Sheriff's Warrants

Publication/Creation

1900

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Procation

8520 William Alex. George Brodie.

22nd January to 31st December 1915. No. 4004.

No. 8520
ad. 31 March 1900

DGH1/5/1/1/53/1

c/o Mr. Fraser.
Ertogie House.
Strathpeffer.
Inverness.

SANCTION BY THE GENERAL BOARD OF CONTROL FOR LIBERATION OF A PATIENT ON TRIAL.

An Application having been made to the General Board of Control for Scotland, and having been duly considered, for the liberation on trial of William Alexander George Brodie a Patient in Crichton Royal Institution, Dumfries together with the accompanying Statement and Medical Certificate, I hereby, by Authority of the Board, sanction the liberation of the said Patient until 31st December 1915.

John Macpherson
Commissioner of the General Board of Control.

Dated at Edinburgh, this twenty second day of January One Thousand Nine Hundred and Fifteen.

Notices to be sent by Superintendents in connection with Probationary Sanctions:—

(1.) *Notice of Patient leaving Asylum.*

(2.) *Notice of Patient returning to Asylum, if replaced.*

(3.) *Notice of any Sanction not acted on.*

See Rules on other side.

(3286) Wt 34352-363 500 4/14 M & G Ltd

RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

The object of these Rules is to furnish Inspectors of Poor and others with the information necessary to enable them to apply for the removal of Patients from Asylums on trial; to point out the steps which the General Board of Control require shall be taken for their proper care during the period of trial; and to indicate the course to be adopted on the expiry of the period.

1. Application for the sanction of the Board for the Removal of Patients, whether Private or Pauper, on Probation shall be made according to Form G.

2. No Patient sent to an Asylum at the instance of the Procurator-Fiscal shall be liberated on Probation without his concurrence.

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medical man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patients in Private Dwellings, which may be procured from Messrs. CONSTABLE, 11 Thistle Street, Edinburgh. It is very desirable that the first visit should be made within three weeks after the removal of the Patient from the Asylum.

4. During the period of Probation, Pauper Lunatics remain subject to visitation by the Commissioners, and all the Board's instructions in regard to them shall be carried out as in the case of Patients placed permanently with their sanction in Private Dwellings.

5. A Patient on Probation cannot, during the currency of the probationary period, be removed from the Poor Roll, nor can any of the conditions on which sanction was granted be altered, without the sanction of the Board.

6. On the order of the Board, or on an entry being made by the Parochial Medical Officer that a Pauper Patient has ceased to be suitable for remaining out on Probation, the Inspector shall, within fourteen days thereafter, remove him back to the Asylum, and send notice to the Board that this has been done.

7. When for any reason it is deemed necessary to send a Patient on Probation back to the Asylum, the Superintendent is bound to receive him on the simple demand for admission, provided the period of Probation is still current.

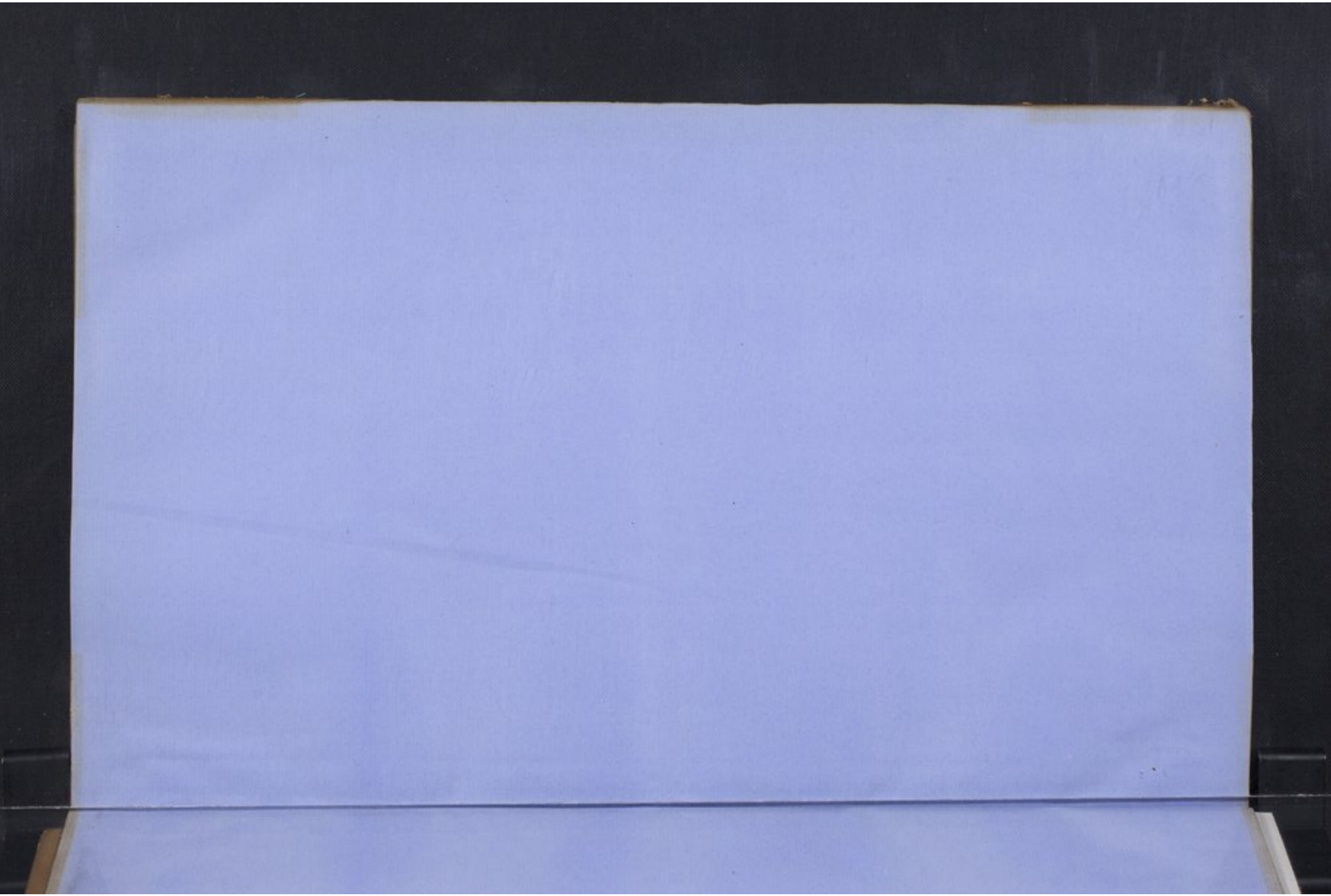
8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the Medical Superintendent of the Asylum from which the Patient was liberated.

9. In the event of the death of a Patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

10. Before the period of Probation expires, in the case both of Private and Pauper Patients, if notice is not given to the Board that the Patient is to be replaced in an Asylum, a Medical Certificate must be transmitted to the effect either—(1) that the Patient is recovered, or (2) that he is still of unsound mind. In the latter case, the Certificate must further state that Asylum treatment is no longer necessary, and notice must be given to the Board of the manner in which the Patient has been disposed of. The Superintendent of the Asylum from which the Patient has been removed should also, in all cases, be informed as to the Patient's mental condition at the close of the period of Probation.

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Board's Instructions to Inspectors of Poor.)

DGHI/5/1/1/53



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

[FORM A]

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

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

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

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Annie O' Brien 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 Annie O' Brien to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

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

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

DATED this Second (*) day of January One thousand ~~eight~~ nine hundred and 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,	Annie O'Brien
2. Sex and age,	Female 25
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	R Catholic
6. Previous place of abode,	Barnclaps Dumfries
7. Place where found and examined,	—
8. Length of time Insane,	a short time
9. Whether First Attack,	No Third
10. Age (if known) on First Attack,	18
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Crichton Royal Asylum Last time discharged Jan 1896
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,	Dumfries
18. Date of becoming Chargeable,	1st January 1900
19. Christian Name and Surname, and Place of Abode of nearest known 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 Arthur or O'Brien, Mother, Barnclaps No one so far as known
20. Special Circumstances (if any) preventing the insertion of any of the above particulars,	None

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

DATED this First day of January One thousand nine hundred and Years

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

MEDICAL CERTIFICATE, NO. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Peter Murray Kerr

being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh

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

do hereby certify, on Soul and Conscience, that I have this day, at (3) ~~Nithsdale Terrace~~ Barnhaps Dumfries in the County of Dumfries separately from any other Medical practitioner, visited and personally examined (4) Annie O'Brien, pauper Barnhaps Dumfries and that the said Annie O'Brien is a (5) person of unsound mind and a proper person to be detained 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 restless. She talks incessantly: sometimes she starts singing. She is very quarrelsome. She has delusions of sight & hearing. She says she can smell when somebody is dead.

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

Name and Medical Designation, Peter Murray Kerr MB

Place of Abode, 20 Castle Street Dumfries

Dated this 31st day of January One thousand ~~eight~~ nine hundred ~~and~~ 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, George R. Livingston

being a (1) Bachelor in medicine of Edinburgh University

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

do hereby certify, on Soul and Conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Annie O'Brien

the said Annie O'Brien is a (5) person of unsound mind and a proper person to be detained 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. Excited conversation. Quarrelsome & noisy manner. Unconventional manner (insisted upon shaking hands during examination also invited me to dance)

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

Name and Medical Designation, George R. Livingston

Place of Abode, 1 George Street Dumfries

Dated this 2nd day of January One thousand ~~eight~~ hundred ~~and~~

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Peter Murray Kerr
being (1) Bachelor of Medicine and Master in Surgery
hereby certify, on Soul and Conscience, that I have this day, at (2) Ramslaps
in the County of Dumfries, seen and personally examined
Annie O'Brien, and that the said
Person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

And I further certify that the case of the said person is one of Emergency.
and that her bodily health is such as to
permit of her removal.
Peter Murray Kerr

DATED this first day of January One thousand ~~nine~~ hundred ~~and~~ years.

