September 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the~~ (2) ——
of Dumfries (and Galloway) — *and his Substitutes,*—

The Petition of John M'Knight Langholm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Borthwick or M'Knight

(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 Helen Borthwick or M'Knight —— to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

John M'Knight

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 7th (4) day of September One thousand eight hundred and eighty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Borthwick or M'Knight.
2. Sex and Age,	Female — 45 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Married
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Langholm. Wife there.
7. Place where Found and Examined,	Langholm
8. Length of time Insane,	About Two years
9. Whether First Attack,	Has never recovered first attack
10. Age (if known) on First Attack,	42 or 43 years?
11. When and where previously under Examination and Treatment,	Southern Counties & Royal Crichton Institution
12. Duration of Existing Attack,	Somewhat about 2 years.
13. Supposed Cause,	Change of System
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	To her near Relations only.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Date of becoming Chargeable,	——
19. Christian Name and Surname, and Place of Abode of nearest known 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 M'Knight Registrar of Births &c Langholm Husband —
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 7th day of September One thousand eight hundred and Eighty three years

(*To be signed by Party applying*) John M'Knight

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Johnston Corbyn
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Square Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Borthwick or McKnight Buccleuch Square Langholm and that the said Helen Borthwick or McKnight is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is restless and very excitable – Labours under delusion on the subject of which she threatens violence to her husband

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She imagines she is connected with Royalty & she above facts have been communicated to me by her husband Mr John McKnight

Name and Medical Designation, } Wm Johnston Corbyn M.D

Place of Abode, Langholm

DATED this 21st day of September One thousand eight hundred and 83

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Univ. of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the house of Buccleuch Square, Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Borthwick or McKnight Buccleuch Square Langholm and that the said Helen Borthwick or McKnight is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
On calling to see her I found the door locked, but answered by herself when she refused to admit me and spoke in such a way as to leave no doubt of her present mental

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Sergt. Macintosh, Police Station, Langholm, tells me he has her abuse her husband & use most violent language towards him. Her husband says she believes she is commissioned by God & the devil & abuses him as being in her eyes the devil. She also thinks herself a Queen & wants carriages, horses, jewellery &c.

Name and Medical Designation, } John Gill M.B., C.M.

Place of Abode Langholm

DATED this 21st day of Sept. One thousand eight hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John McKnight Inspector of Poor Langholm
Certificates under the hands of William Johnston Carlyle
and John Gill , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Helen Borthwick or McKnight (Petitioners wife) and that the said
Helen Borthwick or McKnight is a (5) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Borthwick or McKnight as a Patient into the (6) Public Asylum of Crichton Royal and 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 Helen Borthwick or McKnight - which accompanied the said Petition.

DATED this Twenty second day of September One thousand eight hundred and eighty three

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

~~D #~~

2645

Helen Brothwick or
McKnight

22nd. Sept. 1883

Private Langholm

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Jane Hodgson, 15 Broad St, Carlisle,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joshua Hodgson,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Son

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Joshua Hodgson, to the Crichton Royal Inst. Dumfries and to sanction his admission into the said Asylum.

Jane Hodgson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (4) day of Sept. One thousand eight hundred and Eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joshua Hodgson
2. Sex and Age,	Male — 40 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Carlisle
7. Place where Found and Examined,	Carlisle found and Dumfries Examined
8. Length of time Insane,	of unsound mind for several years
9. Whether First Attack,	Has had several attacks
10. Age (if known) on First Attack,	Uncertain, many years
11. When and where previously under Examination and Treatment,	Dumfries.
12. Duration of Existing Attack,	Many months
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable to any
18. Date of becoming Chargeable,	— Do —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Jane Hodgson his mother 15 Broad Street Carlisle Known of 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 27th day of September — One thousand eight hundred and 83.

(*To be signed by Party applying*) Jane Hodgson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugo de Hardcastle ——
being a (1) Graduate in Medicine and Surgery of the University ——
and being in actual practice as a (2) Physician and Surgeon ——
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries —— in the County of Dumfries —— separately from any other Medical Practitioner visited and personally examined (4) Joshua Hodgson, ——
and that the said Joshua Hodgson, —— is a (5) person of unsound mind —— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Stupid insane appearance - Rambling incoherent speech. Tells me he cannot retain himself at times; and wishes 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)
Charles Gray tells me that he becomes violent at times and is almost unmanageable

Name and Medical Designation, Hugo de Hardcastle M.B

Place of Abode, 14 Castle St. Dumfries

DATED this 27th — day of September One thousand eight hundred and Eighty three,

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Richard B. Lorraine ——
being a (1) Graduate of Edinburgh University ——
and being in actual practice as a (2) General Practitioner ——
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries —— in the County of Dumfries, —— separately from any other Medical Practitioner, visited and personally examined (4) Joshua Hodgson ——
and that the said Joshua Hodgson —— is a (5) person of unsound mind —— and a proper person to be detained under Care and Treatment, 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 stupid ... Says he wishes to go to the Asylum. ... his muscles are not the same on ... sides. And that that is the cause of his ... confesses not to be able to control himself at ...

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His attendant says he has delu... and that he is dangerous to others ... times when he is excited

Name and Medical Designation, Richard B. Lorraine M.B.

Place of Abode 2 Irving Street Dumfries

DATED this twenty-seventh day of September, One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Hugo M Hardcastle being (1) Bachelor of Medicine and Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries in the County of Dumfriesshire, seen and personally examined Joshua Hodgson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugo M Hardcastle MB. CM.

DATED this 24th day of Septr One thousand eight hundred and Eighty three —

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Henry Hyatt (3) Honorary Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Jane Hodgson 15 Broadstreet Carlisle Certificates under the hands of Hugo M. Hardcastle and Richard B. Lockhart, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Joshua Hodgson 15 Broadstreet Carlisle (Cumb^d) and that the said Joshua Hodgson, is a (7) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joshua Hodgson as a Patient into the (8) Public Asylum of Criechton 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 Joshua Hodgson, which accompanied the said Petition.

DATED this twenty ninth of September, One thousand eight hundred and eighty three.

W. H. Hyatt

To the Superintendent of the (9) Public Asylum of Criechton Royal Institution, Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

Sheriff or Sheriff's Officer to Serve

Sheriff or Sheriff's Officer to Serve

6. State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

1. Christian Name in full length,

2. Sex and Age

3. Married, Single

4. Condition of Life (if any),

5. Religious Profession

6. Province Place

7. Place where

8. Length of time

9. Whether First

10. Age (if known)

11. When and where tion and

12. Duration of

13. Supposed Cause

14. Whether subject

15. Whether Suicidal

16. Whether Dangerous

17. Parish or Union Pauper)

18. Date of birth

19. Christian Name Abode, Relation Patient, known), Family known,

20. Special circumstances Insertion

I certify, that

Dated this

Clerk 1903

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Dumfries and Galloway and his Substitutes,—

The Petition of John Johnston, Inspector of Poor.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Jones

(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 Jones to the ~~Southern~~ Dumfries Royal Asylum and to sanction her admission into the said Asylum. one word delete before signing

J Johnston, Inspector of Poor for Penninghame

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty ninth (4) day of September One thousand eight hundred and Eighty three Years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Jones
2. Sex and Age,	female. 28. years
3. Married, Single, or Widowed,	single (illegitimate)
4. Condition of Life, and previous Occupation (if any),	seamstress
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	13 Bruce St. Newton Stewart.
7. Place where Found and Examined,	same.
8. Length of time Insane,	four days since excitement appeared
9. Whether First Attack,	Fourth attack
10. Age (if known) on First Attack,	28 years.
11. When and where previously under Examination and Treatment,	in Dumfries asylum at various times
12. Duration of Existing Attack,	Four days. 3 months since last attack
13. Supposed Cause,	predisposition + perhaps pregnancy
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,	Penninghame
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode, of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother also Isabella Armstrong or Corrie
20. Special circumstances (if any) preventing the 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~~ of September One thousand eight hundred and Eighty three

(*To be signed by Party applying*)

J. Johnston

Inspector of Poor for Penninghame.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Gibbons Dickson being a (1) Doctor of Medicine of the University of Glasgow and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) Princes St. Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary Jones. Princes St. Newton Stewart, Pauper and that the said Mary Jones is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Extreme restlessness. Incoherence. Character and conduct changed. Delicacy and sense of shame blunted or lost. Dances, laughs, prays, sings, [illegible] herself, gesticulates, according to the caprice of the moment.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her Mother says that she has had almost [illegible] for several days; that she is never quiet for one [illegible] that she often breaks out into violent and [illegible] language; and that she indecently exposes her [illegible]

Name and Medical Designation, James G. Dickson. [illegible]

Place of Abode, Woodlee, Newton Stewart

DATED this twenty eighth day of September One thousand eight hundred and Eighty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Clark being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 13 Princes St. Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary Jones. 13 Princes St. Newton Stewart, Pauper and that the said Mary Jones is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Found her in a state of maniacal excitement tucking herself in a chair, singing and laughing loudly, praying and cursing and using the most obscene language very incoherent.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her mother states that she has for some days been conducting herself as described above, and that she sleeps [illegible] better

Name and Medical Designation, James Clark

Place of Abode Newton Stewart

DATED this twenty eighth day of September One thousand eight hundred and eighty three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie (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
Inspector of Poor for the parish of Cummingham with
Certificates under the hands of James Gibbons Dickson M. D. and
and James Clark, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Jones and that the said
Mary Jones is a (5) lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Jones as a Patient into the (6) Dumfries Royal Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Jones which accompanied the said Petition.

DATED this Twenty ninth day of September One thousand eight hundred and Eighty three.

Wm Mackie

To the Superintendent of the (7)
Royal *Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary Jones

29. 9. 83

Penmynydd

This Form shall be transmitted to the General Board of Lunacy after it is filled up, and the Petition, Statement, Medical Certificates, and Order are copied into it from Form B.

[Form B[1]]

20 & 21 *Vict. Cap.* 71.

Notice of Reception of a Lunatic as a **SINGLE PATIENT**

into a ~~PRIVATE HOUSE~~ The Northern Counties Asylum.

I hereby give notice, That (1)

was received into this House as a Single Patient on the (2) day of and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(Signed) _____

Designation, _____

Residence, _____

Dated at this (3) day of one thousand eight hundred and

To the Secretary of the General Board of Lunacy.

REPORT.

I have this day seen and personally examined the Patient named in the above Notice, and hereby report and certify, with respect to mental state, that (4)

and with respect to bodily health and condition, that (5)

(Signed) _____

(6) _____

Dated this (7) day of one thousand eight hundred and

---

(1) Name and Designation.
(2) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(3) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(4) Insert particulars.
(5) Insert particulars.
(6) Add Designation.

(~~Copies~~.)

Petition to **SHERIFF** *to grant Order for Reception of a* **LUNATIC** *as a* **SINGLE PATIENT** *into a* ~~**PRIVATE HOUSE**~~.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Gal[illegible] *and his Substitutes,—*

The Petition of C. Finlayson Inspector of [illegible] humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Palmer a pauper is at present in a state of Mental Derangement, and a proper person to be under care and treatment as a Single Patient in a Private House. May it therefore please your Lordship to authorize the reception of the said James Palmer into the ~~House of~~ (3) Southern Counties Anglen ~~residing~~ at (3) Dumfries and to authorize transmission thereto.

(3) State in full the Name, Designation, and Residence of Person into whose House it is proposed to receive the Lunatic.

(SIGNED) C Finlayson

DATED this Second (4) day of October one thousand eight hundred and Eighty three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Palmer
2. Sex and Age,	Male 79 years
3. Married, Single, or Widowed,	widower
4. Condition of Life, and previous Occupation (if any),	Road man
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	High Street
8. Length of time Insane,	about 2 weeks
9. Whether first Attack,	second attack
10. Age (if known) on first Attack,	about 59 years of age
11. When and where previously under Examination and Treatment,	Kirkcudbright
12. Duration of existing Attack,	2 weeks
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	one son
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* C Finlayson

DATED this Second day of October one thousand eight hundred and Eight

* To be signed by the Party applying.

(Copies.)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Johnstone
being a (1) graduate of the University of Edinburgh
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Kirkcudbright in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) James Palmer a pauper and that
the said James Palmer is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) that he is out
of reason in his conduct, shouting at the top of his
voice the greater part of the night, believing
people to be in his bed &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
his daughter says he wants a fire
kindled on the top of his head. &c &c
at times.

(SIGNED) Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this second day of October One thousand eight
hundred and eighty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Moffat
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Kirkcudbright in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) James Palmer, Pauper
High St. Kirkcudbright and that
the said James Palmer is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) that he is very
easily irritated and becomes quite outrageous
at times and would strike anyone coming within
his reach— at other times he seems perfectly rational.
Patient had a shock lately and his mind has been
weakened thereby.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
his Daughter says he is constantly calling
out for lights about his head: thinks there
are people in the house who are going to injure
him; and seems living in a state of terror of enemies
who have no existence except in his own brain.

(SIGNED) Name and Medical Designation, James Moffat M.B. C.M.

Place of Abode Church Place Kirkcudbright

DATED this second day of October one thousand eight
hundred and eighty three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

~~(Copy.)~~

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I Robert Macartney Gordon, Esquire (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright

having had produced to me, with a Petition at the instance of (3) Charles Finlayson, Inspector of Poor for the parish of Kirkcudbright Certificates under the hands of William Johnstone M.D. and James Moffat, M.B. C.M., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Palmer, a pauper and that the said James Palmer is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you, (6) The Manager of the Southern Counties Asylum at Dumfries

to receive the said James Palmer into your House as a Single Patient; and I authorize his Transmission accordingly; and I send you herewith the said Medical Certificates, and a Statement regarding the said James Palmer which accompanied the said Petition.

(SIGNED) Robt Gordon SS

DATED this Second day of October one thousand eight hundred and eighty three

To (7) The Southern Counties Asylum at Dumfries

2. 10. 83

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Name and Address in full of Person into whose House the Lunatic is to be received.

This Form shall be transmitted to the General Board of Lunacy after it is filled up, and the Petition, Statement, Medical Certificates, and Order are copied into it from Form B.

[Form B[1]]

20 & 21 *Vict. Cap.* 71.

Notice of Reception of a Lunatic as a SINGLE PATIENT ~~*into a* PRIVATE HOUSE~~.

into The Southern Counties Asylum.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a Single Patient on the (2) day of and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(SIGNED) .....