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

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein Annie O'Brien
to whom the foregoing Certificate of Emergency refers.

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

Signature and Address, Miles McInnes

Date, 1st January 1900

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

I, John Clerk, Honorary Sheriff-Substitute
of ~~the County of~~ Dumfries and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (1) Miles McInnes, Inspector of Poor, Dumfries,
Certificates under the hands of Peter Murray Kerr,
and George R. Livingston, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Annie O'Brien, Ramslaps, Dumfries, (a Pauper)
and that the said Annie O'Brien, is a (2) person of unsound mind,
and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie O'Brien as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorise her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Annie O'Brien, which accompanied the said Petition.

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

DATED this third day of January, One thousand ~~eight~~ hundred ~~and~~ nine years. Five words deleted
John Clerk

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

No. 8491

Name. Annie O' Brien

Dunpias

Date of Admission. 1st January 1900

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

[Form A]

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

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

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

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Joseph Crosbie, ~~after designed~~, 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 — Joseph Crosbie, — to the Crichton Royal Institution at Dumfries, and to sanction ~~his~~ admission into the said Institution.

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

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

DATED this Sixth (*) day of January, One thousand ~~eight~~ Nine hundred and years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Joseph Crosbie.
2. Sex and age,	Male. 30 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any).	Painter.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	149 St Michael St, Dumfries.
7. Place where found and examined,	
8. Length of time Insane,	about a year more or less.
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Nowhere.
12. Duration of Existing Attack,	—
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,	8th June ~~1899~~ 1900.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Married Douglas — Wife — 149 St Michael St. 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 Eighth day of January, One thousand ~~eight~~ Nine hundred and years.

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

Annie O. Brien
1918

MEDICAL CERTIFICATE, NO. I.

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

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

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

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

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

I, the undersigned, Peter Murray Kerr
being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3) 149 St Michael Street Dumfries, in the County of Dumfries, separately from any other Medical practitioner visited and personally examined (4) Joseph Crosbie, Pauper 149 St Michael Street Dumfries, and that the said Joseph Crosbie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
His insane appearance and manner.
Was very depressed and miserable.
Has delusions of hearing and unseen agency.
He says "the hosts of Herod voice" calling on him.
He believes that there is a man imprisoned beneath his bedroom from which he sometimes while he is asleep hears a voice saying to him on the fist of the stomach from some one un

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

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

Name and Medical Designation, Peter Murray Kerr MRCM

Place of Abode, 20 Castle Street Dumfries

DATED this Eight day of January, One thousand ~~nine~~ hundred and ~~nine~~

MEDICAL CERTIFICATE, NO. II.

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

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

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

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

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

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on ~~Soul and Conscience~~, that I have this day, at (3) The Crichton Royal Institution, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Joseph Crosbie, a painter, St Michaels St Dumfries, a pauper and that the said Joseph Crosbie, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane appearance Hallucinations, Delusions. Tells me that he hears voices calling on him to do certain things.

(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 MD

Place of Abode, The Crichton

DATED this nine day of January, One thousand ~~nine~~ hundred and ~~nine~~

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Peter Murray Kerr
being (1) Bachelor of Medicine & Master in Surgery
hereby certify, on Soul and Conscience, that I have this day, at (2) 149 St. Michael Street, Dumfries,
in the County of Dumfries, seen and personally examined Joseph Crosbie, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

And I further certify that the case of the said person is one of Emergency. and is in a suffering state of bodily health & she ought to be removed to the Asylum.

Peter Murray Kerr

Dated this Eighth day of January, One thousand ~~nine~~ hundred and ~~eight~~.

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

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

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

Signature and Address, Miles Mc Jimmy

Date, 8th January 1900.

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

I, George Campion, Sheriff Substitute of ~~the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles M'Jimmes, Inspector of Poor, Dumfries, Certificates under the hands of Peter Murray Kerr, and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Joseph Crosbie, 169 St. Michael Street, Dumfries, (a Pauper), and that the said Joseph Crosbie, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Crosbie, as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Joseph Crosbie, which accompanied the said Petition.

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

Dated this Tenth, day of January, One thousand ~~eight~~ nine hundred ~~and~~ years. Two words deleted.

Geo: Campion

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

No. 8492

Name. Joseph Crosbie

Dumfries

Date of Admission 8 January 1900

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

[FORM A]

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

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

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

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

The Petition of Wm Lauder 2 Albert Mansions. Crosshill.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Lauder 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 Janet Lauder to the Crichton Royal Institution, Dumfries and to sanction ~~her~~ admission into the said Asylum.

William Lauder

(To be signed by the Party applying) ~~Wm Lauder~~

~~W Lauder~~

(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 January One thousand ~~eight~~ nine 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,	Janet Lauder
2. Sex and Age,	Female, 39 yrs.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Spinster – At Home
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	310 Cathcart Road. Glasgow.
7. Place where Found and Examined,	" " "
8. Length of time Insane,	4 months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Gartnavel Asylum. Glasgow. 23rd Sept. 1899 to 22nd Dec. 1899
12. Duration of Existing Attack,	4 months
13. Supposed Cause,	Change of Life
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No, but threatens to strike anyone who goes near her
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Lauder, 2 Albert Mansions, Crosshill. Father None of family ever 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 Eighth day of January One Thousand ~~eight~~ nine hundred ~~and~~

(To be signed by the Party applying) ~~Wm Lauder~~

~~W Lauder~~ P.p.

William Lauder

Name Rosehill Asylum No. 8492

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Carey being a (1) Member of the Royal College of Surgeons and being in actual practice as a (2) Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 2 Albert Mansions, Crosshill Glasgow in the County of the City of Glasgow separately from any other Medical Practitioner visited and personally examined (4) Janet Lauder 2 Albert Mansions and that the said Janet Lauder 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) Manner very excited, with bursts of temper. She says that all her friends, are against her.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Mother informs me that she sleeps very little, is very excitable, crying and shouting alternately.

Name and Medical Designation, John Carey MRCS

Place of Abode, Railway Crosshill Glasgow.

DATED this Seventh day of January One thousand ~~eight~~ nine hundred ~~and~~.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Binnie being a (1) Doctor of Medicine of the University of Glasgow and Fellow of the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 2 Albert Mansions, Crosshill, Glasgow in the County of the City of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Janet Lauder 2 Albert Mansions and that the said Janet Lauder 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) Considers her brother and sister and mother are against her. Has spoken to me very bitterly against them: Constantly talking when no one is speaking to her.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Immediately her brother that she is noisy, uses bad language, and threatens to strike her mother and sisters. Has turned on the gas in a bedroom about the door, and then asked her mother to go about the escape of gas.

Name and Medical Designation, John Binnie M.D. F.F.P.S.G.

Place of Abode, 167 Govan Street Crosshill Glasgow

DATED this eighth day of January One thousand ~~eight~~ nine 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

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

DATED this day of One thousand eight hundred and

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

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

Relationship or other capacity in which Applicant stands to Patient.

Signature and Address,

Date,

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

I, Robert Urquhart Stuckey, Sheriff Substitute
of the (1) County of Lanark
having had produced to me, with a Petition at the instance of (2) William Lander 2 Albert Mansions, Crosshill, Glasgow
Certificates under the hands of John Garey
and John Brand, and being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation and Care and 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) his daughter Janet Lander 2 Albert Mansions, Crosshill Glasgow, and that the said Janet Lander is a (4) lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Lander as a Patient into the (5) Crichton Royal Institution ~~Asylum~~ Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Janet Lander which accompanied the said Petition.

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

DATED this Eighth day of January One thousand ~~eight~~ nine hundred ~~and~~ years.

R U Stuckey

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

(7) Public, District, Parochial or Private

No 8493

James Lauder

Adm. 9th January 1900.

X

APPLICATION T
TRANSFER

I, the undersigned
being desirous to tran
at present a Patient in
a Pauper
John
Cruickton
beg to submit the sub
Medical Certificate wi

1. Christian Name an
length, .

2. Sex and Age, .

3. Married, Single, or W

4. Condition of Life, a
(if any), .

5. Religious Persuasio

6. Parish to which the
Chargeable, .

7. Christian Name and
of Abode of near
the Patient, and
(if known), and w
the Family know
Insane, .

I certify that, to th
and I hereby make App
Lunacy to the transfer

(To be signed b

DATED this
hundred and

N.B.—The foregoi
follows, are required for
to which the Patient is

T. & A. C.—January 1900.

14,958

[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
5 JAN

I, the undersigned Emily Mc Dowall being desirous to transfer Catherine Gardiner at present a Patient in the Ayr District Asylum, and (¹) a Pauper Lunatic of the Parish of Which I am Inspector from the said Asylum to the Crichton Royal Asylum, Dumfries beg to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

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

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	Catherine Gardiner
2. Sex and Age,	female 19 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and Previous Occupation (if any),	none. Domestic
5. Religious Persuasion, so far as known,	Protestant
6. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
7. Christian Name 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 Gardiner, father, 9½ Old Mill Road, Kilmarnock father's aunt-at present a patient in Ayr District Asylum.

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(*To be signed by the Applicant*) Emily Mc Dowall

(²) Inspector of Poor

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

DATED this Fourth day of January One thousand ~~eight~~ Nine hundred ~~and~~ years

N.B.—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

T. & A. C.—January 1898.

MEDICAL CERTIFICATE.

I, the undersigned Charles. H. Mac.

(1) Name Asylum.

hereby certify that I have this day at (1) Ayr District Asylum, personally examined Catherine Gardiner who has been a

(2) Insert Date of Admission.