Designation, ...

Residence, ...

DATED at this (3) day of one thousand eight hundred and

To the Secretary of the General Board of Lunacy.

REPORT.

I HAVE this day seen and personally examined the Patient named in the above Notice, and hereby report and certify, with respect to mental state, that (4)

and with respect to bodily health and condition, that (5)

(SIGNED) .....

(6) .....

DATED this (7) day of one thousand eight hundred and

---

(1) Name and Designation.
(2) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(3) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(4) Insert particulars.
(5) Insert particulars.
(6) Add Designation.

(~~Copies~~.)

Petition to **SHERIFF** *to grant Order for Reception of a* **LUNATIC** *as a* **SINGLE PATIENT** *into* ~~a PRIVATE HOUSE~~ The Southern Counties Asylum

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries and [illegible] ~~of~~ *and his Substitutes,*—

The Petition of C. Finlayson Inspector of [illegible] humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth McEwen a pa[illegible] is at present in a state of Mental Derangement, and a proper person to be under care and treatment as a Single Patient in a Private House. May it therefore please your Lordship to authorize the reception of the said Elizabeth McEwen into the House of (3) Southern Counties Asylum ~~residing~~ at (3) Dumfries and to authorize transmission thereto.

(3) State in full the Name, Designation, and Residence of Person into whose House it is proposed to receive the Lunatic.

(Signed) C. Finlayson

Dated this 2d (4) day of October one thousand eight hundred and Eighty three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth McEwen
2. Sex and Age,	Female 34 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Domestic servant
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	High street
8. Length of time Insane,	about a week
9. Whether first Attack,	third attack
10. Age (if known) on first Attack,	about 30 years of age
11. When and where previously under Examination and Treatment,	Kirkcudbright
12. Duration of existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Peter McEwen Husband a Brother
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signed)* *Name,* C. Finlayson

Dated this Second day of October one thousand eight hundred and Eighty

* To be signed by the Party applying.

(~~Copies.~~)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Wm Johnstone
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mrs Elizabeth McEwen, pauper and that the said Mrs Elizabeth McEwen is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

1. Facts indicating Insanity observed by myself: (6) that she refuses to lie down or take food or drink of any kind — will not answer any questions put to her. &c

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

same as above.

(7) *State the information, and from whom derived.*

(SIGNED) *Name and Medical Designation,* Wm Johnstone M. D.

Place of Abode, Kirkcudbright

DATED this second day of October One thousand eight hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Moffat
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mrs Elizabeth McEwen, Pauper High St — Kirkcudbright and that the said Mrs Elizabeth McEwen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

1. Facts indicating Insanity observed by myself: (6) That she will not speak at all, and persistently refuses both meat and drink and will neither sit nor lie down except under constraint. In short this is a case of Puerperal Mania.

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her husband informs me that she will not return to her own house but stays in the house of a neighbour and generally he corroborates the above facts.

(7) *State the information, and from whom derived.*

(SIGNED) *Name and Medical Designation,* James Moffat M.B. C.M

Place of Abode Church Place Kirkcudbright

DATED this Second day of October one thousand eight hundred and Eighty three.

(~~Copy~~)

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I Robert Macartney Gordon, Esquire, (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Charles Finlayson, Inspector of Poor, for the parish of Kirkcudbright Certificates under the hands of William Johnstone, M. D. and James Moffat, M.B. C.M., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs. Elizabeth McEwen, a Pauper, and that the said Mrs. Elizabeth McEwen is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you, (6) The Manager of the Southern Counties Asylum, at Dumfries to receive the said Mrs. Elizabeth McEwen into your House as a Single Patient; and I authorize her Transmission accordingly; and I send you herewith the said Medical Certificates, and a Statement regarding the said Mrs. Elizabeth McEwen which accompanied the said Petition.

(SIGNED) Robt Gordon S.S.

DATED this Second day of October one thousand eight hundred and eighty three.

To (7) The Southern Counties Asylum

Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Name and Address in full of Person into whose House the Lunatic is to be received.

Elizabeth McEwen
2.10.83

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & Galloway *and his Substitutes,—*

The Petition of John Forfar Farmer Auchencairn Kirkmahoe

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Margaret Forfar your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Margaret Forfar to the Crichton Royal Institution or Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Forfar

DATED this 3rd (4) day of October One thousand eight hundred and Eighty three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Forfar
2. Sex and Age,	Female. 47 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Auchincairn - Kirkmahoe
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	five weeks
9. Whether First Attack,	No
10. Age (if known) on First Attack,	46 years
11. When and where previously under Examination and Treatment,	Crichton Royal Institution five weeks
12. Duration of Existing Attack,	Unknown
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Forfar. Farmer Auchincairn Kirkmahoe Husband. Neither Ever Insane -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 3rd day of October One thousand eight hundred and Eighty three

(*To be signed by Party applying*) John Forfar P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Auchencairn Kirkmahoe in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Forfar - Farmer Wife - Auchencairn Kirkmahoe and that the said Margaret Forfar is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Seems depressed, and low-spirited: is changed in manner: finds house-hold cares too much for her and has little interest in them: - moves things about without apparent purpose: picks and pulls constantly at her hair.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Told by her husband that she often goes about in a half-dressed condition: tries to do things but can make no progress: thinks everyone is turning against her and has much changed.

Name and Medical Designation, Alex. Thomson M.D.

Place of Abode, Castle St. Dumfries

DATED this Thirtieth day of September One thousand eight hundred and Eighty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Forfar and that the said Margaret Forfar is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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, depressed in spirits. In fact she is quite Melancholic, and this state ~~depending~~ assuming at her time of life, makes her feel useless and uneasy.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

The attendants say she is very low spirited. She was an Asylum patient a few months ago.

Name and Medical Designation, W. S. Kerr M.D. &c

Place of Abode Dumfries

DATED this Third day of October One thousand eight hundred and Eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson being (1) a doctor of medicine hereby certify, on soul and conscience, that I have this day, at (2) Auchencairn in the County of Dumfries, seen and personally examined Margaret Forfar, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex. Thomson M.D.

DATED this Thirtieth day of September One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alex Forfar, Farmer Auchencairn Kirkcunbright Certificates under the hands of Alexander Thomson and William Smith Scott, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Margaret Forfar, Auchencairn aforesaid and that the said Margaret Forfar, — is a (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 Forfar, as a Patient into the (6) Public — Asylum of Crichton Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Margaret Forfar, which accompanied the said Petition.

D. B. Fourth. H.

DATED this [illegible] day of October, One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Margaret Torfar
2nd Oct. 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Steward. ...tewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries and Galloway, *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Caven, 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 Caven, to the Southern Counties Asylum and to sanction his admission into the said Asylum.

...egree of ...or other ...ich Peti... to Luna...

Miles McInnes

DATED this Eighth (4) day of October - One thousand eight hundred and Eighty Three years.

...e of the ...be with... ...ear days ...dates of ...Certifi...

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...an Name and Surname of Patient at ...th,	James Caven
...d Age,	Male - 47 years
...l, Single, or Widowed,	Single
...ion of Life, and previous Occupation ...ny),	Clerk
...us Persuasion, so far as known,	Roman Catholic
...s Place of Abode,	32 Irish Street
...where Found and Examined,	20 Castle Street
... of time Insane,	about a Week
...r First Attack,	No
... known) on First Attack,	not known
...and where previously under Examina... and Treatment,	Was last sent to S.C. Asylum on 18th March 1882
...n of Existing Attack,	about a Week
...ed Cause,	Not known
...r subject to Epilepsy,	No
...r Suicidal,	Yes
...r Dangerous to others,	No
...or Union to which the Lunatic (if a ...per) is Chargeable,	Dumfries in the Meantime
...f becoming Chargeable,	7th October 1883
...an Name and Surname, and Place of ...de of nearest known Relative of the ...ent, and degree of Relationship (if ...wn), and whether any Member of ...ily known to be or to have been In...	Jane Caven or Robertson, Sister, residing at 45 High St Wigton Cumberland Not known.
... circumstances (if any) preventing the ...rtion of any of the above particulars,	None.

...ify, that, to the best of my knowledge, the above particulars are correctly stated.

...ED this Seventh day of October One thousand eight hundred and Eighty Three years

(*To be signed by Party applying*) Miles McInnes Inspector of Poor Dumfries

P. p.

Honourable Sheriff 2nd Oct. 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 20 Castle Street Dumfries in the County of Dumfries. separately from any other Medical Practitioner, visited and personally examined (4) James Cavan, a pauper and that the said James Cavan is a (5) lunatic of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is dull depressed in spirits, Relaxed, Talking incoherently. Does not know where he is.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Police Sergeant took him out of the chapel this morning, where he was disturbing the congregation & his manner.

Name and Medical Designation, W. S. Kerr M.D.

Place of Abode, Dumfries

DATED this 7th day of October One thousand eight hundred and eighty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith.
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum, Dumfries in the County of Dumfries. separately from any other Medical Practitioner, visited and personally examined (4) James Cavan. a pauper and that the said James Cavan. is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane appearance muttering incoherent speech. Inability to converse or answer questions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Police Sergeant Gibson informs me, that he had to be removed from the chapel yesterday owing to the way he was conducting himself & disturbing the congregation.

Name and Medical Designation, John Smith M.D.

Place of Abode 14 Castle St Dumfries

DATED this 8th day of October One thousand eight hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr
being (1) Graduate of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 20 Castle St Dumfries
in the County of Dumfries, seen and personally examined
James Caven, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W. S. Kerr M.D.

DATED this 7th day of October One thousand eight hundred and Eighty Three Years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McInnes,
Inspector of Poor Dumfries
Certificates under the hands of William Smith Kerr
and John Smith, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Caven, clerk, 20 Castle St, Dumfries (a pauper) and that the said James Caven, is a (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 Caven as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Caven, which accompanied the said Petition.

DATED this Eighth day of October, One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

James Carew
7th October 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— *of* ~~the~~ (2) Dumfries ~~shire~~ & Galloway, ~~of~~ ——— *and his Substitutes,*—

The Petition of Thomas McKinnell, Farmer, Portling, Colvend, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William McKinnell your Petitioner's male, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William McKinnell — to the Southern Counties Asylum and to sanction his admission into the said Asylum.

~~(SIGNED)~~ Thomas McKinnell

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighth (3) day of October — One thousand eight hundred and eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William McKinnell
2. Sex and Age,	Male — 73 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,	Portling
7. Place where Found and Examined,	do
8. Length of time Insane,	Since beginning of June of this year
9. Whether first attack,	Yes — except being rather nervous at times
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Never treated as being insane previously.
12. Duration of existing Attack,	over 4 months.
13. Supposed Cause,	Cannot say
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not in any marked degree.
16. Whether Dangerous to others,	Yes — very violent sometimes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Sarah McKinnell, Portling, Sister,
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	No member of family insane. —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

~~(SIGNED)~~ Name, Thomas McKinnell

DATED this eighth day of October — One thousand eight hundred and eighty-three.

* To be signed by the Party applying.

P. p.

Names Caused
7th October 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Paterson Lewis MD
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Portling
Colaud in the County of
Kirkcudbright Shire, separately from any other Medical Practitioner,
visited and personally examined (4) William McKinnell farmer,
Portling and that
the said William McKinnell is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Insane expression — talks incoherently, — thinks that his relation and the public have conspired to kill him, — says that his nephew has killed a man, — says he is lost,

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His sister says that he has broken articles of furniture and has bitten her arm and that he struck & scratched his nephew and broke and went out through window

~~(Signed)~~ *Name and Medical Designation,* John Paterson Lewis MD

Place of Abode, Dalbeattie

Dated this Eighth day of October. One thousand eight hundred and eighty three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Charles Ford M.D.
being a (1) Graduate of the Univ. Edin
and being in actual practice as a (2) Doctor of medicine
hereby certify, on soul and conscience, that I have this day, at (3) Portling
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) William McKinnell
and that
the said William McKinnell 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)
Excitement, restlessness at night, and labors under the impression that his friends are persecuting him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His sisters & nephew state he has used threats towards them —

~~(Signed)~~ *Name and Medical Designation,* Chas. Ford M.D.

Place of Abode, Ulms Riddell, Southwick

Dated this Eighth day of October One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (2) Sheriff-Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James McKinnell,
Farmer Potting, Colvend
Certificates under the hands of John Paterson Lewis, —
and Charles Ford, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4), William McKinnell, Farmer, Potting, Colvend (Peter) and that the said William McKinnell, is a (5) person of unsound mind
a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William McKinnell as a Patient into the (6) Public Asylum of Southern Counties, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William McKinnell which accompanied the said Petition.

(Signed) David Boyle Hope

DATED this Ninth day of October One thousand eight hundred and eighty three years.

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

9th October 1883

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE ROYAL ~~EDINBURGH ASYLUM~~ Asylum Dumfries

or Steward.
r Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries and Galloway at Dumfries, *and his Substitutes,—*

Name and De-

The Petition of (2) Thomas Bond Sprague, Marchfield Davidsons Mains Midlothian humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Stearns Sprague, Davidson's Mains Midlothian your Petitioner's (4) son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James S. Sprague to the Institution Dumfries ~~Royal Edinburgh~~ Asylum for the Insane, and to sanction his admission into the said Asylum.

degree of Rela-
other capacity
titioner stands

ate of the Peti-
within fourteen
following the
Medical Certi-

DATED this eleventh (5) day of October, One thousand eight hundred and 83.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

ian Name and Surname of Patient at gth,	James Stearns Sprague
nd Age,	Male. 20.
ed, Single, or Widowed,	Single.
tion of Life and previous Occupation any),	Student at Cambridge.
ious Persuasion, so far as known,	Establisht Church
ous Place of Abode,	Edinburgh
where Found and Examined,	do
h of time Insane,	A fortnight
her First Attack,	yes
if known) on First Attack,	
and where previously under Examina- n and treatment,	—
tion of Existing Attack,	
sed Cause,	Over study
her subject to Epilepsy,	No
her Suicidal,	Yes supposed or inferred
her Dangerous to others,	Yes. from his letters.
h or Union to which the Lunatic (if a uper) is Chargeable,	
of becoming Chargeable,	
tian Name and Surname, and Place of bode of nearest known Relative of the atient, and degree of Relationship (if own), and whether any Member of amily known to be or to have been In- ne,	Thomas Bond Sprague Marchfield Davidson's Mains Midlothian Father ~~Father~~ & Doubtful
al circumstances (if any) preventing the sertion 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 October One thousand eight hundred and 83.