Patient in said Asylum since (2) December 2nd 1899. and I certify that

(3) Insert "is," or "is not," as the case may be.

the said Patient is a person of unsound mind, (3) is not epileptic, (3) not suicidal, (3) is not dangerous to others. I also certify, with respect to the Mental State of

(4) Describe Mental State.

the Patient, that (4) this demented in Speech and behaviour; has very few words, and in fact imbecile

(5) Describe Bodily State.

and with respect to the Bodily State of the Patient, that (5) they are good

and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Southern Counties Asylum inadvisable; and

(6) Insert "the" following are," or "there are no," as the case may be.

I further certify that (6) There are no facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient:—

(Name) Charles H. Mac

(Medical Qualification) M.B. St Andrews; L.R.C.S.

(Date) 1st January 1900

No 8494
Catherine Gardiner
Adm. 15 January 1900.

SANCTION BY THE BOARD OF LUNACY.

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

The foregoing Application having been made to the Board to authorize the transfer of Catherine Gardiner from Ayr District Asylum, to Crichton Royal Institution, Dumfries., and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

J W A Reece Secretary.

DATED at Edinburgh, this 5th day of January One thousand ~~eight hundred and~~ nine hundred.

Date of Sheriff's Order *(to be inserted at the Office of Board).*

30th November 1899.

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

[FORM A.]

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

PETITION TO THE SHERIFF TO GRANT ORDER 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, at Dumfries:

The Petition of Thomas Lennox, Insurance Agent, Craigmath Dalbeattie:

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Waddington or Lennox, 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 Waddington or Lennox, to the Crichton Royal Asylum, Dumfries, and to sanction her admission into the said Asylum

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

(*To be signed by the Party applying*) Thomas Lennox

(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 nine hundred ~~and~~ 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 Waddington or Lennox.
2. Sex and Age,	Female. - 26 years.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	House wife. previously. Cook.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Hillcrest Kirkgunzeon.
7. Place where Found and Examined,	Station Road, Dalbeattie.
8. Length of time Insane,	a day or two.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	26.
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	a day or two.
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	not known.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	✓
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Husband. Thomas Lennox, Craigmath Dalbeattie Mother - Agnes Waddington, 24 Queen St Newton Stewart. no.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or Treatment as a fact.

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

DATED this sixteenth day of January, One thousand nine hundred ~~and~~ years.

(*To be signed by the party applying*) Thomas Lennox

P p.

T. & A. C.—Oct. 1898.

MEDICAL CERTIFICATE, No I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Samuel Archibald David Gillespie — being a (1) Bachelor of Medicine & Master in Surgery University of Edinburgh — and being in actual practice as a (2) general practitioner — do hereby certify, on soul and conscience, that I have this day, at (3) Craiglands, Dalbeattie, Kirkcudbright, — in the County of — separately from any other Medical Practitioner, visited and personally examined (4) Mrs Lennox, Waddington or — and that the said Mrs Lennox — is a (5) person of unsound mind — and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
says she is possessed of a devil. constantly carrying a bible in her hand reading it. says her soul is lost. very excited. wont stay in bed. Delusions of various kinds.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Stout a next neighbour says she has been behaving like this all day. and threatened me & twice to drown herself.

Name and Medical Designation, } S. A. D. Gillespie MB CM

Place of Abode, Alma Dalbeattie

DATED this fifteenth day of January, ~~One thousand eight hundred and~~ 1900.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Alford Thom. Anderson, — being a (1) Master of Surgery & Bachelor of Medicine, — and being in actual practice as a (2) Physician & Surgeon, — do hereby certify, on soul and conscience, that I have this day, at (3) Craiglands Dalbeattie, — in the County of Kirkcudbright — separately from any other Medical Practitioner, visited and personally examined (4) Mrs Lennox, [redacted] — and that the said Mrs Lennox, — 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 high excited & restless. Expressing delusions of that she is lost & that she must go immediately to Church although late at night. The world is placed on a tortoise's back & his mother is watching her & has formed a serpent she says & other insane delusions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Stout a neighbour says that all day Mrs Lennox has been acting in a strange way & she caught her in the act of trying to get out of a burn near her house.

Name and Medical Designation, } Alf. Anderson

Place of Abode Dalbeattie

DATED this fifteenth day of January, ~~One thousand nine hundred and~~ 1900.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Samuel Archibald David Gillespie, —
being (1) Bachelor of Medicine & Master Surg. Univ. Edin.
hereby certify, on soul and conscience, that I have this day, at (2) Craigland, Dalbeattie
in the County of Kirkcudbright, seen and personally examined
Mrs Lennox, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries,

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

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

S. A. D. Gillespie MB BSc Ch Edin

DATED this 15th day of January ~~One thousand eight hundred and~~ 1900.

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

I hereby request the Superintendent of the ~~Asylum~~ Crichton Royal Asylum Dumfries to receive therein Mary Waddington or Lennox
to whom the foregoing Certificate of Emergency refers.

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

Signature and Address Thomas Lennox Craigmath Dalbeattie

Date 16 January 1900

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

I, George Campion, — (1) Sheriff Substitute —
of ~~the~~ (2) Dumfries and Galloway, at Dumfries, —
having had produced to me, with a Petition at the instance of (3) Thomas Lennox,
Insurance Agent, Craigmath, Dalbeattie,
Certificates under the hands of Samuel Archibald David Gillespie,
and Alfred William Anderson, — being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Waddington or Lennox, Craigmath, Dalbeattie, Kirkcudbright, and that the said Mary Waddington or Lennox, 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 Mary Waddington or Lennox, 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 Waddington or Lennox, which accompanied the said Petition.

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

DATED [at Dumfries,] this Eighteenth day of January
One thousand ~~eight hundred and~~ nine hundred years — Five words deleted —

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

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

[*Signature*] Geo: Campion

N° 8495

Mary Waddington or Lennox

Adm. 16 January 1900.

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

[FORM A.]

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

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

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

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

The Petition of Mrs Helen M. Cochrane, Macleod, North West Territory, Canada, herewith residing at Wigton Hall, Cumberland,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ada Louisa Brisco, Annathwaite Hall, Wigton your Petitioner's (2) Sister, ——

(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 Ada Louisa Brisco, —— to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Helen M Cochrane

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

DATED this Nineteenth (3) day of January, —— One thousand nine hundred years.—

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Ada Louisa Brisco.
2. Sex and Age,	Female. 32.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Gentlewoman.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Annathwaite Hall, Wigton, Cumb[d]
7. Place where Found and Examined,	Carlisle.
8. Length of time Insane,	Six months
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	32.
11. When and where previously under Examination and Treatment (4)	——
12. Duration of Existing Attack,	6 months.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	doubtful.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Helen M Cochrane, Sister. Macleod N.W.T. Canada.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

(4) If patient has been previously in an Asylum, state name, and date of latest Admission or approximate thereto. If never previously under Examination or treatment, state fact.

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

DATED this Nineteenth day of January, —— One thousand nine— hundred

(To be signed by the party applying) Helen Cochrane.

T. & A. C.—Nov. 1899. P p

Mental Deficiency Commission
No. 8145

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Henry Ambrose Lediard,
being a (1) Doctor of Medicine of Edinburgh University,
and being in actual practice as a (2) Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) 35 Scotch Street, Carlisle, in the County of Cumberland, separately from any other Medical Practitioner, visited and personally examined (4) Ada Louisa Brisco, spinster, Armathwaite Hall, Wigton, and that the said Ada Louisa Brisco is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 hallucinations of hearing, states that people follow her, and call her monkey face, 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)

Name and Medical Designation, H. Lediard.

Place of Abode, Carlisle.

Dated this Eighteenth day of January, One thousand nine hundred 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, Peter Murray Kerr,
being a (1) Bachelor of Medicine and Master in the Faculties of the University of Edinburgh,
and being in actual practice as (2) Second Assistant,
do hereby certify, on soul and conscience, that I have this day, at (3) Grain Care, Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Ada Louisa Brisco, spinster, Armathwaite Hall, Cumberland, and that the said Ada Louisa Brisco, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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 miserable and depressed. She has delusions of hearing: believes everybody about her is talking about her. She hears a friend voice saying that she is a Monkey. She says that her friends and people

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

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

Name and Medical Designation, Peter Murray Kerr MB

Place of Abode 20 Castle Street Dumfries

Dated this Nineteenth day of January, One thousand nine hundred 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, Henry Ambrose Eckard —
being (1) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Carlisle
in the County of Cumberland, seen and personally examined
Ada Louisa Brisco, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

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

H A Eckard

Dated this 27 seventh day of January — One thousand nine hundred.

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

I hereby request the Superintendent of the Crichton Royal
Asylum to receive therein Ada Louisa Brisco,
to whom the foregoing Certificate of Emergency refers. —

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

Signature and Address Helen Cochrane. Maclaud N W T

Date Jany 18 - 1900 Canada.

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

I, George Campion (1) Sheriff Substitute,
of ~~the~~ (2) Dumfries and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (3) Mrs Helen M.
Cochrane, Maclaud, North West Territory, Canada,
Certificates under the hands of Henry Ambrose Eckard,
and Peter Murray Rose, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ada Louisa Brisco, Smallwaite Hall, Wigton, (Sister) and that the said Ada Louisa Brisco, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ada Louisa Brisco as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said, Ada Louisa Brisco, which accompanied the said Petition.

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

Dated [at Dumfries,] this Twenty second day of January,
One thousand nine hundred years. Two words deleted

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

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

[Signature] Geo Campion

No 8496

Ada Louisa Brisco

Adm. 19 January 1900.

...—This Form shall ... in the keeping of the ...tendent of the Asylum ...he order of the Sheriff ...ined.