(*To be signed by the Party applying*) T. B. Sprague

9th October 1883

ADDITIONAL STATEMENT.

For the Information of the Physician.

1. Birthplace,	Blackheath, London
2. Character of Education,	Usual
3. Is the natural disposition cheerful or melancholy—reserved or frank?	Cheerful & frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Uncle & aunt somewhat eccentric but never under restraint
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 ~~[illegible]~~ & mother brothers & sisters all alive & in good health
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No.
9. Was there any immediate cause of the attack that directly brought it on, *e. g.*, mental shock, childbirth, &c.?	No.
10. What were the first symptoms of mental derangement observed, *e. g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	First symptoms depression
11. Were there any bodily symptoms present at first, *e. g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.?	Sleeplessness. Costiveness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Has become worked within the past three day
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	Interfere [illegible] some time [illegible] ideas [illegible] affirmed [illegible]
16. Has he threatened or attempted violence to others? If so, in what way?	Threatened [illegible] [illegible] [illegible] [illegible] [illegible]
17. How long has he been insane?	a fortnight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Peddie being (1) Fellow of the Royal College of Physicians Edinr. hereby certify, on soul and conscience, that I have this day, at (2) 15 Rutland Street in the County of Mid Lothian, seen and personally examined Mr. James S. Sprague, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A. Peddie

Dated this Tenth day of October One thousand eight hundred and eighty three

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Peddie
being a (1) Fellow of the Royal College of Physicians
Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) 15 Portland
West Edinburgh
Midlothian
visited and personally examined (4) Mrs James H. Sprague
Student [illegible] residing at Mansfield-man Dundee Married
the said James H. Sprague is a (5) person of
unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) restless, maniacal - violence of speech, and in conduct, great insane delusions, as to his family being affected with poisons, as to insecurity of bread, the furniture of a room &c
(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) variety of facts of the same, a false kind, and indications of danger to himself or others.
(7) *State the Information, and from whom derived.*

Name and Medical Designation, A. Peddie Md. FRCSE. &c

Place of Abode, 15 Portland Place

DATED this Tenth day of October One thousand eight hundred and eighty three.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Thomas Smith Clouston Fellow of the Royal College of Physicians, Edin
being a (1) a Fellow of the College
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 39 Castle St.
Edinburgh, in the County of
visited and personally examined (4) James Strains Fraser
of Mansfield Dundee Lunatic, Lunatic Asylum and that
the said James H. Sprague is a (5) person of
unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) His Hands is trembling. his tongue is thick in speaking. his expression of face is agitated and maniacal. the Glands of throat are swollen. full of delusions. e.g. that he is being poisoned at every meal. he has many insane delusions
(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father W. H. Sprague informs me that he threatened him with violence the morning. that he is quite unfit to manage himself.
(7) *State the Information, and from whom derived.*

Name and Medical Designation, T. Clouston M.D. F.R.C.P.E

Place of Abode Royal Asylum House. Morningside. Edinburgh

DATED this 10th day of October One thousand eight hundred and 83.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, — (1) Sheriff-Substitute of the (2) County of Dumfries, — having had produced to me, with a Petition at the instance of (3) Thomas Bor[illegible] Sprague, Marshfield, Davidson's Mains Mid-Lothian Certificates under the hands of Alexander Peddie — and Thomas Smith Clouston, —, being two Medical Person duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Strains Sprague, Student, Marshfield a person [illegible] and that the said James Strains Sprague is a (5) person of unsound mind — and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Strains Sprague, — as a Patient into the Royal ~~Edinburgh Asylum~~ Crichton Institution D.B.H. for the Insane, and I authorize his — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates and a Statement regarding the said James Strains Sprague, which accompanied the said Petition.

(4) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

D.B. at Dumfries, H

DATED this Eleventh day of October, One thousand eight hundred and eighty three years.

David Boyle Hope

To the Medical Superintendent of the Royal ~~*Edinburgh Asylum for the Insane.*~~
D.B.H. Crichton Institution, Dumfries.

No. 1021
James Strains Sprague
Name, 16th October 1883
Date of Admission,

LETTER OF OBLIGATION FOR PAYMENT OF BOARD.

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GENTLEMEN,

As you have agreed to admit into the Royal Edinburgh Asylum for the Insane, as an ordinary patient and boarder, at the rate of per annum, I hereby oblige myself to pay to your Treasurer the said patient's board quarterly, and in advance, at the rate of or such other rate, as may from time to time be determined by you; to provide the requisite supplies of clothes for the patient, or, in the event of such clothes being supplied by you, to pay for the same to your Treasurer; to pay to your Treasurer for all stimulants or extraordinary furnishings supplied to the patient on the order of your Physicians; and to repay your Treasurer for all cash advanced to, or on behalf of, the patient. I also oblige myself to remove the patient when desired; to defray, in case of death, the funeral charges; and to fulfil any other condition incumbent on me as surety for the patient, according to your Regulations.

To the Managers of the Royal Edinburgh Asylum for the Insane.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway *and his Substitutes.*

The Petition of David Russ Johnson, Commercial Traveller, Kingston Terrace, Renfrew humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Brom Johnson 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 David Brom Johnson to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

David Russ Johnson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Tenth (4) day of October One thousand eight hundred and Eighty three years,

David Russ Johnson

STATEMENT.

If any 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 Brom Johnson
2. Sex and Age,	Male, 62
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Brush Manufacturer & Hair dresser now retired from business,
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Nairn, Lochwinnoch
7. Place where Found and Examined,	3 Hayfield Square, Kingsside
8. Length of time Insane,	one month
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	49 or 50 years of age
11. When and where previously under Examination and Treatment,	Gartnavel & Kingsside, one month
12. Duration of Existing Attack,	Cannot say
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Annie Aitken McDonald or Johnson, Wife, residing at Nairn, Lochwinnoch, No other member of his family insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Tenth day of October One thousand eight hundred and Eighty three years,

(*To be signed by Party applying*) David Russ Johnson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Stuart Nairne
being a (1) LRCP Edin Lecturer in Midwifery &c.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 3 Hayfield Terrace
Langside Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) David Brown Johnson of 1
Rochsmuirloch Row 3 Hayfield Terrace Langside and that
the said David Brown Johnson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Is very nervous
excited, has Delusions, imagines he can cure
diseases, has direct communication with the
saints of the unseen world &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Son says he has been in this Condition for
some time, has been many times up and

Name and Medical Designation, John Stuart Nairne M.D.

Place of Abode, 107 Clarkston St Glasgow,

DATED this Tenth day of October One thousand eight
hundred and Eight 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 Stuart Nairne
being a (1) Licentiate of the Faculty of Physician & Surgeon Glasgow
and being in actual practice as a (2) Surgeon.
hereby certify, on soul and conscience, that I have this day, at (3) 3 Hayfield Terrace
Langside Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) David Brown Johnson (Johnson)
and that
the said David Brown Johnson is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
1. He keeps cows because they are sacred animals & he will be
pleased if have them about him.
2. He says he can cure all manner of diseases untreatable &
that he is Jesus & nobody can touch him.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
1. He is wasteful of money; has no care of it spends
as much as three hundred pounds in a month boxes:
2. He makes up his opinions occasionally & speaks a certain
few days & then waits & is quiet for a few days & then

Name and Medical Designation, John Stuart Nairne. L.R.C.P.S.

Place of Abode 12 Regd Crescent: Crookston

DATED this Tenth day of October One thousand eight
hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Barrie
being (1) MD Glasgow University &c.
hereby certify, on soul and conscience, that I have this day, at (2) 3 Hayfield Terrace, Langside
in the County of Renfrew, seen and personally examined Glasgow
David Brown Johnson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Barrie MD

DATED this Tenth day of October One thousand eight hundred and Eighty three years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) David Pius Johnson, Commercial Traveller, 4 Houston Terrace, Renfrew,
Certificates under the hands of John Barrie
and John Stuart Naurue, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Brown Johnson 3 Hayfield Terrace, Langside Glasgow (Petitioners Father) and that the said David Brown Johnson, is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Brown Johnson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Brown Johnson, which accompanied the said Petition.

DATED this Twelfth day of October One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

(1) Sheriff or Steward
(2) Silver Stewartry.

(3) State degree of
Relationship or other
capacity in which Peti-
tioner stands to Lunat-
ic.

(4) The date of the
Petition must be with-
in fourteen clear days
following the dates of
the Medical Certifi-
cate.

1. Christian Name
length, .
2. Sex and Age,
3. Married, Single,
4. Condition of Li
[If any], .
5. Religious Persu
6. Previous Place
7. Place where Fo
8. Length of time
9. Whether First
10. Age (if known)
11. When and whe
tion and Tre
12. Duration of Exc
13. Supposed Cause
14. Whether subjec
15. Whether Suicid
16. Whether Dange
17. Parish or Unio
Pauper) in C
18. Date of becomi
19. Christian Nam
Abode of n
Patient, an
known), and
Family kno
sons, .
20. Special circum
insertion of

I certify, tha

DATED this

[illegible]

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Sproat your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Marion Sproat 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.

Miles McInnes

DATED this Twelfth (4) day of October One thousand eight hundred and Eighty Three years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Marion Sproat
2. Sex and Age,	Female 77 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,	Poorhouse Dumfries
7. Place where Found and Examined,	" "
8. Length of time Insane,	Not Known
9. Whether First Attack,	" "
10. Age (if known) on First Attack,	" "
11. When and where previously under Examination and Treatment,	" "
12. Duration of Existing Attack,	" "
13. Supposed Cause,	" "
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	8 Sept. 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Sproat, Sister, residing at 121 High St. Dumfries Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of October One thousand eight hundred and Eighty Three years.

(*To be signed by Party applying*) Miles McInnes

P. p.

Recd Admn. [illegible] 11th October 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Poor house Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Marion Sproat a pauper and that the said Marion Sproat is a (5) Person of Unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Rambling incoherent speech & delusions. Tells me that some person has cut a hole in her belly & that they also annoy her by burning her Back

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Robertson the Governor informs me that she wanders about at night & when prevented from doing so becomes excited

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 11th day of October One thousand eight hundred and eighty three Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General practitioner & Medical Officer
hereby certify, on soul and conscience, that I have this day, at (3) The Poor House Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Marion Sproat (Pauper) and that the said Marion Sproat (Pauper) is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Very talkative - thinks her back is made & sprained into bad ways - says some one has made a sore over the navel. says

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Many times she has been in the same way tells me she wanders about at night, takes me & says some one has turned her back & has been pinched - her belly near the navel

Name and Medical Designation, R B Lorraine M.B.C.M.

Place of Abode 2 Irving Street Dumfries

DATED this eleventh day of October One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) The Poorhouse in the County of Dumfries, seen and personally examined Marion Sproat, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D.

DATED this 11th day of October One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ——— (1) Sheriff Substitute, ——— of the (2) County of Dumfries ——— having had produced to me, with a Petition at the instance of (3) Miles McKinnon, Inspector of Poor Dumfries, Certificates under the hands of John Smith, M.D. &c ——— and Richard B. Leonaine ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Marion Sproat Poorhouse, Dumfries and that the said Marion Sproat, ——— is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Marion Sproat ——— as a Patient into the (6) Public ——— Asylum of Southern Counties, and I authorize hereby Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marion Sproat, which accompanied the said Petition.

DATED this Twelfth day of October One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7)
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

I, [illegible] being here[illegible] Steward, Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway; — *and his Substitutes,*—

The Petition of Mrs Isabella Hargreaves Mawson, Grecian Villa, Cockermouth, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Mawson, of Grecian Villa, Cockermouth, your Petitioner's (3) Husband, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Mawson, to the Crichton Royal Institution, and to sanction his admission into the said Asylum.

State degree of Kinship or other way in which Petitioner stands to Lunatic.

Isabella Hargreaves Mawson

(1) The date of the Petition must be within fourteen clear days preceding the dates of the Medical Certificates.

DATED this 12th (4) day of October One thousand eight hundred and Eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Mawson
2. Sex and Age,	Male, 58 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Miller & Farmer
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Grecian Villa Cockermouth
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	One year
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	52 years
11. When and where previously under Examination and Treatment,	At Home
12. Duration of Existing Attack,	3 days
13. Supposed Cause,	Fed to the Heart Brain
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	~~No~~ 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,	Ernest Oscar Mawson Grecian Villa Cockermouth (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 12th day of October One thousand eight hundred and Eighty three —

(*To be signed by Party applying*) Isabella Hargreaves Mawson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow 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) Crichton Royal Institution - Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Mawson - Miller & Farmer, Brecon Villa, Cockermouth and that the said George Mawson is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Insane appearance; confusion of ideas, and incoherent conversation; defective memory; inability to give any satisfactory account of how he came here or who came with him

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by Leslie the attendant who brought him from Cockermouth, that he was found in a very excited & violent condition and required several men to control him

Name and Medical Designation, Alex Thomson M.D.

Place of Abode Crichton R. Dumfries,

DATED this thirteenth day of October One thousand eight hundred and eighty 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, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Mawson and that the said George Mawson is a (5) person of unsound mind and a proper person to be detained 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 facies expression indicates mental disorder; he is restless and excited, and has delusions such as, he is intimately acquainted with Her Majesty the Queen

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Nil

Name and Medical Designation, J. Hunter Dryden M.B.

Place of Abode St. George St. Dumfries

DATED this twelfth day of October One thousand eight hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) Licentiate of Royal College of Surgeons & Physicians Edin. 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 George Mawson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden

DATED this twelfth day of October One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Isabella Hargreaves Mawson Grecian Villa, Cockermouth, Certificates under the hands of Alexander Thomson and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Mawson Miller & Farmer, Cockermouth, (Port Horsburg) and that the said George Mawson is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Mawson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Mawson, which accompanied the said Petition.

DATED this Fifteenth day of October, One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Sheriff or Steward.
Sheriff or Steward. Under th
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Married, Single, or Wid

Condition of Life, and
(if any), . .

Religious Persuasion, so

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Place where Found and

Length of time Insane,

Whether First Attack,

Age (if known) on First

When and where previous
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Duration of Existing At

Supposed Cause, .