[FORM A.]

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

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

Unto the Honourable the Sheriff of Dumfries and Galloway, _____ *and his Substitutes,*— at Dumfries:—

The Petition of William Gardiner, 27 Bridge Street, Lockerbie, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Alexander Gardiner, 27 Bridge Street, Lockerbie, _____

State degree of relation or other capacity in which ...er stands to Lunatic.

your Petitioner's (1) Brother, _____ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Alexander Gardiner _____ to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) William Gardiner

The date of the Petition ... within fourteen clear ...lowing the dates of the ... Certificate.

DATED this 20th (2) day of January, One thousand eight hundred ~~and~~ Nine years.

STATEMENT.

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

...hristian Name and Surname of Patient at ...length,	Alexander Gardiner.
...ex and Age,	Male — 27.
...arried, Single, or Widowed,	Single.
...ondition of Life, and previous Occupation (if any).	Plumber.
...eligious persuasion, so far as known,	Protestant.
...revious Place of Abode,	27 Bridge Street, Lockerbie.
...ace where Found and Examined,	Do Do.
...ength of Time Insane,	14 days.
...hether First Attack,	Yes.
...ge (if known) on First Attack,	27.
...hen and where previously under Examin...xtion and Treatment. (Name of Establish...ment into which last received, and Year of ...reception of approximation thereto,	—
...uration of Existing Attack,	14 days.
...pposed Cause,	Anxiety about business.
...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 Family known to be or to have been Insane,	Mrs Jane Gardiner, (Mother) 27 Bridge Street, Lockerbie. Father + cousins —
...pecial 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 20th day of January, One thousand eight hundred ~~and~~ Nine years.

(To be signed by party applying) William Gardiner

MEDICAL CERTIFICATE No. I.

I, the undersigned James Macdachlan, being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) 27 Bridge Street, Lockerbie, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Alexander Gardiner, Plumber, and that the said Alexander Gardiner, is a (5) person of unsound mind 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 mentally confused & lost, answers questions incoherently & is very untidy.

(6) *State the facts.*

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

His mother informs me that he sleeps very little, takes food badly, is restless & excited at times & at the time believes that she was dead.

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

Name and Medical Designation, James Macdachlan M.B.

Place of abode, Lockerbie

DATED this 20th day of January, One thousand nine ~~eight~~ hundred ~~and~~

MEDICAL CERTIFICATE No. II.

I, the undersigned John S. Bell, being a (1) Bachelor of Medicine & Master in Surgery Edinburgh University & Physician and Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) 27 Bridge Street, Lockerbie, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Alexander Gardiner, Plumber, 27 Bridge Street, Lockerbie, and that the said Alexander Gardiner, is a (5) person of unsound mind 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 says that his sweetheart is dead (delusion) - that President Kruger sent him back to Scotland - because he deserted from the Boer Army (delusion)

(6) *State the facts*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother informs me that his sweetheart married another man in September last & that he has been depressed since that time - his brother William informs me that a few days ago while on a visit at Kirkcudbright he left them all of a sudden & returned to Lockerbie by train - that he has been talking about his sweetheart being dead (delusion)

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

Name and Medical Designation, J. S. Bell M.B.

Place of abode, Lockerbie

DATED this twentieth day of January, One thousand nine ~~eight~~ hundred ~~and~~

CERTIFICATE OF EMERGENCY.

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

I, the undersigned James Macfadzean
being (1) Bachelor of Medicine & Master of Surgery
hereby certify, on soul and conscience, that I have this day, at (2) 27 Bridge Street, Lockerbie,
in the County of Dumfries, seen and personally examined Alexander Gardiner Plumber, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.
& that he is in a fit state to be removed.

James Macfadzean M.B. C.M.

DATED, this 20th day of January One thousand ~~eight~~ hundred ~~and~~ nine.

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

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

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

Relationship or other capacity in which Applicant stands to Patient, Brother
Signature and Address, William Gardiner 27 Bridge St Lockerbie
Date, 20th January 1900.

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

I, George Sampson, Sheriff Substitute
of ~~the the County of~~ Dumfries and Galloway at Dumfries,
having had produced to me, with a Petition at the instance of (1) William Gardiner 27 Bridge Street Lockerbie
Certificates under the hands of James Maclachlan,
and John S Bell, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Alexander Gardiner Plumber 27 Bridge Street Lockerbie ~~Petitioner & Patient~~ and that the said Alexander Gardiner is a (3) person of unsound mind,
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Alexander Gardiner as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize ~~his~~ Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Gardiner, which accompanied the said Petition.

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

DATED this twenty seventh day of January, One thousand ~~eight hundred and~~ nine hundred & Years Seven words deleted

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

No. 8197

Name, Alexander Gardiner

Date of Admission, 20 January 1900

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

[FORM A.]

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

PETITION TO THE SHERIFF TO GRANT ORDER 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, ~~Stewartry~~ and his Substitutes,—at Dumfries;

The Petition of Sara Wylie, Lalghar, Knock Road, Belfast,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Wylie, Lalghar, Knock Road, Belfast, your Petitioner's (3) husband, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Wylie, Dumfries, to the Crichton Royal Institution, and to sanction his admission into the said Asylum.

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

(To be signed by the Party applying) Sara Wylie

(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 January, One thousand nine hundred 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 Wylie.
2. Sex and Age,	Male, 60.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Bursar and Assistant Registrar Queen's College, Belfast, up to Date of first illness.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous Place of Abode,	Lalghar, Knock Road, Belfast
7. Place where Found and Examined,	Lalghar, Knock Road, Belfast
8. Length of time Insane,	about 2½ Months.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	53.
11. When and where previously under Examination and Treatment (5)	In Garthavel from Augt. 1893, till May, 1896.
12. Duration of Existing Attack,	2½ Months.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name 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,	Sara Wylie. Lalghar, Knock Road, Belfast Wife. One sister (dec?) of Patient. was insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state the date of latest admission or approximation thereto. If previously under Examination or Treatment, state fact.

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

DATED this Twenty-second day of January, One thousand nine hundred years.

(To be signed by the party applying) Sara Wylie

T. & A. C.—Nov. 1899. P p

Alexander & Gardiner

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Henry O'Neill
being a (1) a doctor of medicine of the Royal U
and being in actual practice as a (2) physician,
do hereby certify, on soul and conscience, that I have this day, at (3) Lalgbay, 16
Road, Belfast,
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Wylie of Lalgbay, Ro
Road, Belfast,
and that
the said John Wylie, is a (5) person of unso
mind,
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is rather ill. H
States he is dying & has passed to life to
each day. is quite unable to exhibit. and refuses blood

(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 Commu
given by his wife, Children, friends.

Name and Medical Designation, Henry O'Neill M.D.

Place of Abode, 6 Cally Square Castle B

DATED this twenty-first day of January, One thousand
nine hundred.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Smith,
being a (1) Licentiate in Medicine of Royal
University,
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Castle
Royal Institution, Dunipace, in the County of
Dunipace,
separately from any other Medical Practitioner,
visited and personally examined (4) John Wylie, Lalgba
Castle Road. Belfast. a Roman Cathy
and that
the said John Wylie is a (5) person
of unsound mind,
and a proper person to be detained
under Care and Treatment, 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
melancholy appearance & delusion
Tells me that he is for ever damned &
that his throat is closed.

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

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

Name and Medical Designation, John Smith M

Place of Abode, 47 Castle St Dun

DATED this twenty-second day of January, One thousand
nine hundred.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Henry O'Neill M.D. Royal Univ. Irl.,
being (1) a Doctor of Medicine
hereby certify on soul and conscience, that I have this day, at (2) Laghar Knock Rd
in the ~~County~~ of Belfast, , seen and personally examined
John Wylie, , and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton Royal Institution Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

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

Henry O'Neill M.D

DATED this Twentieth day of January, — One thousand nine hundred .-

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

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

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

Signature and Address Jane Wylie.

Date 20 January, 1900.-

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

I George Lampson, (1) Sheriff-Substitute
of ~~Dumfries and Galloway~~, Dumfries,
having had produced to me with a Petition at the instance of (2) Jane Wylie,
Laghar, Knock Road, Belfast,
Certificates under the hands of Henry O'Neill, and
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 (3) John Wylie, Laghar, Knock Road, Belfast, (Petr's Husband) and that the said John Wylie, 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 John Wylie, as a Patient into the (5) Public Asylum of Crichton Royal Institution, Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Wylie, which accompanied the said Petition.

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

DATED [at Dumfries] this Twenty-third day of January, One thousand nine hundred years.-

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

Geo Lampson

[Signature]

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

No 8198

John Waylie

Adm. 20 January 1900.

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

[FORM A.]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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, at Dumfries:

The Petition of John Maxwell, Insp. of Poor, Troqueer:

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

(To be signed by the Party applying) John Maxwell.

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

DATED this 22nd (4) day of January One thousand nine hundred.

STATEMENT.

If any 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 48 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Working Class. Housekeeper.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	40 Glasgow Street. Maxwelltown
7. Place where Found and Examined,	Royal Infirmary. Dumfries.
8. Length of time Insane,	about one week.
9. Whether First Attack,	Second attack.
10. Age (if known) on First Attack,	about 30 years.
11. When and where previously under Examination and Treatment (5)	Southern Counties Asylum. about 1882.
12. Duration of Existing Attack,	about one week.
13. Supposed Cause,	not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueer.
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,	Has a son John aged 25 years. single. a Journeyman Tailor. resided with his mother at 40 Glasgow Street. Maxwelltown.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

DATED this 22nd day of January One thousand nine hundred.

(To be signed by the party applying) John Maxwell. Insp. of Poor. Troqueer

T. 4A. C.—Jan. 1900.

Pp

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

I, the undersigned, Peter Murray Kerr, being a (1) Bachelor of Medicine and Master in the University of Edinburgh, and being in actual practice as a (2) General Practitioner, do hereby certify, on soul and conscience, that I have this day, at (3) Dumfries and Galloway Royal Infirmary, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Campbell pauper 40 Glasgow street Maxwelltown, 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.:—

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

Her insane appearance and manner she is very depressed & miserable she is sleepless 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)

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode, 20 Castle Street Dumfries

DATED this twenty-second day of January, One thousand nine hundred 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.*

I, the undersigned, John Edward Robson, being a (1) Graduate of Edinburgh University, and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) the Dumfries Royal Infirmary, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Campbell, Pauper, 40 Glasgow Street, Maxwelltown and that the said Elizabeth Campbell, 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) She is morose refuses to answer questions. She says she feels herself "wrong in the mind" wants to be in asylum since confinement there did her good on a previous occasion. She is causing annoyance to the other patients.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She labours under the delusion that she has murdered a patient lying in the same ward. Has been found with little clothing on wandering about and attempting to get outside she has been in the asylum before.

Name and Medical Designation, John Edward Robson M.B.C.M.

Place of Abode Dumfries & Galloway Royal Infirmary

DATED this 22nd day of January, One thousand nine hundred 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 Dewar Robson
being (1) a graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) the Dumpries formerly in the County of Dumfriesshire, seen and personally examined Elizabeth Campbell, Pauper, 40 Queensberry St, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) the Crichton Royal asylum, Dumfries.

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

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John Dewar Robson M.B.

DATED this 22nd day of January One thousand nine hundred years.

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

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

Relationship or other capacity in which Applicant stands to Patient, John Maxwell. Guardian

Signature and Address 23 King Street. Maxwelltown

Date 22nd January 1900.

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

I, George Campion, (1) Sheriff Substitute,
of ~~the~~ (2) Dumfries and Galloway at Dumfries.
having had produced to me, with a Petition at the instance of (3) John Maxwell, Inspector of Poor, Iroquois
Certificates under the hands of John Murray Dewar, M.D.
and John Dewar Robson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Queensberry Street, Maxwelltown, 10 Roper, 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 Crichton Royal Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Campbell, which accompanied the said Petition.

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

DATED [at Dumfries] this Twenty fourth day of January One thousand nine hundred years. Two words deleted.

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

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

[Signature] Geo. Campion

No 8499

Elizabeth Campbell

Stowaway

Adm. 22 January 1900

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

[FORM A.]

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

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

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

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

The Petition of Mrs Margaret A. Williamson, widow, 35 Grafton Street, Preston, ——— humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Francis William Williamson, 35 Grafton St, Preston, your Petitioner's (2) son, ———

(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 Francis William Williamson, ——— to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) Margaret A. Williamson

(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 January —— One thousand nine hundred years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Francis William Williamson.
2. Sex and Age,	Male. 21
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Electrical Engineer.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	35 Grafton Street, Preston
7. Place where Found and Examined,	Dumfries.
8. Length of time Insane,	Three years.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	18.
11. When and where previously under Examination and Treatment (5)	Crichton Royal Institution 20 Feb: 1899. as a Voluntary Inmate.
12. Duration of Existing Attack,	Three years.
13. Supposed Cause,	Developmental.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Margaret A. Williamson, Mother. 35 Grafton Street, Preston.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If Patient has previously in an Asylum, state the date of latest admission or appearance thereto. If previously under examination or treatment, state the fact.

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

DATED this Twenty ninth day of January —— One thousand nine hundred years.

(*To be signed by the party applying*) Margaret A. Williamson

T. & A. C.—Nov. 1899. P p

No 8499 Elizabeth Carmichael Stranraer

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Peter Murray Kerr
being a (1) Bachelor of Medicine and Master in Su
of the University of Edinburgh;
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 20 Carlt
Street, Dumfries, in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Francis William Williamson
35 Grafton Street Preston, and that
the said Francis William Williamson, is a (5) person of
unsound mind, and a proper Person to be detained
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 mean appearance and manne
He is dull and depressed; is very one
He takes no interest in himself or h
surroundings;

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

Name and Medical Designation, Peter Murray Kerr M.

Place of Abode, 20 Carlt Street Dum

DATED this Twenty-sixth day of January, One thousand nine hundred years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of Harvard University
and Surgeon
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The
Crichton Royal Institution,
Dumfries, in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Francis William Williamson
Electrical Engineer, 35 Grafton Street, Preston, and that
the said Francis William Williamson, is a (5) person
of unsound mind, and a proper person to be detained
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 deprived appearance: talks in a confused and incoherent manner; says he takes very little interest in anything.—

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

Name and Medical Designation, Alex Thomson M.D.

Place of Abode 27 Carlt Street, Dumfries

DATED this Twenty-ninth day of January One thousand nine hundred years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Peter Murray Kerr
being (1) Bachelor of Medicine and Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) 20 Castle St Dumfries
in the County of Dumfries, seen and personally examined Francis William Williamson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

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

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Peter Murray Kerr.

DATED this twenty-seventh day of January, One thousand nine hundred years.

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

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Francis William Williamson to whom the foregoing Certificate of Emergency refers.

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

Signature and Address Margaret A. Williamson

Date 27th January 1900.

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

I, George Lampson (1) Sheriff-Substitute of ~~this~~ (2) Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (3) Mrs Margaret A. Williamson, Widow, 35 Grafton Street, Preston, Certificates under the hands of Peter Murray Kerr, and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Francis William Williamson, 35 Grafton Street Preston Age 32 and that the said Francis William Williamson, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Francis William Williamson, 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 Francis William Williamson, which accompanied the said Petition.

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

DATED [at Dumfries] this Thirtieth day of January, One thousand nine hundred years. Two words deleted.

To the Superintendent of the (6) Public *Asylum of* Crichton Royal Institution Dumfries

[*Signature*] Geo: Lampson

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

No 8500

Francis William Williamson

Adm. 27 January 1900.

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

[FORM A.]

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

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

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

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

The Petition of Mrs Margaret Robinson, Central Place, Haltwhistle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Phillis Lowes, Lipwood, Haydon Bridge, Carlisle, 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 Phillis Lowes —— to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) Margaret Robinson

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

DATED this Second — (3) day of February, — One thousand nine hundred

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Phillis Lowes.
2. Sex and Age,	Female. 60.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	——
5. Religious Persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	Lipwood, Haydon Bridge, Carlisle.
7. Place where Found and Examined,	Bullercoats.
8. Length of time Insane,	one year.
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	25.
11. When and where previously under Examination and Treatment (4)	Morpeth Asylum & Gosforth Asylum.
12. Duration of Existing Attack,	one year.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Yes. threatened
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Margaret Robinson, Sister, Central Place, Haltwhistle.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

(4) If patient has previously in an Asylum, state date of latest admission approximately thereto. If previously under Inquiry or treatment, state fact.

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

DATED this Second — day of February, — One thousand nine hundred

(To be signed by the party applying) Margaret Robinson

T. & A. C.—Nov. 1899. P p

Francis William Williamson No 8500

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Agnes Duke,
being a (1) M.B. F.R.C.S.E.
and being in actual practice as a (2) Physician & Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) 6 Victoria cellarroads, in the County of Northumberland, separately from any other Medical Practitioner, visited and personally examined (4) Phillis Lowes
and that the said Phillis Lowes is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Always in a despondent condition she says she is possessed of the devil. that there is nothing for her but bottomless pit. that God has forsaken her.

(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 went down Ottaway before day light & drowned herself. she has secured a rope in her bed & commit suicide. She is pain & tormented with spirits, seen five persons &c

Name and Medical Designation, Agnes Duke M.B.

Place of Abode, Whitley R.S.O. Northumberland

DATED this 29th day of January, One thousand 9 hundred

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Matthew Dugauly
being a (2) M.B. B.S.,
and being in actual practice as a (2) Physician & Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) 6 Victoria Crescent – Cullercoats, in the County of Northumberland separately from any other Medical Practitioner, visited and personally examined (4) Phillis Lowes,
and that the said Phillis Lowes, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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 saying that she is eternally lost. Sees the bodies of dead people in working morning. Hears a voice talking to her which she says is either Jesus or Satan think, is the latter. Says she is eternally the residence of the Satanic does not drink.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her cousin who lives with her says that she has often told her she has a nest of fiery serpents inside her; that she has been at times in the bottomless pit with the Devil who is always present. Her cousin also says that at times previous she has made missps but rather half-hearted attempts to end her life. She sometimes sits hours with a rope round her neck.

Name and Medical Designation, J. Dugauly M.B. B.S.

Place of Abode Whitley Bay – Northumberland

DATED this 29th day of January, One thousand 9 hundred

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Rutherford
being (1) a Fellow of the Royal College of Physicians of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Phillis Lowes of Infirmary Cottage Heyder, Bridge, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a
sufficiently good state of bodily health at this date to be removed to the Asylum
at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

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

James Rutherford

DATED this Second day of February — One thousand
Nine hundred.

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

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

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

Signature and Address Margaret Robinson

Date 2nd February 1900.

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

I, George Campion (1) Sheriff Substitute
of ~~the (2)~~ Dumfriesshire Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (3) Mrs Margaret
Robinson, Central Place, Hallowhistle,
Certificates under the hands of Alfred Luke,
and James Matthew Lapsley being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Phillis
Lowes, Spinster, Haydon Bridge, Carlisle (Post Office), and that the said so.
Phillis Lowes is a (5) person of unsound
mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
receive the said Phillis Lowes, 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 Phillis Lowes,
which accompanied the said Petition.