Whether subject to Epil

Whether Suicidal, .

Whether Dangerous to o

Parish or Union to whic
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known), and whether
Family known to be
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Special circumstances (if
insertion of any of the

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Dated this Fifte

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff~~ ~~of the~~ (1) ~~Shire~~ *of* Dumfries & Galloway *and his Substitutes,*—

The petition of John Hutton, Inspector of Poor Parton,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Thomson.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Pauper.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Thomson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

John Hutton

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (3) day of October One thousand eight hundred and Eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	James Thomson.
2	Sex and Age,	Male, 22 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,	Arndarroch.
7	Place where Found and Examined,	Parton Village.
8	Length of time Insane,	~~four days~~
9	Whether First Attack,	First attack.
10	Age (if known) on First Attack,	22 years.
11	When and where previously under Examination and Treatment,	Never under treatment before.
12	Duration of Existing Attack,	About four days.
13	Supposed Cause,	Not Known.
14	Whether subject to Epilepsy,	No.
15	Whether Suicidal,	No.
16	Whether Dangerous to others,	No.
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parton Parish.
18	Date of becoming Chargeable,	15th October 1883.
19	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Thomson, (His father) Parton Village. Yes his eldest brother was insane, and under treatment in the Southern Counties Asylum.
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifteenth day of October One thousand eight hundred and Eighty three

(*To be signed by Party applying*) John Hutton

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine being a (1) ~~General Practitioner~~ 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) Parton Village in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Thomson Pauper and that the said James Thomson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He has attacks of acute Mania

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His father says he is when [illegible] always moving talking & singing

Name and Medical Designation, Walter Lorraine [illegible]

Place of Abode, Castle Douglas

DATED this 15th day of Oct One thousand eight hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Herbert James Lorraine being a (1) Licentiate of the Royal College of Physicians Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Parton Village in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Thomson Pauper and that the said James Thomson is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He cannot be persuaded of my identity insists of my being some former acquaintance, he sings, whistles, & rolls about the bed & is sometimes boisterous & noisy

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His Father says he is always singing & dancing about, His brother who was out with him says he commenced dancing on the road

Name and Medical Designation, Herbert J. Lorraine LRCP & [illegible]

Place of Abode Castle Douglas

DATED this fifteenth day of October One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff. Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Hutton, Inspector of Poor, Parton Kirk Certificates under the hands of Walter Lorraine and Herbert James 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) James Thomson, Farm Servant Parton Village (a Pauper) and that the said James 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 James Thomson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Thomson, which accompanied the said Petition.

DATED this Sixteenth day of October, One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(7) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

James Thomson
16th October 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway — *of* _____ *and his Substitutes,—*

The Petition of Charles Finlayson Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Green your Petitioner's (3) Pauper. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Green 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.

C. Finlayson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Third (4) day of October One thousand eight hundred and eighty Three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Green
2. Sex and Age,	Male 40 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,	Townend
7. Place where Found and Examined,	—
8. Length of time Insane,	About 2 Months
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	45
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not Considered
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	10th October
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 Elizth Green Sister Highst Kirkch
20. Special circumstances (if any) preventing the 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 October One thousand eight hundred and eighty Three

(*To be signed by Party applying*) C. Finlayson

P. P.

James Thomson 16th October 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Johnstone.
being a (1) M. D. of Edinr University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Town End Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) William Green Pauper
and that the said Wm Green is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) that he imagine some one is going to kill him and in consequ would run out of the house without clothe not provided - refuses food at times, &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Similar to above.

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this 22d day of October One thousand eight hundred and Eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Moffat
being a (1) M.B. C.M of the University of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Town End Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Green, Pauper, Town End, Kirkcudbright; and that the said William Green is a (5) person of unsound mind and a proper person to be detained 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 persistant refusal to speak or answer any question; and from his general appearance during my visit he sat with his hands crossed between his knees staring vacantly at the floor. -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Nephew informs me that he will not eat, and begins crying if food is pressed on him - that he refuses to go to bed, and when put in bed has to be held down - that he sometimes tears his clothes fearing he is going to be buried and would rush to the street naked &c &c

Name and Medical Designation, James Moffat M.B. C.M.

Place of Abode Church Place - Kirkcudbright

DATED this Twenty-Second day of October One thousand eight hundred and Eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Gordon (1) Pe Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Charles Finlayson
Certificates under the hands of William Johnstone
and James Moffat, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Green, a Pauper, and that the said William Green is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Green as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Green which accompanied the said Petition.

DATED this Twenty third day of October One thousand eight hundred and eighty three

Robt Gordon Sr

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

William Green
23rd October 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the County~~ of Dumfries ~~and Galloway~~ *and his Substitutes,*—

The Petition of William West, Kinghorn Quay, ~~Dumfries~~,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Jane West Daughter of 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 Sarah Jane West from Kinghorn to the ~~Crichton Royal~~ Asylum ——— and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William West

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (4) day of October One thousand eight hundred and Eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Jane West
2. Sex and Age,	Female - 23 years & nine months
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	House Keeper.
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Kinghorn Quay
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	5 months
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	Sixteen
11. When and where previously under Examination and Treatment,	At Home
12. Duration of Existing Attack,	Nine months
13. Supposed Cause,	None
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wm West. Father - Kinghorn Quay 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 24th day of Oct One thousand eight hundred and eighty three

William West

(*To be signed by Party applying*)

P. P.

William Crean 23rd October 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr, ——
being a (1) Fellow of Glasgow Community ——
and being in actual practice as a (2) Physician ——
hereby certify, on soul and conscience, that I have this day, at (3) Kingholm Gate ——
in the County of
Dumfries, separately from any other Medical Practitioner
visited and personally examined (4) Sarah Jane West ——
and that
the said Sarah Jane West is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is restless
Excited. Talking sometimes incoherently & sometimes
Caste. Has delusions about people speaking about
She is often suicidal & homicidal. —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her neighbours especially Mrs Bell complain that
by her violent conduct. They are in great alarm
and are afraid of her

Name and Medical Designation, } Wm Kerr M.B. C.M.

Place of Abode, Dumfries.

DATED this 24th day of October One thousand eight
hundred and Eighty 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, James Hunter Dryden ——
being a (1) Licentiate of Royal College of Surgeons & Physicians
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) Kingholm Gate ——
in the County of
Dumfries —— separately from any other Medical Practitioner
visited and personally examined (4) Sarah Jane West ——
and that
the said Sarah Jane West is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She cannot
answer questions rationally, or carry on an intelligent
conversation. She talks incoherently & raves badly. Her
manner is excited, her conduct violent & at times
indecent in the extreme.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her father informs me that she has threatened
to do bodily injury to her neighbours. He also says
her conduct has been violent at times.

Name and Medical Designation, } James Hunter Dryden
LRCP. LRCSEd &

Place of Abode 18 George Street, Dumfries

DATED this twenty fourth day of October One thousand eight
hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr
being (1) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Kingholm Quay. Dumfries
in the County of Dumfries, seen and personally examined
Sarah Jane West, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

G. S. Kerr M.D.

DATED this 24th day of October One thousand eight hundred and Eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (3) Sheriff Substitute,
of the (4) County of Dumfries,
having had produced to me, with a Petition at the instance of (5) William West,
Kingholm Quay Dumfries
Certificates under the hands of William Smith Kerr,
and James Aunta Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6)
Sarah Jane West Kingholm Quay aforesaid (Petitioners daughter)
Sarah Jane West, is a (7) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Jane West as a Patient into the (8) 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 Sarah Jane West, which accompanied the said Petition.

DATED this twenty fourth day of October One thousand eight hundred and eighty three Years.

David Boyle Hope

To the Superintendent of the (9)
Asylum of Crichton Royal Institution
Dumfries.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

2655

Sarah Jane West

24th Oct 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ (2) Dumfries & Galloway *and his Substitutes,—*

The Petition of Andrew Dobie Ironmonger in Castle Douglas humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anna Jeffrey Dobie 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 Anna Jeffrey Dobie to the Dumfries Royal Infirmary and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Andw Dobie

(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

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Anna Jeffrey Dobie
2. Sex and Age,	female 28
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Castle Douglas
6. Previous Place of Abode,	4 years
7. Place where Found and Examined,	second
8. Length of time Insane,	24 or thereby
9. Whether First Attack,	Dumfries Asylum about a week or thereby
10. Age (if known) on First Attack,	no
11. When and where previously under Examination and Treatment,	no
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,	Andrew Dobie Ironmonger Castle Douglas
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of November One thousand eight hundred and

(*To be signed by Party applying*) Andw Dobie

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Herbert James Lorraine
being a (1) Licentiate of Royal College of Physicians Edin
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Rockpark, Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Anna Jeffrey Dobie and that the said Anna Jeffy Dobie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is Continually talking & supposes herself dying. She says she hears the death rattle in her throat, She has been under restraint before She imagined that she was at Church on Sunday

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her attendant & Parents tell me of her Constantly talking of her death & funeral & her great wish to die in Dumfries Madhouse, also She takes no food being persuaded her death is near

Name and Medical Designation, Herbert J. Lorraine LRCP

Place of Abode, Castle Douglas

DATED this Seventh day of November One thousand eight hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Rivison
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Rockpark Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Anna Jeffrey Dobie and that the said Anna Jeffrey Dobie is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She keeps up an incessant talking about funerals, says she will die within a specified time and insists on dying under Dr. Rutherford's care and has made arrangements for her funeral

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her father & attendant say she will not take food. Keeps constantly talking about her death & funeral. Supposes she can't swallow on account of the death rattle in her throat

Name and Medical Designation, John Rivison M.B. & C.M.

Place of Abode Castle Douglas

DATED this Seventh day of November One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Andrew Bobie
Ironmonger in Castle Douglas
Certificates under the hands of Herbert I. Lorraine
and John Nivison , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Anna Jeffrey Bobie Castle Douglas, petitioners daughter and that the said
Anna Jeffrey Bobie is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Anna Jeffrey Bobie as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Anna Jeffrey Bobie which accompanied the said Petition.

DATED this Seventh day of November One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1887

Anna Jeffrey Dobie

7. November 1883.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & Galloway *and his Substitutes.*

The Petition of Agnes Kelly, Inspector of Poor, Parish of Inch, Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Morland (Pauper) ~~your Petitioner's (3)~~ Dalrymple Street, Stranraer is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Morland 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.

Agnes Kelly

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighth (4) day of November One thousand eight hundred and eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Morland
2. Sex and Age,	male - 56
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Tea Merchant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dalrymple St, Stranraer
7. Place where Found and Examined,	" " " "
8. Length of time Insane,	about two months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Never before under treatment
12. Duration of Existing Attack,	2 months
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Inch
18. Date of becoming Chargeable,	8th Nov 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wife Mrs Morland Dalrymple 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 eighth day of November One thousand eight hundred and eighty three.

Agnes Kelly P. P.

(To be signed by Party applying)

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William McKeel being a (1) Doctor of Medicine of the University of Edin and a licentiate of the Royal College of Surgeons of E and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) 13 Dalrymple Street Stranraer Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) David Morland a pauper residing there and that the said David Morland is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has a wild appearance. raves constantly on all manner of subjects delusions as being Gods Special Agent on earth. and he the power of transferring himself to the Stars from the Gate of mile for [illegible] and has hands violently & says there are pulsations of God, talks incoherently on all subjects he

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sister Mrs Thomas Rankin, says that for two months he has gone changed. talking to himself incoherently. But since a week of symptoms he has become violent & dangerous to himself and friends. is sleepless. shouts out loudly addressing imaginary

Name and Medical Designation, William McKeel M.D. L

Place of Abode, Stranraer

DATED this Eighth day of November One thousand eight hundred and Eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Easton being a (1) Doctor of Medicine and Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Dalrymple Street Stranraer Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) David Morland a pauper and that the said David Morland is a (5) a person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He labours under delusions. Says he is appointed by God Agent on and is continually sending telegrams now men to heaven. is commissioned to take them to heaven. That he visited during the night and had messages from God at times he the table with his fists at times strikes the air with great force the police (seven) walls erects almost [illegible] and shouts out but [illegible] and is violent and excited, violent in language

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Rankin his sister corroborates above, is very restless at night. sleeps little or none. is often out and food, is frequently writing messages & drawing figures, says to heaven his wife & sister & son, becomes violent if con interfered with. Keeps gas burning during the day to assist him in his sacred duties &c

Name and Medical Designation, David Easton M.D.

Place of Abode Stranraer

DATED this Eighth day of November One thousand eight hundred and Eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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, Willyam McGibbon Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dalby
Inspector of Poor of the parish of Leith
Certificates under the hands of William McKerl Doctor of Medicine
and David Easton, Doctor of Medicine, both in Edinburgh being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
David Morland Dalrymple Street Stenhouse and that the said
David Morland is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Morland 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 David Morland which accompanied the said Petition.

DATED this Eighth day of November One thousand eight hundred and eighty three years.

W. McGibbon S.S.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

David Morland
2660

9th November 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

For Steward or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Sheriffdom of Dumfries and Galloway *and his Substitutes,*

The Petition of John Irving, Inspector of Poor of [illegible],

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anne Wilson or Thomson, being a person without known means of support and for whose relief application has been made to me

Here state degree of Relationship or other circumstance which Petitioner holds 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 Anne Wilson or Thomson to the Southern Counties Asylum at Dumfries and to sanction her admission into the said Asylum.

John Irving.

Date of the Petition not be within 7 clear days of the dates of the Medical Certificates.

DATED this Thirteenth (*) day of November, One thousand eight hundred and eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Anne Wilson or Thomson
Sex and Age,	Female, 57 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	wife of William Thomson Shepherd and out door farm labourer of Scotland
Religious Persuasion, so far as known,	Protestant of Est. Ch. of Scotland
Ordinary Place of Abode,	Laithat Ruthwell Longvaak Cummertrees
Parish where Found and Examined,	Cummertrees
Length of time Insane,	two Months
Number First Attack,	No. Second Attack
Age (if known) on First Attack,	34 years
When and where previously under Examination and Treatment,	In year 1880 at Laithat, Ruthwell
Duration of Existing Attack,	Two months
Supposed Cause,	Excessive Reading.
Whether subject to Epilepsy,	no.
Whether Suicidal,	yes
Whether Dangerous to others,	yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a Pauper till today Cummertrees Parish
Date of becoming Chargeable,	13. Nov. 1883
Christian Name and Surname, and Place of Abode of nearest known 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 Thomson Husband no member of the family is known to have been insane
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Thirteenth day of November One thousand eight hundred and eighty three

(To be signed by Party applying) John Irving Inspector of Poor of Cummertrees. P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Longbank, Cummertrees, Dumfries
in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Anne Wilson or Thomson
and that the said Anne Wilson or Thomson is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her look, manner & general behaviour,—Her method of answering questions; her answers to enquiries. Absurd reasons for unaccountable actions.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Suicidal, she has threatened to take her life & wants a razor or other sharp instrument for the purpose.