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

DATED [at Dumfries] this Third day of February,
One thousand nine hundred years. — Two words deleted. —

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

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

[Signature] Geo. Campion

No 8501

Phillis Lowes

Adm. 2 February 1900.

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

[FORM A.]

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

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

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

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

The Petition of Miles Mc Jones, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Mc Brierty or Vernon Spinster your Petitioner's (3)

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

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

(*To be signed by the Party applying*) Miles Mc Jones

DATED this 5th (4) day of Feby One thousand eight hundred and ~~and~~ 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 Mc Brierty or Vernon
2. Sex and Age,	Female 44 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	— Housewife
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dowell, Troqueer.
7. Place where Found and Examined,	4 Maxwell St Maxwelltown
8. Length of time Insane,	about 2 months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	Nowhere
12. Duration of Existing Attack,	about 2 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,	Dumfries
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Vernon, Sergeant, Dowell. Troqueer None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has been previously in an Establishment, state name and date of latest admission or approximate thereto. If never previously under examination or treatment state fact.

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

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

(*To be signed by the party applying*) Miles Mc Jones

P. p.

T. & A. C.—March 1899.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Peter Murray Ker
being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 4 Maxwell's Property Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary McBurney or Vernon pauper Dumfries and that the said Mary McBurney or Vernon 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)

Her appearance and manner
She is restless and excited; refuses food and is [illegible]
Has a great fear that some thing is going
She believes she is the victim enemy & person and
refuses she have a dog bark that did during at her

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

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

Name and Medical Designation, Peter Murray Ker M

Place of Abode, 20 Castle Street Dumfries

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Smith
being a (1) Registered Medicine & Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) the Infirmary Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Mc Burney or Vernon, pauper Dumfries and that the said Mary Mc Burney or Vernon is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 excited appearance Tells me that she is constant fear that she is for ever lost & doomed to eternal misery

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

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

Name and Medical Designation, John Smith M

Place of Abode, 43 Castle St. Dumfries

DATED this 5th day of February One thousand eight hundred and 2 ons.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Peter Murray Kerr being (1) Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) 4 Maxwell Pl. Dumfries in the County of Kirkcudbright, seen and personally examined Mary McBrierty a Vernon, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

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

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

(3) State place at which Asylum is situated.

Peter Murray Kerr

DATED this third day of February One thousand ~~eight~~ hundred ~~and~~ 1900 years.

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

I hereby request the Superintendent of the Crichton Royal Asylum at Dumfries to receive therein Mary Mc Brierty or Vernon to whom the foregoing Certificate of Emergency refers.

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

Signature and Address Miles Mc James

Date 3rd Feby 1900

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

I, George Lampion (1) Sheriff-Substitute of ~~the~~ (2) Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) Miles Mc James, Inspector of Poor, Dumfries Certificates under the hands of Peter Murray Kerr and John Smith being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Mc Brierty or Vernon, Domicil Dumfries (a Pauper) and that the said Mary Mc Brierty or Vernon is a (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 Mc Brierty or Vernon 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 Mc Brierty or Vernon, which accompanied the said Petition.

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

DATED [at Dumfries] this fifth day of February One thousand ~~eight hundred and~~ nine hundred years. Four words deleted.

To the Superintendent of the (7) Asylum of

[*Signature*] G. D. Lampion

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

N° 8502

Mary Mc Brierty or Vernon

Dumfries

Adm. 3 February 1900

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

[FORM A.]

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

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

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

Unto the Honourable the (1) Sheriff of Roxburgh, Berwick, and Selkirk *and his Substitutes,—*

The Petition of Dorothea Beloe or Watson, wife of George Wilkie Watson Dental Surgeon, 15 Coates Crescent, Edinburgh, and Sarah Beloe or Watson wife of James Watson, Ironmonger, 21 Silver Street, both with the consent and concurrence of the said George Wilkie Watson and James Watson, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Georgina Beloe, 1 Home Place, Coldstream, 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 Georgina Beloe to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

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

D. Watson G. W. Watson
L. Watson Jas Watson

(To be signed by the Party applying)

DATED this thirty first (4) day of January One thousand nine hundred —

(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,	Georgina Beloe.
2. Sex and Age,	Female - 53 years of age.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Comfortable. No occupation.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	She was born & has all her life resided in Coldstream.
7. Place where Found and Examined,	No 1 Home Place, Coldstream.
8. Length of time Insane,	Of unsound mind for about 25 years & subject to periodical fits of passion.
9. Whether First Attack,	See previous answer.
10. Age (if known) on First Attack,	About 28.
11. When and where previously under Examination and Treatment (3)	Never before under treatment for insanity.
12. Duration of Existing Attack,	see answer to question 8.
13. Supposed Cause,	a love disappointment.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No. She takes great care of herself.
16. Whether Dangerous to others,	No, but she has struck her stepmother.
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,	The petitioner. No member of family known to be or to have been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(3) If patient has been previously in an Asylum, state name and date of latest admission or approximate thereto. If not previously under Examination or treatment state fact.

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

DATED this thirty first day of January One thousand nine hundred —

(To be signed by the party applying) D. Watson G. W. Watson
L. Watson P Jas Watson

T. & A. C.—Nov. 1899.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Geo. Henderson being a (1) Doctor of Medicine of Edinburgh University and being in actual practice as a (2) General Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) No 1 Home Place, Coldstream in the County of Berwick separately from any other Medical Practitioner, visited and personally examined (4) Miss Georgina Beloe 1 Home Place Coldstream and that the said Georgina Beloe is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 very undecided and silly - She flits about the house in an aimless way not answering questions - She is unbecoming in appearance dress unwashed at times though generally childish.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs James Watson, her sister says that she has been very rude to her mother-in-law having knocked her down - She appears very excitable at times & demonstrative. She wanders about the house at night muttering & talking to herself

Name and Medical Designation, Geo. Henderson, M.

Place of Abode, Northview Coldstream

DATED this 30th day of January One thousand nine hundred.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Robertson Dobie being a (1) Doctor of Medicine Edinburgh Univer and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) No 1. Home Place. Coldstream N.B. in the County of Berwick separately from any other Medical Practitioner, visited and personally examined (4) Miss Georgina Beloe 1 Home Place. Coldstream and that the said Georgina Beloe is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) appearance of an imbecile manner - peculiar restless conversation - childish & silly & incoherent stares at you with a vacant idiotic look

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs James Watson. her sister states that she was aimlessly about house & garden with no object breaks out suddenly into irritability of temper. Threatens violence to aged sister, did three times assault her mother Keeps things about her which she has had for 30 years of no use must be removed a great deal to keep peace.

Name and Medical Designation, D Robertson Dobie M.

Place of Abode Victoria St. Coldstream

DATED this Thirtieth day of January One thousand nine hundred 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, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

(1) State medical qualification.

(2) State place of examination.

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

(3) State place at which Asylum is situated.

DATED this day of One thousand hundred

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

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

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

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

I, George Lyon the Dundee Esquire (1) Sheriff Substitute
of ~~the~~ Roxburgh Berwick and ~~of~~ Selkirk
having had produced to me, with a Petition at the instance of (2) Dorothea Beloe or Watson wife of George Arthur Watson Dental Surgeon 15 Coates Crescent Edinburgh and Sarah Beloe or Watson wife of James Watson Ironmonger 21 Bridge Certificates under the hands of George Henderson M.D. and David Robertson Dobie 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) Miss Georgina Beloe the Petitioners' sister and that the said Miss Georgina Beloe is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Miss Georgina Beloe as a Patient into the Crichton Royal ~~Asylum at~~ Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Miss Georgina Beloe which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

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

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

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

DATED [at Dums] this First day of February
One thousand nine hundred

To the Superintendent of the (6) Crichton Royal Institution
~~Asylum of~~ Dumfries.

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

[Signature] G. S. Dundas

Sheriff Court of Roxburgh
Berwick & Selkirk at Duns.

Petition

by

Dorothea Belloc or Watson
and Sarah Belloc or Watson
with consent of their
husbands

for

transmission & reception
of Georgina Belloc in
Crichton Royal Institution,
Dumfries.

1900.

Dues 5/ pd.

No 8503

Georgina Belloc

Duns 6 February 1900.

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

[FORM A.]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Elizabeth Townley, your Petitioner's (3) Lawful Daughter, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Townley, 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.

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

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

DATED this Seventh (4) day of February, One thousand nine hundred 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 Townley.
2. Sex and Age,	Female — 36.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	— Milliner.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	43 Wallace St, Dumfries.
7. Place where Found and Examined,	Do. — Do.
8. Length of time Insane,	Over 3 months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	No where.
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,	Dumfries.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Edward Townley, Labourer, 43 Wallace St. is her Father. None.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

DATED this Sixth day of February — One thousand nine hundred Years.

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

Georgina Potter No 8503 Dues 5/ p.c.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Peter Murray Kerr
being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh,
and being in actual practice as a (2) General Practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) 43 Wallace Street, Dumfries,
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Townley, pauper, 43 Wallace Street, Dumfries
and that the said Elizabeth Townley,
is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, 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 and manner
She is maniacal:
She keeps constantly shouting and talks incoherently.

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

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

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode, 20 Castle Street Dumfries

DATED this sixth day of February One thousand nine hundred and 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, George Robert Livingston
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University & Surgeon,
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Royal Institution, Dumfries,
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Townley, pauper
and that the said Elizabeth Townley
is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, 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. Resistive manner. Patient refusing to move. Yelling during whole of interview. Incoherent 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, George R. Livingston M.B.C.M.

Place of Abode 35 George Street Dumfries

DATED this twenty-sixth day of February, One thousand nine hundred and years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Peter Murray Kerr, being (1) Bachelor of Medicine and Master in Surgery, hereby certify, on soul and conscience, that I have this day, at (2) 43 Wallace Street, in the County of Dumfries, seen and personally examined Elizabeth Townley, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries,

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

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Peter Murray Kerr

DATED this Sixth day of February One thousand nine hundred years

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

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

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

Signature and Address Miles Mc Innes

Date 6th Feby 1900.

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

I, John Clerk, Honorary — (1) Sheriff Substitute of ~~the~~ (2) Dumfries and Galloway, at 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 Peter Murray Kerr, and George Robert Pennington, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Townley, 43 Wallace Street, Dumfries, a Pauper, and that the said Elizabeth Townley is a (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 Townley as a patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Townley which accompanied the said Petition.

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

DATED [at Dumfries, this Eighth day of February, One thousand nine hundred years — Two words deleted.

To the Superintendent of the (6) Public, *Asylum of* Crichton Royal Institution, Dumfries.

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

[*Signature*] John Clerk

No 8504

Elizabeth Townley

Dumfries

Adm. 6 February 1900.

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

[FORM A]

25 & 26 *Vict., 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 County~~ of Dumfries & Galloway *and his Substitutes,*—at Dumfries;

The Petition of Geo. M'Farlan, Insp. of Poor, Closeburn;

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Irving, Cample, Closeburn,

(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 Agnes Irving to the ~~Crichton~~ Royal ~~Institution~~ Dumfries,—and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Geo. M'Farlan

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

DATED this 14th (3) day of February, One thousand ~~eight~~ nine 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,	Agnes Irving.
2. Sex and Age,	Female. 68 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Pauper — General Worker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Cample, Closeburn.
7. Place where Found and Examined,	Cample.
8. Length of time Insane,	2 days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	42 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Crichton Royal Dumfries. 1893, June 24.
12. Duration of Existing Attack,	2 days (excitable for a month).
13. Supposed Cause,	None.
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,	19th May 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,	Sarah Irving or Sharpe, Sister, Cample Sladks, Closeburn. Yes.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

DATED this 14th day of February, One thousand ~~eight~~ nine hundred ~~and~~

(To be signed by the Party applying) Geo. M'Farlan

P. F.

Glasgow Journal

No 8504

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Dunlop, ——— being a (1) Bachelor of Medicine & Master in Surgery, &

and being in actual practice as a (2) Physician & Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) Campbell Cottage, ——— in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) Agnes Irving, Pauper. ——— 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) Constantly talking nonsense, making use of obscene and irreverent remarks, wild expression of her eyes, &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Martin, Coalburn Mill, informs me that she has not slept for nights, keeps on nonsense, &c.

Name and Medical Designation, Thomas Dunlop M.B.

Place of Abode, Thornhill, Dumfries.

DATED this Thirteenth day of February, One thousand ~~eight~~ nine hundred and

---

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alfred George Stewart, ——— being a (1) Bachelor of Medicine, Bachelor of Surgery 18

and being in actual practice as a (2) Physician & Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) Campbell Cottage, ——— in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) Agnes Irving, Pauper, ——— 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)

(1) incoherent talking.

(2) insane expression of face.

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

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

Nancy Watt, Campbell Cottage, informs me that she refuses both food & medicine, and is constantly using bad language

Name and Medical Designation, Alfred George Stewart

Place of Abode Thornhill, Dumfriesshire

DATED this thirteenth day of February —— One thousand ~~eight~~ nine 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, Thomas Dunlop, being (1) Bachelor of medicine & Master in Surgery, hereby certify, on soul and conscience, that I have this day, at (2) Lample, in the County of Dumfries, seen and personally examined Agnes Irving, Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.

(2) State place of examination.

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

Thomas Dunlop MB Ch

DATED this Sixteenth day of February, One thousand ~~eight~~ nine hundred ~~and~~

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

I hereby request the Superintendent of the ~~Crichton Royal Institution~~ Dumfries, Asylum to receive therein Agnes Irving, to whom the foregoing Certificate of Emergency refers.

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

Signature and Address Geo M Farlan Insp of Poor Closeburn

Date 14th February 1900

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

I, John Clark Hon: Sheriff Substitute of ~~Sheriff~~ Dumfries and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (3) George M^c Farlan, Inspector of Poor, Closeburn, Certificates under the hands of Thomas Dunlop, and Alfred George Stuart, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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, Lample, 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 Crichton Royal Institution and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Irving, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

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

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

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

DATED this Sixteenth day of February, One thousand ~~eight~~ nine hundred ~~and~~ years. Four printed words deleted.

Jn Clerk

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

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

No 8505

Agnes Irving

Colchester

Adm. 14 February 1900.

[Form A]

This Form shall be keeping of the ... tent of the Asylum ... order of the Sheriff

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

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

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

The Petition of Henry Roberts Sewell, Inspector of Poor, Lochmaben: humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Joseph Laurie, your Petitioner's (1) Pauper, is at present in a state of Mental Derangement, and a proper Person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Joseph Laurie, to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(1) Degree of Relation or other capacity in which Petitioner stands.

(To be signed by the Party applying) Henry Roberts Sewell

DATED this Twenty Second (2) day of February, One thousand ~~eight~~ nine hundred ~~and~~

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

STATEMENT.

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

Christian Name and Surname of Patient at length,	Joseph Laurie.
Sex and age,	Male. 64 yrs.
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,	Lochfoot.
Place where found and examined,	Lochfoot.
Length of time Insane,	5 days. (previously confined.)
Whether First Attack,	No.
Age (if known) on First Attack,	
When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Crichton Royal Asylum. 17th August 1899.
Duration of Existing Attack,	5 days.
Supposed Cause,	
Whether subject to Epilepsy,	Yes.
Whether Suicidal,	No.
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochrutton.
Date of becoming Chargeable,	17th Aug 1899.
Christian Name and Surname, and place of Abode of nearest known 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 Johnstone, and Jane Johnstone (wife of Joseph "). Jane has been 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 Twenty Second day of February, One thousand ~~eight~~ nine hundred

(To be signed by the Party applying) Henry R. Sewell Inspector.

No 8505 James Irvine

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Univers and being in actual practice as a (2) Physician and Surgeon do hereby certify, on Soul and Conscience, that I have this day, at (3) Lochfoot, Lo Turn end Bright, ——— in the County of ——— separately from any other Medical Practitioner, visited and personally examined (4) Joseph Laurie, Labour Lochfoot, a Pauper, ——— and that the said Joseph Laurie, ——— is a (5) Person of unsoun and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His excited insan appearance, rambling incoherent and delusions. Tells one that he been in hell.

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

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

Name and Medical Designation, John Smith M

Place of Abode, 47 Castle St. Dumfries

DATED this twenty second day of February, One thousand ~~eight~~ hundred and nine 7 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, Walter Duncan Friend — being a (1) Bachelor of Medicine & Master of Surgery 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) 79 Buccleuch Street, Dumfries, ——— in the County of Dumfries, — separately from any other Medical Practitioner, visited and personally examined (4) Joseph Laurie. Lochfoot, Pauper, ——— and that the said Joseph Laurie ——— is a (5) person of unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

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

He laughs, sings in an excited demeanour. He does not answer questions rationa

(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, W. D. Friend M.B. C.M.

Place of Abode, Dumfries.

DATED this twenty second day of February — One thousand ~~eight~~ hundred and nine 7 years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith
being (1) a Graduate in Medicine of Edinburgh University
hereby certify, on Soul and Conscience, that I have this day, at (2) Lochfoot,
Lochrutton
in the County of Kirkcudbright —, seen and personally examined
Joseph Laurie, and that the said
Person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said Person is one of Emergency.

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

John Smith M.D.

DATED this twenty-second day of February — One thousand ~~eight~~ nine hundred and Years.

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

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

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

Signature and Address, Henry R Sewell, Lochfoot, Dumfries

Date, 22nd Feby 1900.

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

I, George Sampson, Sheriff-Substitute
of ~~the County of~~ Dumfries and Galloway at Dumfries,
having had produced to me, with a Petition at the instance of (1) Henry
Roberts Sewell, Inspector of Poor, Lochrutton,
Certificates under the hands of John Smith,
and Walter Duncan Grieve, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2)
Joseph Laurie Labourer Lochfoot, (a Pauper,)
and that the said Joseph Laurie is a (3) person of
unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Laurie, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Laurie,
which accompanied the said Petition.

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

DATED this Twenty-fourth day of February — One thousand ~~eight~~ nine hundred and ~~five~~ Four Printed words deleted.

Geo: Sampson

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

No. 8506

Name, Joseph Laurie
Lochwatten

Date of Admission, 22 February 1900

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

[FORM A.]

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

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

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

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

The Petition of John Mc Michan, Farmer, White Hill, Parton,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Elizabeth Mc Michan, Whitehill, Parton, 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 Margaret Elizabeth Mc Michan, —— to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) John Mc Michan

DATED this Twenty fourth (4) day of February, —— One thousand nine hundred 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 Elizabeth Mc Michan.
2. Sex and Age,	Female. 25.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Farmer's daughter.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	Parton Kirkcudbrightshire.
7. Place where Found and Examined,	Dumfries.
8. Length of time Insane,	About 15 months.
9. Whether First Attack,	A Second Attack.
10. Age (if known) on First Attack,	20.
11. When and where previously under Examination and Treatment (3)	Crichton Royal Institution, from Jan 7th 1849 to Oct 28th 1849.
12. Duration of Existing Attack,	About 18 months.
13. Supposed Cause,	Adolescence.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Mc Michan, Whitehill, Parton, - Father.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

(3) patient has previously in an asylum, state the date of latest admission or approximate thereto. If never previously under institution or treatment state fact.

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

DATED this Twenty fourth day of February, —— One thousand nine hundred.