Name and Medical Designation, Daniel Mackenzie, M.B. C.M.

Place of Abode, Church Place. Annan

DATED this Twelfth day of November One thousand eight hundred and eighty-three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Baillie Macbean
being a (1) Bachelor of Medicine & Master in Surgery
and being in actual practice as a (2) General medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Longbank Cummertrees parish
in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Anne Wilson or Jamieson
and that the said Anne Wilson or 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) a condition of dementia – melancholia & extreme vacuity of countenance.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
her husband states she wishes to commit suicide – almost total refusal of food. A neighbour Mrs Forsyth states her delusions are religious in character & remarks upon her unconsciousness & cunning

Name and Medical Designation, R Baillie Macbean M.B. C.M.

Place of Abode The Moat Annan

DATED this twelfth day of November One thousand eight hundred and eighty three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Daniel Mackenzie, being (1) Bachelor of Medicine & Master in Surgery, hereby certify, on soul and conscience, that I have this day, at (2) Langholm Cummertries, in the County of Dumfries, —, seen and personally examined Anne Wilson or 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.

D. Mackenzie MB & CM

DATED this twelfth day of November One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

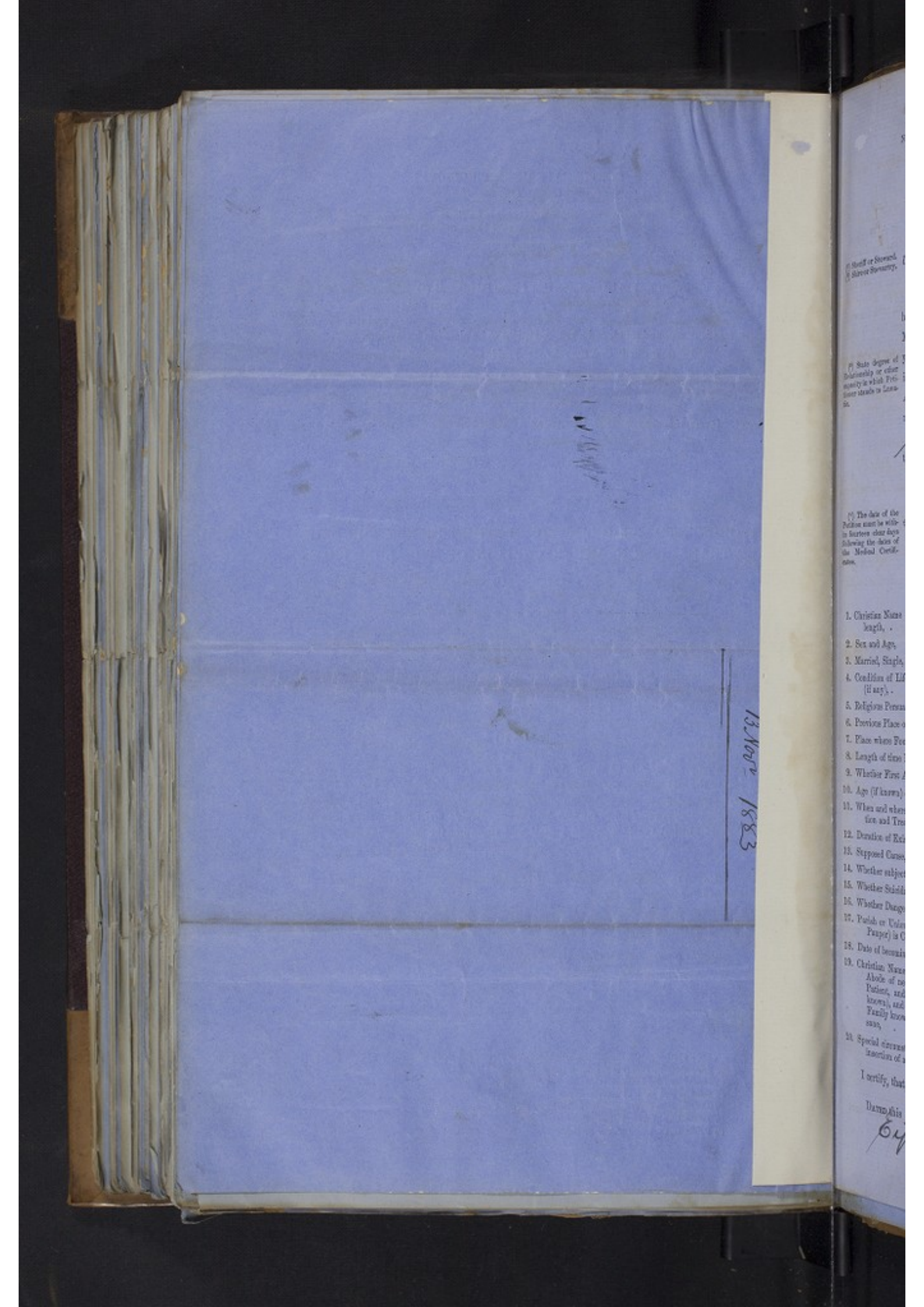
I, David Boyle Hope, (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Irving, Inspector of Poor Cummertries, Certificates under the hands of Daniel Mackenzie MB & CM and R. Baillie Macbean MB & CM, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Anne Wilson or Thomson Langholm Cummertries and that the said Anne Wilson or Thomson is a (5) insane person, a pauper person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Anne Wilson or Thomson, 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 Anne Wilson or Thomson, which accompanied the said Petition.

DATED this thirteenth day of November, One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries and Galloway, *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Farish, — your Petitioner's (3) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Farish — to the Southern Counties Asylum and to sanction her admission into the said Asylum. two words defit

Miles McInnes

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this Fifteenth (4) day of November One thousand eight hundred and Eighty Three years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Farish
2. Sex and Age,	Female 36 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Seamstress
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Friars Vennel
7. Place where Found and Examined,	27 Buccleuch St & 14 Castle St
8. Length of time Insane,	Cannot tell
9. Whether First Attack,	no
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries 13th Nov. 1883
18. Date of becoming Chargeable,	13th Nov 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Irving Mother, residing in Lovelaw St Dumfries
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of November One thousand eight hundred and Eighty Three years

(*To be signed by Party applying*) Miles McInnes

P. p.

13 Nov 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, [illegible] Inglis
being a (1) Graduate of the Faculty of Physicians & Surgeons and College of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 21 Buccleuch St Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Janet Smith (a pauper)
and that
the said Janet Smith is a (5) Person of Unsound Mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently declares that every person she sees is [illegible] appointed to have been sent to their Graves & is preparing Coffins about Continually [illegible] allowed to do so

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Graham declares that she fears her Brother has Long been insane

Name and Medical Designation, [illegible] Marshall M.D. &c
Place of Abode, 21 Buccleuch St Dumfries

DATED this 14th day of June One thousand eight hundred and eighty two years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate of Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Janet Smith (a pauper)
and that
the said Janet Smith is a (5) Insane
of Unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance & rambling answers Convince me that she is insane & should get into the asylum. because she takes fits

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith M.D.
Place of Abode, 14 Castle St Dumfries

DATED this 14th day of June One thousand eight hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Marshall M.D. &c &c &c Fellow of the Royal College of Physicians Edinburgh
being (1) a Graduate of the University of Aberdeen & Licentiate of the Royal College of Physicians Edinburgh and
hereby certify, on soul and conscience, that I have this day, at (2) 27 Buccleuch St Dumfries
in the County of Dumfries, seen and personally examined
Janet Fayside Spinster, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Marshall M.D. &c &c &c

DATED this 14th day of June One thousand eight hundred and eighty third years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) Miles McInnes
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and John Smith, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Janet Fayside Spinster Dumfries (a Pauper) and that the said Janet Fayside is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Fayside as a Patient into the (8) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Fayside, which accompanied the said Petition.

DATED this Fifteenth day of November One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (9) Public
Asylum of
Southern Counties,
Dumfries

(4) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(5) State whether a County or Stewartry.
(6) Insert Name and Designation.
(7) Describe him, and if a Pauper, state so.
(8) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(9) Public, District, Parochial, or Private.
(10) Public, District, Parochial, or Private.

2662

Janet Parish

14th Novr. 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ County of Dumfries Galloway *and his Substitutes,*—

The Petition of Rowland Reed Inspector of Poor Canonbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Armstrong your Petitioner's (3) A pauper chargable to the Parish of which I am Inspector is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Armstrong to the Southern Counties Asylum (Dumfries) and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Rowland Reed

DATED this 17th (4) day of November One thousand eight hundred and eighty three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Armstrong
2. Sex and Age,	Male, 69 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Coachman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rowanburn
7. Place where Found and Examined,	4 Charlotte Street Langholm
8. Length of time Insane,	4 days
9. Whether First Attack,	no
10. Age (if known) on First Attack,	18 yrs
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Certified, recovered on 19th May 1883
12. Duration of Existing Attack,	not known
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	at times
16. Whether Dangerous to others,	Canonbie
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	27th October 1882
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Andrew Armstrong Rowanburn Son one daughter in Asylum & Son Imbecile residing at Rowanburn
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of November One thousand eight hundred and eighty three

(*To be signed by Party applying*) Rowland Reed

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Johnston Carlyle being a (1) Graduate of the University of Edinburgh and Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 4 Charlotte St Langholm Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) George Armstrong, 4 Charlotte St Langholm. A Pauper and that the said George Armstrong is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) From the conversation I have had with him I consider his Intellect in a deranged state — There is great incoherence Excessive hatchfulness and irritability with various morbid delusions — Imagines people are conspiring to him some injury &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife Thomas Armstrong informed me that he had to [illegible] him all last night as he was afraid he might set [illegible] to the House — He also said that on every slight [illegible] he breaks out into an ungovernable rage

Name and Medical Designation, Wm Clearlyle M.D.

Place of Abode, Langholm

DATED this 14th day of November One thousand eight hundred and 83

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 [illegible] 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) No 4 Charlotte St Langholm Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) George Armstrong, Pauper, No 4 Charlotte St, Langholm and that the said George Armstrong is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He talked to me in a very rambling and incoherent fashion asserting that he was persecuted by every body more especially his own relations. He talked about having a lot of sons in the army in England & in heaven.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Thos. Armstrong his brother said that he generally went on he had done with me & rested neither night nor day talking about his wrongs and other subjects in a rambling way & that he has been in an asylum on a previous occasion. He was also very ill-tempered & rendered every body in the house uncomfortable by his strange conduct.

Name and Medical Designation, John Gill M.B. &c.

Place of Abode Langholm

DATED this 14th day of Nov. One thousand eight hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope, — (1) Sheriff-Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Rowland Reed
Inspector of Poor Canonbie
Certificates under the hands of William Johnstone Carlyle
and John Gill, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Armstrong, & Charlotte W. Langholm (a Pauper) and that the said George Armstrong, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Armstrong, — as a Patient into the (6) Public — Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Armstrong, which accompanied the said Petition.

DATED this Seventeenth day of November, One thousand eight hundred and eighty three.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2663
George Armstrong
17th Nov. 1883

Glasgow Royal Asylum, Gartnavel.

[25 & 26 *Vict., Cap.* 54, *Sect.* 14.]

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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~~ Dumfries *and his Substitutes,*—

The Petition of Daniel Cameron residing at Corlantogle, Old Cumnock, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry Patrison Cameron your Petitioner's (*) Son residing at 9 Sardinia Terrace, Hillhead, 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 Henry Patrison Cameron to the ~~Glasgow~~ Royal Asylum at ~~Gartnavel~~ Dumfries, and to sanction his admission into the said Asylum.

(*) State the relationship of the Petitioner to the Patient.

D. C. Crichton

D. C.

(Signed) Daniel Cameron

Dated this 29th day of October One thousand eight hundred and eighty three

(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,	Henry Patrison Cameron M.A.
2. Sex and Age,	male. 31
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Minister of Milton Parish Glasgow
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	9 Sardinia Terrace
7. Place where Found and Examined,	
8. Length of time Insane,	about a fortnight
9. Whether First Attack,	supposed to be
10. Age (if known) on First Attack,	31.
11. When and where previously under Examination and Treatment,	2 works.
12. Duration of Existing Attack,	alcoholism & overworkt Study
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	threatens to cut his throat or take poison
16. Whether Dangerous to others,	is violent & strikes wife & sister
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Daniel Cameron Corlantogle Old Cumnock.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signed) Daniel Cameron

Dated this 29th day of October One thousand eight hundred and eighty-three

* To be signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Christie being a (1) Graduate in Medicine of the Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) No 9 Sardinia Terrace, Hillhead, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Henry Paterson Cameron Established Church Minister and that the said Henry Paterson Cameron is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) For several months he has lost self control, and his conduct has been in[illegible] When he is under the influence of liquor, even slightly, [illegible] violent and dangerous to others. His moral is also impaired, his condition being such that he is quite unfit to be entrusted with the regulation of his own acts.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mr Cameron, himself, tells me that his sensations are frequently so peculiar, that he is about to [illegible] suicide.

His sister, Mrs Cameron, informed me that a brother suffered similarly and committed suicide.

(SIGNED) *Name and Medical Designation,* James Christie, M.D.

Place of Abode, 2 Neat Melvin Terrace, Hillhead

DATED this eighth day of November One thousand eight hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Limont being a (1) bachelor of medicine of the University of Edinburgh and being in actual practice as a (2) Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) No. 9. Sardinia Terrace, Hillhead, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Henry Paterson Cameron, minister of the Church of Scotland, 9, Sardinia Terrace, Hillhead, Glasgow and that the said Henry Paterson Cameron is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) When sober, he in my presence used very obscene language in the presence of la[illegible] & & that in a way showing that he was unconscious of do[illegible] anything wrong. Whether drunk or sober he is almost incap[illegible] of forming a resolution, & quite incapable of keeping to [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His wife Margaret Laurie Latta or Cameron, & Andrew Harkness h[illegible] brother-in-law have told me of frequent sudden outbreaks [illegible] violence & in particular of dangerous assaults upon h[illegible] wife & others.

(SIGNED) *Name and Medical Designation,* William Limont

Place of Abode 146 Renfrew St. Glasgow

DATED this 9th day of November One thousand eight hundred and eighty-three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)

in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(SIGNED) _____

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries of having had produced to me, with a Petition at the instance of (3) Donald Cameron, residing at Coilantogle Old Cumnock, Certificates under the hands of James Christie, and William Lincoln, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) The Revd Henry Paterson Cameron M.A. 9 Sardinia Terrace Nr Alloway Ayrshire, Petitioners Son and that the said Revd Henry Paterson Cameron is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Revd Henry Paterson Cameron as a Patient into the ~~Glasgow~~ ROYAL ASYLUM at ~~Gartnavel~~ Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit to you herewith the said Medical Certificates, and a Statement regarding the said Revd Henry Paterson Cameron, which accompanied the said Petition.

(SIGNED) David Boyle Hope

DATED this Twelfth day of November, One thousand eight hundred and eighty three.

To the Superintendent of the Public
~~Glasgow~~ Royal Asylum ~~at Gartnavel~~
Crichtons 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.

1838

Henry P. Cameron

14. Nov. 1883.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— *of the* (2) Dumfries & Galloway ~~of~~ at Dumfries ——— *and his Substitutes,*—

The Petition of James Black residing at No. 112 Lauriston Place Edinburgh Solicitor in the Supreme Courts of Scotland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that the Reverend Andrew Black your Petitioner's (3) Brother ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Andrew Black ——— to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Black

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (4) day of November One thousand eight hundred and 83

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Andrew Black
2. Sex and Age,	Male - 48 last birth day - 23d Novem. 1882.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Minister of Presbyterian Church Stratford London. He resigned his charge about nine years ago. - Religious persuasion, Presbyterian.
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Since his resignation he has been resident in different places but for most part in Cambridge and latterly in Fulbourn Asylum there.
7. Place where Found and Examined,	
8. Length of time Insane,	Present attack for about eight months.
9. Whether First Attack,	Second attack.
10. Age (if known) on First Attack,	About forty.
11. When and where previously under Examination and Treatment,	Bethlem Hospital London about 7 years ago, and for some months past in Fulbourn Asylum.
12. Duration of Existing Attack,	About eight months
13. Supposed Cause,	Over exertion in connection with church work.
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 Black S.S.C. 112 Lauriston Place Edinburgh. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of November One thousand eight hundred and 83

(*To be signed by Party applying*) James Black

P. p.

Andrew Black – 1839
Cottigan
James Black)
14 Nov. 1883.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Roxburghshire *and his Substitutes,—*

The Petition of Walter Young Miller Denholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hannah Sarah Young, M.S. Relph 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 Hannah Sarah Young to the Royal Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Walter Young

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this sixteenth (4) day of November One thousand eight hundred and eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hannah Sarah Young. M.S. Relph
2. Sex and Age,	F. 39 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	Denholm
7. Place where Found and Examined,	Do
8. Length of time Insane,	about 6 months
9. Whether First Attack,	Third attack
10. Age (if known) on First Attack,	25 years
11. When and where previously under Examination and Treatment,	Morpeth
12. Duration of Existing Attack,	about 6 months
13. Supposed Cause,	pregnancy (supposed)
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,	~~[illegible]~~
18. Date of becoming Chargeable,	~~[illegible]~~
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Walter Young, Husband No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this sixteenth day of November One thousand eight hundred and eighty three

(*To be signed by Party applying*) Walter Young

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Young
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) Dechmont
in the County of Roxburghshire separately from any other Medical Practitioner, visited and personally examined (4) Hannah Sarah Young
and that the said Hannah Sarah 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) I was told she was insane, & she told me that ex had taken medicine, which was still in her system, & to use her own words that she was done for, & could scarcely breathe for the pain in her breast & head.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister-in-law ~~husband~~ tells me that she is continually crying & wringing her hands & pulling at her breasts. Sometimes three persons were

Name and Medical Designation, John Young M.B. C.
Place of Abode, Dechmont.

Dated this 12th day of November One thousand eight hundred and Eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Turnbull Barrie
being a (1) Bachelor of Medicine and 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) Dechmont
in the County of Roxburghshire separately from any other Medical Practitioner, visited and personally examined (4) Hannah Sarah Young
and that the said Hannah Sarah 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 said that she was undone, that she had taken medicine before her baby was born (6 mos ago) which had gone into her flesh and was killing her. She was killing herself & could not come to end. She cries during whole

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister informs me that she cries almost incessantly.

Name and Medical Designation, W. Turnbull Barrie M.B.C.M.
Place of Abode Hawick.

Dated this 14th day of November One thousand eight hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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, Charles Thomson Cargill Esquire(1) one
of the (2) Sheriff Substitutes of Roxburghshire
having had produced to me, with a Petition at the instance of (3) Walter Young
Miller Denholm
Certificates under the hands of John Young M.B.C.M. Denholm
and William Lumsden Baird M.B.C.M. Lauder, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Hannah Sarah Young Denholm and that the said
Hannah Sarah Young is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hannah Sarah Young as a Patient into the (6) Royal Asylum ~~Asylum of~~ Dumfries and I authorize
~~him~~ her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hannah Sarah
Young which accompanied the said Petition.

DATED this seventeenth day of November One thousand eight hundred and Eighty three

C. T. Cargill

To the Superintendent of the (7)
Royal Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Hannah S. Gow

20 Nov. 1883.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

or Steward. r Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of William Jack, baker, Dalbeattie, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Sommers or Jack your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Sommers or Jack to the Southern Counties Asylum and to sanction her admission into the said Asylum.

degree of ip or other which Peti- ds to Luna.

William Jack

date of the ust be with- clear days he dates of al Certifi-

DATED this Twenty third (4) day of November One thousand eight hundred and Eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

tian Name and Surname of Patient at ngth,	Mary Sommers ~~or Jack~~ Jack,
and Age,	Female,
ied, Single, or Widowed,	Married,
ition of Life, and previous Occupation any),	Domestic,
ious Persuasion, so far as known,	Protestant,
ious Place of Abode,	Landward,
where Found and Examined,	Dalbeattie,
th of time Insane,	Three months,
ther First Attack,	Yes,
(if known) on First Attack,	40 years,
and where previously under Examina- on and Treatment,	For last four months under D Lewis Dalbeattie,
tion of Existing Attack,	Three months,
osed Cause,	Dyspepsia,
her subject to Epilepsy,	no,
her Suicidal,	Rather,
her Dangerous to others,	no,
h or Union to which the Lunatic (if a uper) is Chargeable,	—
of becoming Chargeable,	
tian Name and Surname, and Place of ode of nearest known Relative of the tient, and degree of Relationship (if own), and whether any Member of mily known to be [illegible]	William Jack, Dalbeattie, husband, she has had two brothers affected,
ne,	[illegible]
al circumstances (if any) preventing the ertion of any of the above particulars,	none,

tify, that, to the best of my knowledge, the above particulars are correctly stated.

ED this Twenty third day of November One thousand eight hundred and

(*To be signed by Party applying*) William Jack

P. p.

Hannah S. Gomp
20 Nov. 1883

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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, being a (1) Graduate of the University of Glasgow, and being in actual practice as a (2) general practitioner, hereby certify, on soul and conscience, that I have this day, at (3) High St Dalbeattie in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Sommers or Lach, and that the said Mrs Mary Sommers or Lach is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Irregularly restless and insane expression of face, - said that she could not help injuring her family, that was impossible to destroy such a good thing - that her family wished to send her to Kirkcudbright jail, & that I must get her into Kirkcudbright jail, -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She took a preparation of iodine, intending to injure herself about 3 months - has been taking her doctor today and has to be carefully watched as reported by her husband & daughter

Name and Medical Designation, John Patterson Lewis MB

Place of Abode, Alma : Dalbeattie

DATED this twenty third day of November One thousand eight hundred and Eighty three. -

Sommers or Lach

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thompson being a (1) Doctor of Medicine of the University of Edinburgh and Licentiate of the Royal College of Physicians and Surgeons and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 72 High St Dumfries and Galloway Royal Infirmary Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Lach, Baker's wife, 72 High St Dalbeattie and that the said Mrs Mary Lach is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her general appearance - incoherent conversation - thinks she has injured her family and dreads what is about to happen to her -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by her daughter Janet Lach, that her mother has been in restless depressing condition for some months past -

Name and Medical Designation, Alex Thomson MD

Place of Abode Castle St Dumfries

DATED this twenty third day of November One thousand eight hundred and eighty three years -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson being (1) a Doctor of Medicine &c. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Mrs Mary Jack, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex. Thomson M.D.

DATED this 23d day of November One thousand eight hundred and eighty three years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Jack, Baker Balbeattie Certificates under the hands of John Paterson Lewis M.D. and Alexander Thomson M.D.rs, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Sammes or Jack residing in Balbeattie (Peters wife) and that the said Mary Sammes or Jack is a (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 Sammes or Jack — 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 Sammes or Jack, which accompanied the said Petition.

DATED this twenty sixth day of November — One thousand eight hundred and eighty three

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2664

Mary Sommers & Jack

23d Nov. 1803

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the~~ (2) Dumfries. ~~shire of~~ (or) Galloway — *and his Substitutes,*—

The Petition of John M'Knight. Inspector of Poor Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Borthwick — your Petitioner's (3) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Borthwick — 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.

John M'Knight. Inspector of Poor Langholm

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Third — (4) day of December One thousand eight hundred and Eighty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Borthwick.
2. Sex and Age,	Male. 50 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Married — Rasterer.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Charles Street (now) Langholm
7. Place where Found and Examined,	Charles Street (now) Langholm
8. Length of time Insane,	About Six Weeks.
9. Whether First Attack,	yes —
10. Age (if known) on First Attack,	Fifty years
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of Existing Attack,	About six weeks
13. Supposed Cause,	Not exactly Known Upon with "Delirium Tremens"
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes has Homicidal Symptoms. and has had to be watched Closely.
16. Whether Dangerous to others,	Not as yet.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Langholm
18. Date of becoming Chargeable,	7th December 1883.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wife Agnes Leader or Borthwick. and his Brothers Matthew and James and Some Sisters all reside in Langholm. No Insanity Known to exist —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None whatever

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third — day of December One thousand eight hundred and Eighty three years. —

(*To be signed by Party applying*) John M'Knight. Inspector of Poor Parish of Langholm P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Johnston Carlyle being a (1) Graduate of the University of Edinburgh and Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) New Charles St. Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Borthwick New Charles Street - Langholm and that the said Thomas Borthwick is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Fits of excitement, occasionally very restless with extreme watchpulse and various morbid delusions, such as, that he is constantly watched by Policemen and others, who intend to murder him - He hears voices in every part of the house threatening & destroying his character

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informed me that he wanders about the house all night talking and answering the imaginary voices &c

Name and Medical Designation, W. J. Carlyle M.D

Place of Abode, Langholm

DATED this 1st day of December One thousand eight hundred and 83

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 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) Charles St. New Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Borthwick Charles St. New Langholm and that the said Thomas Borthwick is a (5) person of unsound mind and a proper person to be detained 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 seen by me he seemed very suspicious at first & said he believed I was there for the purpose of shooting him. He stood in the door between two rooms ready to bolt. He would not let me near him to feel his pulse as he heard voices ~~[illegible]~~ saying that I would hold him till they [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife tells me that he is unable to rest even to take his food sometimes because of the voices which he hears & that these voices ~~[illegible]~~ are those persons who are planning how to murder him.

Name and Medical Designation, John Gill M.B., &c

Place of Abode Langholm

DATED this 1st day of Decr One thousand eight hundred and eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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 Sherriff Sheriff (1) Honorary Sheriff Substitute,
of the (2) County of Dumfries ~~John M. Knight Inspector of Poor Langholm~~
having had produced to me, with a Petition at the instance of (3) John M. Knight
Inspector of Poor, Langholm
Certificates under the hands of William Johnstone Carlyle
and John Gill , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Borthwick, Plasterer, New Charles St., Langholm and that the said Thomas Borthwick is a (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 Borthwick, as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Borthwick, which accompanied the said Petition.

DATED this Third day of December, One thousand eight hundred and eighty three. his words deleted.

W H Sheriff

Chk.

To the Superintendent of the (7) Public
Asylum of
Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Thomas Bathurst
3/12/83

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries and Galloway at Dumfries *and his Substitutes,—*

The Petition of Samuel Finning Farmer Nightcairn of Craigs Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Morrine Finning your Petitioner's (2) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Morrine Finning to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Samuel Finning

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this seventh (3) day of December One thousand eight hundred and eighty three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Morrine Finning
2. Sex and Age,	Female, — 22
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,	
7. Place where Found and Examined,	Nightcairn of Craigs
8. Length of time Insane,	About two years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	20
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Samuel Finning Nightcairn of Craigs Dumfries, 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 seventh day of December One thousand eight hundred and eighty three

(To be signed by Party applying) Samuel Finning

P. F.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James M. McCulloch, M.D. &c.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician in Dumfries
hereby certify, on soul and conscience, that I have this day, at (3) Highstown of
in the County of
Dumfriesshire separately from any other Medical Practitioner
visited and personally examined (4) Jane Morrison Fleming
and that
the said Jane Morrison Fleming is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Laughs without any
or any cause, wild & insane expression of the eyes, answers to questions
inappropriate & irrelevant &c. &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has
at times mopings, melancholy & silent refusing to answer the most
ordinary questions & to do the most requisite things & has been thus
for about two years. The facts communicated by parents & brother.

Name and Medical Designation, James M. McCulloch, M.D.

Place of Abode 47 Castle Street, Dumfries

DATED this seventh day of December One thousand eight
hundred and eighty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Ingis Low
being (1) Graduate of the Faculty of Physicians and
Surgeons and College of Physicians
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Highstown
of Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Jane Morrison Fleming
and that
the said Jane Morrison Fleming is a (5) Person
of Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Looks incoherent
Appears not to comprehend the meaning
of any question asked and Responded
and the a Moment laughs and screeches &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother says that she is frequently
very restless at night and moans &
groans about &c.

Name and Medical Designation, W. Ingis Low M.D. &c.

Place of Abode 27 Buccleuch St Dumfries

DATED this 7th day of Dec One thousand eight
hundred and eighty three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Samuel Tinning Farmer Hightown of Craigs Dumfries
Certificates under the hands of James M'M'Culloch M D &c
and William Marshall M D &c, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Morrine Tinning Hightown of Craigs Dumfries and that the said Jane Morrine Tinning is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Morrine Tinning as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Morrine Tinning which accompanied the said Petition.

DATED this Seventh day of December One thousand eight hundred and eighty three

David Boyle Hope

To the Superintendent of the (1) Public
Asylum of Crichton Royal Institution.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1871.

Jane Morrine Fanning.

7 Dec. 83

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Shrip of the ~~(2)~~ Dumpris and Galloway *and his Substitutes.*—

The Petition of Miles Mc Dowall Supt. of Poor, Dumpris humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Houston your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Houston to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Miles Mc Dowall

DATED this Eleventh (4) day of December One thousand eight hundred and Eighty three years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Houston
2. Sex and Age,	Male — 21 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,	Barnkirk of Craigs.
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	about 2½ years
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No Fits he
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumpris
18. Date of becoming Chargeable,	23rd April 881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Barbara Houston Mother, resides at Barnkirk of Craigs Has an uncle 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 Eleventh day of December One thousand eight hundred and Eighty three years.

Miles Mc Dowall

(*To be signed by Party applying*)

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Barnkin of Crag Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Houston (a pauper) and that the said Thomas Houston is a (5) person of unsound and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently seems stupid morose and incapable of understanding any thing that is said to him makes stupid signs certain objects &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother states that he sized her and was determined to cut her throat &c

Name and Medical Designation, W Marshall M.D. &c

Place of Abode, 27 Buccleuch St Dumfries

DATED this 11th day of December One thousand eight hundred and eighty three years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, 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) Barnkin of Crag Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Houston a pauper and that the said Thomas Houston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane appearance & actions, is restless. talks & answer questions incoherently

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother informs me that several times lately he has threatened & yesterday attempted to cut her throat.

Name and Medical Designation, John Smith M.D.

Place of Abode 14 Castle St Dumfries

DATED this 11th day of December One thousand eight hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Marshall, being (1) a Graduate of the Faculty of Physicians & Surgeons Glasgow and College hereby certify, on soul and conscience, that I have this day, at (2) Barncleuch in Craigs in the County of Dumfries, seen and personally examined Thomas Houston, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Marshall M.D.

DATED this 11th day of Dec. One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (3) Sheriff-Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) Miles McInnes, Inspector of Poor Dumfries, Certificates under the hands of William Marshall, — and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Thomas Houston Labourer, Barncleuch of Craigs Dumfries and that the said Thomas Houston, — is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Houston, — as a Patient into the (8) Public — Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Houston, which accompanied the said Petition.

DATED this Eleventh day of December One thousand eight hundred and eighty three.

David Boyle Hope

To the Superintendent of the (9) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Thomas Houston
11th December 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(†) Sheriff or Steward. (‡) Shire or Stewartry.

Unto the Honourable the (†) Sheriff ~~of the (‡) Shire~~ of Wigtown Dumfries *and his Substitutes,*—

The Petition of Robert Scott Farmer Glannock in the Parish of Whithorn and County of Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Scott your Petitioner's (*) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Scott to the South Western Counties Asylum and to sanction her admission into the said Asylum.

Robert Scott

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th day of December One thousand eight hundred and eighty three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Scott
2. Sex and Age,	Female 43 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Was taught sewing but not for teaching
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Farm of Glannock, Parish of Whithorn, Whithorn "
7. Place where Found and Examined,	do do "
8. Length of time Insane,	Upwards of Twenty years ago.
9. Whether First Attack,	Been continuous but worse at times
10. Age (if known) on First Attack,	About 16 years of age Whithorn same
11. When and where previously under Examination and Treatment,	The late Dr White of Whithorn saw her at times in same state as above but worse this last fortnight
12. Duration of Existing Attack,	Mother was similar for 20 years
13. Supposed Cause,	No.
14. Whether subject to Epilepsy,	No but has occasionally threatened
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not a Pauper
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been insane,	Robert Scott farmer Glannock Parish of Whithorn father. Her mother as above
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12th day of December One thousand eight hundred and eighty three

Robert Scott

(To be signed by Party applying)

F. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Anderson 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) Stannock Farm near Whithorn Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Scott of Stannock the said Mary Scott is a (5) person of unsound mind and that and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She talks incessantly & incoherently. I have myself heard her after bed-time rap at door & cry loudly that people could not possibly sleep. Her dress is generally very insufficient & tawdry owing to her own taste.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her father says that some days ago she broke out a window on ground floor nearly naked & dressed herself with wet clothing of a hedge & wandered from home also by a skylight to get out. Her brother Samuel her father & all the [illegible] of the household say they can get no peace with her.

Name and Medical Designation, William Anderson

Place of Abode, Whithorn Wigtownshire

DATED this tenth day of December One thousand eight hundred and eighty three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Charles Douglas being a (1) Doctor in Medicine of Glasgow University & Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Stannock farm, in the Parish of Whithorn Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Scott, daughter of Robert Scott, Farmer, Stannock and that the said Mary Scott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She is in a state of great excitement, talking incessantly and incoherently - will not go to bed, will not work or keep herself clean - is frightened of poison in her food -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Elizabeth Stewart, her cousin says she jumped out of the window undressed & clothed herself with wet skirt & jacket off the hedge - she is remarkably cunning & often destroys her clothing -

Name and Medical Designation, John C. Douglas. M.D. L.R.C.S.Ed.

Place of Abode St Ninians, Whithorn

DATED this Eleventh day of December One thousand eight hundred and eighty three years -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Robert Scott, Farmer Stannock in the parish of Whithorn and County of Wigtown
Certificates under the hands of William Anderson M.B. Edr. Whithorn
and John C. Douglas M.D. L.R.C.S. Edr. Whithorn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Scott daughter of the said Robert Scott and that the said
~~Robert~~ Mary Scott is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Scott as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this twelfth day of December One thousand eight hundred and

Wm Mackie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2667

Mary Scott

13th December 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) ~~Lanark~~ County of ~~Haytown~~ Ayrs and Galloway *and his Substitutes,—*

The Petition of Peter Galloway, Inspector of poor, Mochrum,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Euphemia Paterson – Domestic Servant 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 Euphemia Paterson 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.

Peter Galloway

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of December One thousand eight hundred and eighty three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Euphemia Paterson
2. Sex and Age,	Female 36 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,	Glasgow
7. Place where Found and Examined,	Portwilliam
8. Length of time Insane,	Not Known
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	36 years
11. When and where previously under Examination and Treatment,	Possibly a month – but not Known exactly
12. Duration of Existing Attack,	Not Known
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Possibly
16. Whether Dangerous to others,	Not Known
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	11th December 1883
18. Date of becoming Chargeable,	James Paterson – Australia – Brother
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	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 12th day of December One thousand eight hundred and eighty three.

(*To be signed by Party applying*) Peter Galloway Inspector of Poor P. P.
Parish of Mochrum

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert B. Selby being a (1) Doctor of Medicine and Licentiate of Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam Wigtown in the County of separately from any other Medical Practitioner visited and personally examined (4) Euphemia Peterson Pauper the said Euphemia Peterson and that is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She says she killed the devil, that she is to be hung —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
John Kelly informed me — that she stripped herself naked, jumped out of bed &c — Constantly talks a lot of incoherent nonsense.

Name and Medical Designation, Robert B. Selby M.D. & L.R.C.S.E.

Place of Abode, Portwilliam

DATED this 11th day of December One thousand eight hundred and eighty three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Andilson being a (1) Bachelor of Medicine & Master of Surgery Glasgow Universities and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam village Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Euphemia Paterson (Pauper) the said Euphemia Paterson and that is a (5) person unsound of mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She tells me, there is a witch in the county a cat & it is now in this house. Most incoherent. Speaks of God, Hell very promiscuously. Raves of some young doctor who is to her says he lives in London sometimes Liverpool &c &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mary Kirwan who lives in the house with her says she wished to up the Chimney that she was violent in some degree. Kicked & tore off her own under clothing &c

Name and Medical Designation, William Andilson

Place of Abode Whithorn Wigtownshire

DATED this eleventh day of December One thousand eight hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Robert B. Selby being (1) Doctor of Medecine & Licentiate of Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Portwilliam in the County of Wigtown, seen and personally examined Euphemia Paterson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert B. Selby

DATED this 12th day of December One thousand eight hundred and eighty three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Peter Galloway Inspector of Poor Mochrum Certificates under the hands of Robert B. Selby M.D. Portwilliam and William Anderson M.D. Isle of Whithorn being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Euphemia Paterson (Pauper) and that the said Euphemia Paterson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Euphemia Paterson as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Euphemia Paterson which accompanied the said Petition.

DATED this twelfth day of December One thousand eight hundred and eighty three

Wm Mackie

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Euphemia Paterson
13th Decr. 1883

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

EBY GIVE NOTICE, That (1)
was received into this House as a (2)
Patient on the (3) day of
hereby transmit a Copy of the Order and Medical Certificates and Statement on
was received.
ubpoined is a Report with respect to the mental and bodily condition of the above-
l Patient.

Superintendent.

DATED at this (4) day of
One thousand eight hundred and seventy

To the Secretary of the
General Board of Lunacy.

REPORT.

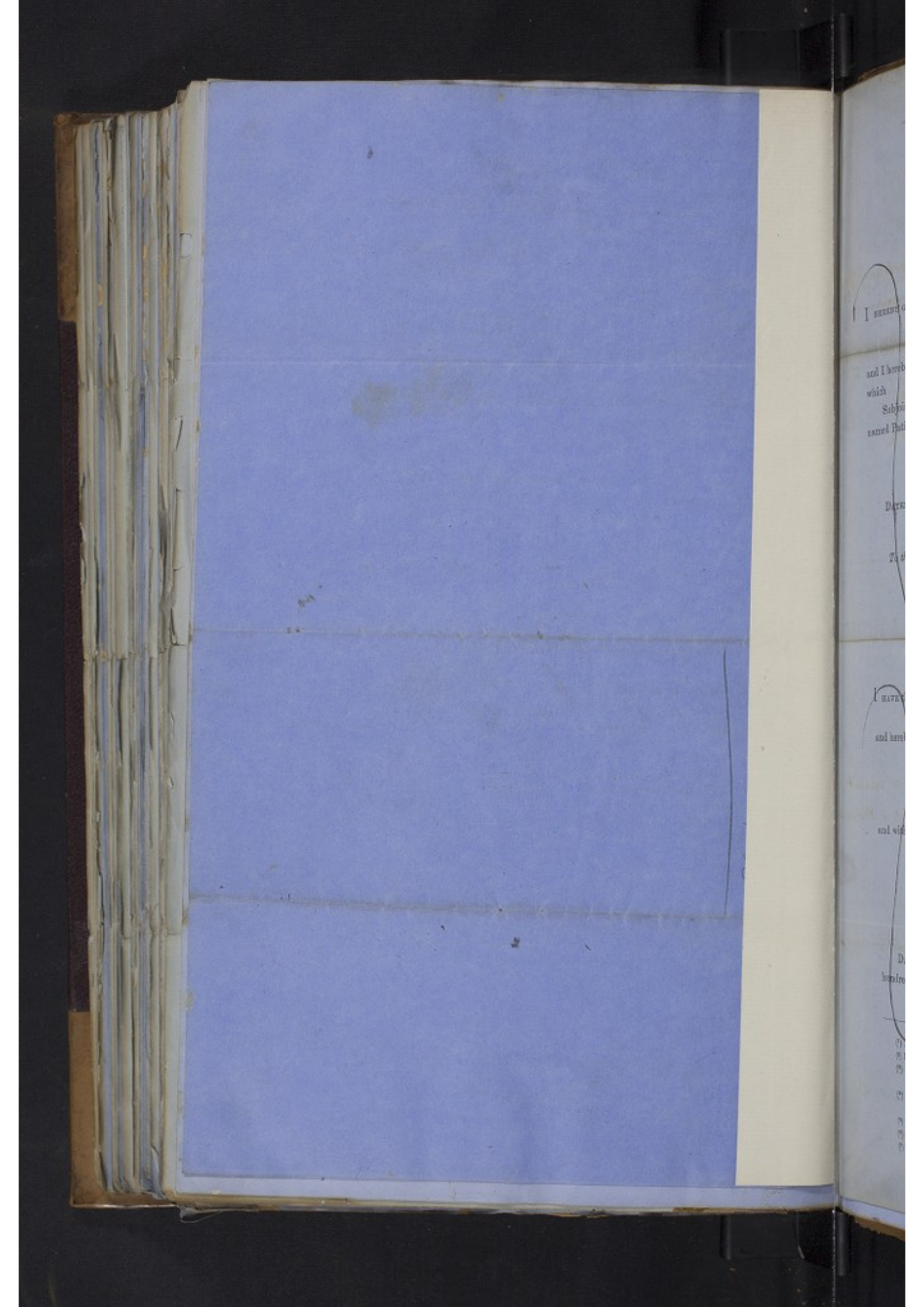
VE this day (4) seen and personally examined
the Patient named in the above Notice,
hereby report and certify, with respect to mental state, that (5)

with respect to bodily health and condition, that (6)

(7)

DATED this day of One thousand eight
ndred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.



[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

Superintendent.

DATED at this (4) day of

One thousand eight hundred and seventy

To the Secretary of the General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined the Patient named in the above Notice, and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(7)

DATED this day of One thousand eight hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

2670
Marion Anderson Cameron
17 Dec. 1883

~~Copies~~

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Shire~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Alexander Cameron Registrar of Births

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Anderson Cameron

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Daughter, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Marion Anderson Cameron to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Alex.r Cameron

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14th day of (4) December One thousand eight hundred and eighty three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Marion Anderson Cameron
2. Sex and Age,	Female Thirty two years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No occupation.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Westerhall Langholm
7. Place where Found and Examined,	Union Street Lockerbie
8. Length of time Insane,	Fifteen months
9. Whether first Attack,	First
10. Age (if known) on first Attack,	Thirty one years
11. When and where previously under Examination and Treatment,	Never previously under treatment
12. Duration of existing Attack,	
13. Supposed Cause,	Bad health want of blood & costive bowels
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Alexander Cameron Union Street Lockerbie Father No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of December One thousand eight hundred and eighty three

(*To be signed by the Party applying*) Alex.r Cameron.

(~~Copies.~~)

MEDICAL CERTIFICATE, No. I

I, the undersigned, William Craig being a (1) Fellow of the Royal College of Surgeons of Edinburgh and a Doctor of Medicine of the University of Edinburgh and being in actual practice as a (2) General Practitioner — hereby certify, on soul and conscience, that I have this day, at (3) Union St Lockerbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Marion Anderson Cameron and that the said Marion Anderson Cameron is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She lies in bed constantly and refuses to speak a word when spoken to, though she talks nonsense to herself. She seems quite unable to understand what is said to her, and so never answers the questions put to her. She has such poverty of blood that the brain is not properly nourished and so is of unsound mind —

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Yesterday she lifted the poker, after jumping out of bed to strike her sister Jessie — such communicated to me by said sister. She sometimes shouts and cries very much and has the delusion that she is not the same that she used to me — these facts communicated by her mother.

Name and Medical Designation, William Craig M.D. F.R.C.S.Ed.

Place of Abode, 7 Lothian Road, Edinburgh

DATED this Fifteenth day of December One thousand eight hundred and eighty three years

(1) Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) Insert the street and number of the house (if any), or other like particulars.

(4) Insert Designation and Residence, and if a Pauper state so.

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) State the facts.

(7) State the information, and from whom derived.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Thompson Richardson Witherspoon being a (1) Regist^d Licentiate of Roy. Coll. Physicians & Surgeons Edin^r and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Union St Lockerby in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Marion Anderson Cameron and that the said Marion Anderson Cameron is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Such Great Depression & unwillingness to answer any questions. Fits of violent excitement as witnessed by myself without cause. Delusion that she is some other person.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her constantly lying in bed. Unwillingness to take food. Irregular in her temper to such an extent as to threaten violence. Wished herself dead. (Communicated by mother & father.

Name and Medical Designation, John T. R. Witherspoon

Place of Abode, The Green Lockerby

DATED this Sixteenth day of Decr One thousand eight hundred and Eighty three.

(1) Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) Insert the street, and number of the house (if any), or other like particulars.

(4) Insert Designation and Residence, and if a pauper state so.

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) State the facts

(7) State the information, and from whom derived.

~~(Copies.)~~

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Craig being (1) a Fellow of Royal College of Surgeons, Edin & Licentiate & Doctor of Me hereby certify, on soul and conscience, that I have this day, at (2) Union H. Lockerbie in the County of Dumfries, seen and personally examined Marion Anderson Cameron, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Craig M.D., F.R.C.S.E.

DATED this fifteenth day of December One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I Daird Boyle Hope — (1) Sheriff-Substitute, of the (2) Sheriffdom of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander Cameron Registrar of Births & Lockerbie Certificates under the hands of William Craig and John Thompson Alexander Rutherford being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Marion Anderson Cameron, Union H. Lockerbie (illegible) and that the said Marion Anderson Cameron is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Marion Anderson Cameron as a Patient into the (6) Public Asylum of Dumfries County Asylum and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marion Anderson Cameron — which accompanied the said Petition.

DATED this Seventeenth day of December, One thousand eight hundred and eighty three.

Daird Boyle Hope

To the Superintendent of the (7) Public Asylum of

Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of ~~Shire~~ Dumfries & Galloway and his Substitutes, for the County of Wigtown

The Petition of George Drysdale Inspector of Poor Parish of Whithorn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Muir Pauper

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (*) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Muir Pauper to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

George Drysdale Insp^r of Poor
of the parish of Whithorn

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighteenth (*) day of December One thousand eight hundred and Eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Muir
2. Sex and Age,	Male 34 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gentlemans Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Castlewigg
7. Place where Found and Examined,	Castlewigg
8. Length of time Insane,	not well for last 12 months
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	33 years or so
11. When and where previously under Examination and Treatment,	never for mental disease unwell for the last 2 months
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	Two attacks now witnessed
14. Whether subject to Epilepsy,	Has threatened his life
15. Whether Suicidal,	It appears not
16. Whether Dangerous to others,	Parish of Whithorn
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	16th December 1883.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	It seems not
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 December One thousand eight hundred and Eighty three

(*To be signed by Party applying*) George Drysdale Insp^r of Poor of the Parish of Whithorn

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Anderson being a (1) Bachelor of Medicine & Master of Surgery of Glasgow Universities & and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Castlemilk, near Whitburn Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Muir (Pauper) and that the said James 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 is very sad looking very slow in answering easy questions. Does not reply for long periods sometimes not at all. Such was not at all his manner when well as I know. His face is absent & much too disinterested.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife Sarah Ann Moss of Muir says he has been in the habit lately of getting up out of bed during night & saying people surrounded the house. Noise made him very excited. Does not call for milk. Has epileptic fits 10 & 8 years ago & accidents

Name and Medical Designation, William Anderson M.B.

Place of Abode, Whitburn Wigtownshire

DATED this sixteenth day of December One thousand eight hundred and eighty-three years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an Insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Charles McBride being a (1) Doctor of Medicine of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Castle Wigg near Whitburn Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Muir - Pauper and that the said James Muir a Pauper is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is moody. Silent and suspicious. Refuses to answer questions. Has refused to take food and turned out of bed for the last few days. Is melancholy.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Sarah Ann Muir his wife. Says that he keeps both at night. Threatened to do for himself and for both her that he is afraid his family & himself will come to grief

Name and Medical Designation, Charles McBride M.D. L.F.P.S.G.

Place of Abode Wigtown

DATED this Seventeenth day of December One thousand eight hundred and eighty three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Dorg Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) George Dysdale Inspector of Poor Parish of whithorn
Certificates under the hands of William Anderson M.B & C.M. whithorn
and Charles Mc Bride M.D wigtown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
and that the said James Muir Pauper
James 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 James Muir Pauper as a Patient into the (6) Northern 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 Muir which accompanied the said Petition.

DATED this Eighteenth day of December One thousand eight hundred and Eighty three years.

John Dorg

To the Superintendent of the (7)
Northern Counties *Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2671
James Muir
14th Decr 1883

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Alexander Leith Davidson, Inspector of Poor Rutherglen

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Scivwright, your Petitioner's (3) Pauper in charge of Inspector of Poor, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Scivwright, 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.

Alex L Davidson

(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 Eighty three,

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Scivwright
2. Sex and Age,	Male. 24 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Scivwright occasionally does light work as formerly Agricl Labourer.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rutherglen Village
7. Place where Found and Examined,	do. do.
8. Length of time Insane,	About three years,
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	About 20.
11. When and where previously under Examination and Treatment,	Not previously treated as insane
12. Duration of Existing Attack,	About three years
13. Supposed Cause,	Creeping paralysis.
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,	Rutherglen Parish
18. Date of becoming Chargeable,	17th Dec. 1883.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Beck. Rutherglen Village. Grandmother. All of family of whom above last survivor have become insane, in same manner,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twentieth day of December One thousand eight hundred and Eighty three,

(*To be signed by Party applying*) Alexander Leith Davidson

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Baillie Macbean being a (1) Bachelor of Medicine and Master in Surgery Edinburgh and being in actual practice as a (2) general medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) Ruthwell Village in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Seiwright pauper and that the said David Seiwright is a (5) idiot and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) I have known David Seiwright for some years as an imbecile or idiot. He is generally incoherent quite unable to converse intelligently — while he is [illegible] been for years, suffering from general creeping paralysis

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He has never been able to learn, or do work continuously & steadily — & lately has been in [illegible] mischief to his own & others' lives — from Grandm[illegible] and Insp. of Poor.

Name and Medical Designation, } R Baillie Macbean M.B.

Place of Abode, The Mont, Annan

DATED this twentieth day of December One thousand eight hundred and eighty three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Daniel Mackenzie being a (1) Bachelor of Medicine and Master in Surgery Edinburgh and being in actual practice as a (2) general Medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) Ruthwell Village in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Seiwright. pauper and that the said David Seiwright is a (5) idiot and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Seiwright is quite incoherent, could not answer a simple question, vague and purposeless,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Seiwright is unable to work continuously, and lately has shown disposition to place his own life and danger and endanger the lives of others — Received from grandmother and Insp. of Poor,

Name and Medical Designation, } D Mackenzie M.B. C.M.

Place of Abode Annan.

DATED this twentieth day of December One thousand eight hundred and Eighty three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, —— (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander Leith Davidson Inspector of Poor Ruthwell, Certificates under the hands of Robert Baillie Maclean, 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) David Seivewright Ruthwell Village Ruthwell and that the said David Seivewright, —— is a (5) Idiot, (a Pauper)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Seivewright, as a Patient into the (6) Public —— Asylum of Southern Counties, and I authorize his —— Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Seivewright, which accompanied the said Petition.

DATED this twenty first day of December One thousand eight hundred and eighty three years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2672

David Seawright

21/12/83

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Alexander Alcock Grubbe, Gentleman Clonmel County Tipperary Ireland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Thomas Grubbe of Clonmel 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 Samuel Thomas Grubbe to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

A. Alcock Grubbe

(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 December One thousand eight hundred and eighty three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Samuel, Thomas, Grubbe.
2. Sex and Age,	Sixty Two
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	No Occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Present Residence London
7. Place where Found and Examined,	8 Chesilton Road. Fulham. SW
8. Length of time Insane,	
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Fifty Eight
11. When and where previously under Examination and Treatment,	Bloomfield Dublin, & Crichton
12. Duration of Existing Attack,	
13. Supposed Cause,	13 Probably monetary difficulties
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	15 He has expressed such sentiments
16. Whether Dangerous to others,	16 Not in the least
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	19. Alexander Alcock Grubbe, above designed (sgd) No member of his family insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None -

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of December One thousand eight hundred and eighty three

(*To be signed by Party applying*) A. Alcock Grubbe

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, [illegible] being a (1) [illegible] and being in actual practice as a (2) [illegible] hereby certify, on soul and conscience, that I have this day, at (3) [illegible] in the County of [illegible] separately from any other Medical Practitioner, visited and personally examined (4) [illegible] and that the said [illegible] is a (5) [illegible] and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert 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) [illegible]

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible]

(7) *State the information, and from whom derived.*

Name and Medical Designation, [illegible]

Place of Abode, [illegible]

DATED this [illegible] day of [illegible] One thousand eight hundred and [illegible]

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Surgeons & Physicians Edinburgh and being in actual practice as a (2) general medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Samuel Thomas Grubbe and that the said Samuel Thomas Grubbe is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) He is very talkative sometimes. At times he talks incoherently, this manner is restless

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Has had previous residence in an asylum

(7) *State the information, and from whom derived.*

Name and Medical Designation, J. Hunter Dryden L.R.C.P.E.

Place of Abode 18 George St. Dumfries

DATED this 21st day of December One thousand eight hundred and eighty three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Hunter Dryden being (1) a Licentiate of Medicine & Surgery, hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Samuel Thomas Grubbe, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J Hunter Dryden

DATED this 21st day of December One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Henries Shortt, — (1) Honorary Sheriff Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Alcock Grubbe, Gentleman, Clonmel, County Tipperary Ireland, Certificates under the hands of William Marshall M.D.&c — and James Hunter Dryden, L.R.C.P.&S.E. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Samuel Thomas Grubbe of Clonmel aforesaid (Peters father) and that the said Samuel Thomas Grubbe, — is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel Thomas Grubbe — as a Patient into the (6) Public — Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Samuel Thomas Grubbe, — which accompanied the said Petition.

DATED this twenty second day of December — One thousand eight hundred and eighty three.

W H Shortt
Hy. S.S.

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1842.

Samuel Thomas &c &c.

21 Dec. 83.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Insp. of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Milligan or McKie 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 Milligan or McKie to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words deleted

Miles McInnes

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this 28th (4) day of December One thousand eight hundred and Eighty Three years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Milligan or McKie
2. Sex and Age,	Female - 32 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	— Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Gasstown
7. Place where Found and Examined,	Do
8. Length of time Insane,	—
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	no when
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,	Dumfries
18. Date of becoming Chargeable,	27th Dec 1883
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert McKie. Husband Friars Vennel Dumfries None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 27th day of December One thousand eight hundred and Eighty Three years

(*To be signed by Party applying*) Miles McInnes

P. p.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith.
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) East Lowood
Dumpton
Dumfries in the County of
visited and personally examined (4) Margaret McKee separately from any other Medical Practitioner,
a pauper lunatic
the said Margaret McKee and that
is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She would
answer questions & actions. Talk
in a rambling incoherent manner.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She Matron informs me that she
is quite unmanageable. is constantly
muttering to herself & behaves
at times very violent

Name and Medical Designation, } John Smith M.D.

Place of Abode, 14 Castle St. Dumfries

DATED this 26th day of December One thousand eight hundred and eighty three years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall
being a (1) Graduate in the Faculty of Physicians & Surgeons
Glasgow and Fellow of the Faculty
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal
Dumfries in the County of
visited and personally examined (4) Margt McKee separately from any other Medical Practitioner,
and that
the said Margt McKee is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seeing Dreams or Hallucinations
She did not answer questions & Instructions Correctly
Does not recognise when they are last Conversing
of the use of the Pronoun that Sex she made Mistakes

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Attendants information of the patient
is much the same as above

Name and Medical Designation, } W. Marshall M.D.

Place of Abode 27 Broadsands St Dumfries

DATED this 27th day of Dec One thousand eight hundred and eighty three 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) Geo. Mat. in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Gasstown. Dumfries
in the County of Dumfries, seen and personally examined
Margaret Milligan or McKie, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D. &c.

DATED this 26th day of December One thousand eight hundred and eighty three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

25 H.S. I, ~~David Boyle Hope~~ W. H. Shortt Honorary, (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries,
Certificates under the hands of John Smith,
and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Milligan or McKie (a pauper) and that the said Margaret Milligan or McKie is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Milligan or McKie, 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 Milligan or McKie which accompanied the said Petition.

25 H.S. Gasstown Dumfries

DATED this Twenty eighth day of December, One thousand eight hundred and eighty three. Three words deleted

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

W H Shortt

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Marg. Milligan
or McKie
27/12/83

Margt. Milligan
or McKee
27/12/83