(To be signed by the party applying) John Mc Michan

T. & A. C.—Nov. 1899.

P p

Name Joseph Laurie No. 8506

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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) a graduate in medicine of Edinburgh Univer
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 47 Carruth
Dumfries, in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Elizabeth Mc Meeka
Parton, Kirkcudbright and that
the said Margaret Elizabeth McMeeken is a (5) person of unso
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane, unclea
appearance and delusions, tells one th
stories and other things become attache
her head and she cannot get rid of these

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

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

Name and Medical Designation, John Smith MB

Place of Abode, 47 Carruth Dumfries

DATED this twenty fourth day of February, — One thousand nine hundred 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, Peter Murray Kerr,
being a (1) Bachelor of Medicine and Master in Surgery
the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution, in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Elizabeth Mc Meeka
Parton, Kirkcudbright, and that
the said Margaret Elizabeth Mc Meeken, is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 and manner.
She believes her head to be full of insects
crawling and more about. She is afraid to move
disturbing them. She is very miserable
She hears noises which prevent her from sleepi

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

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

Name and Medical Designation, Peter Murray Kerr MB

Place of Abode 20 Castle Street Dumf

DATED this twenty fourth day of February, — One thousand nine hundred years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith, being (1) a graduate in medicine of Edinburgh University, hereby certify, on soul and conscience, that I have this day, at (2) 47 Castle Street Dumfries in the County of Dumfries, seen and personally examined Margaret Elizabeth Mc Michan, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

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

John Smith M.D. X

DATED this twenty fourth day of February, One thousand nine hundred

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

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Margaret Elizabeth McMichan — to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Father X Sign here

Signature and Address John Mc Michan, Whitehill, Parton.

Date February 24th. 1900.

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

I, George Campion Sheriff-Substitute of the Dumfries and Galloway, at Dumfries, having had produced to me with a Petition at the instance of (4) John Mc Michan, Farmer, Whitehill, Parton, Certificates under the hands of John Smith, and Peter Murray Kerr — being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Margaret Elizabeth Mc Michan, Whitehill, Parton, Parton, Dumfries, and that the said Margaret Elizabeth Mc Michan 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 Margaret Elizabeth Mc Michan 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 Margaret Elizabeth Mc Michan, which accompanied the said Petition.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(4) State whether a County or Stewartry.

(5) Insert Name and Designation.

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

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

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

DATED [at Dumfries] this twenty-sixth day of February, One thousand nine hundred years.

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

Geo: Campion

[Signature]

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

Johnstone, Kirkcudbright; Says that Miss Johnstone's name is Mary, not Polly.

N° 8507

Margaret Elizabeth McMichan

Adm. 24 February 1900.

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Laura Isabel Johnstone Grein Maclean Knaresborough

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

your Petitioner's (3) Daughter

(3) State degree of relationship or other circumstances in which Petitioner stands to the Patient.

is at present in a state of Mental Derangement, and a proper person for treatment in an ...hip to authorize the trans- ... to the ...uction for admission into ...

Robert J Johnstone

...ary One thousand 1900

...e fact to be so stated.

...ong

...yours faithfully ...y in America

U.S.

...attach five years ago

...t Court

Robt Johnstone

...rectly stated.

DATED this 25th day of February One thousand nine hundred and ~~eight hundred~~ and

(*To be signed by the party applying*) Hon Robert Johnstone P. P.

CRICHTON ROYAL.

POST OFFICE TELEGRAPHS.—PRIVATE WIRE.

No. of Message

Date Stamp. 14 March 1900

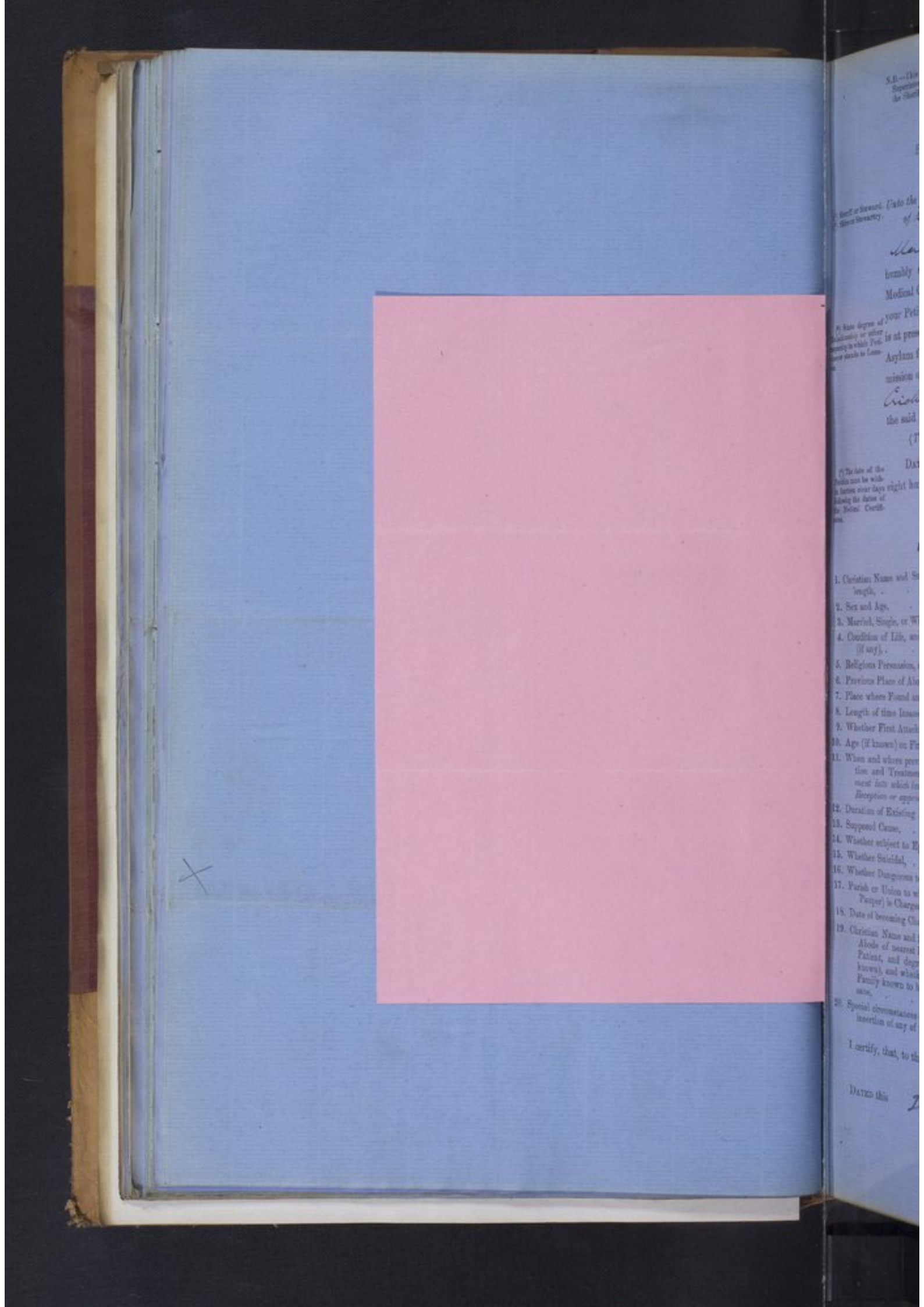
Handed in at the ... Office at ... M. Received here at ... M

TO

Telephone message received from Mr. Johnstone, Kirkcudbright: A today Boyd Mrs Johnstone's name is Mary, not Polly.

H. 8507

Margaret Elizabeth Mc Millan



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

[FORM A]

25 & 26 *Vict., 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) of Dumfries and Galloway and his Substitutes,

The Petition of Henry Robert Johnstone Grain Merchant Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Polly Johnston your Petitioner's (3) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Polly Johnston 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.

(*To be signed by the Party applying*) Henry Robert Johnstone

(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 February One thousand eight hundred and 1900

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Polly Johnstone
2. Sex and Age,	26 years female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Has been lately in America
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Boston U.S.
7. Place where Found and Examined,	
8. Length of time Insane,	Had a slight attack four years ago 21 years
9. Whether First Attack,	got well at home
10. Age (if known) on First Attack,	cant tell
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	cant tell
12. Duration of Existing Attack,	no
13. Supposed Cause,	yes
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,	Henry Robert Johnstone
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 25th day of February One thousand ~~eight hundred~~ nine hundred and

(*To be signed by the party applying*) Henry Robert 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, Wm Johnstone being a (1) M.D. of Edinburgh

and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Bridge Kirkcudbright Kirkcudbright- in the County separately from any other Medical Practitioner visited and personally examined (4) Miss Polly Johnstone and the said Polly 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)
Mrs Otte in in dread of being poisoned or killed by her friends. & does what she can to throw herself out of a high window was only caught in time, &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother in Law states, that she is afraid and does not sleep unless we keep continually watched for fear of her suicide &c

Name and Medical Designation, Wm Johnstone

Place of Abode, Kirkcudbright

DATED this 25th day of February 1900, ~~hundred and~~ ~~One thousand eigh~~

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Swanston Spence Reid. being a (1) M.B. C.M. of Edinburgh University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Bridge St Kirkcudbright Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Polly Johnstone and that the said Polly Johnstone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She wanted me to tell her when & why I was going to cut her in pieces. Told me she was afraid of her friends killing her. ~~She keeps hard~~ ~~[illegible]~~ This of course is ~~at~~ intime.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Johnstone her mother ~~told~~ told me tried yesterday to throw herself out of the window & was nearly successful. She sleeps very little & is restless & always wants to wander on

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

Place of Abode Oakley Kirkcudbright

DATED this 25th day of February One thousand ~~eight~~ hundred ~~and~~

CERTIFICATE OF EMERGENCY.

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

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

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

(1) State medical qualification.

(2) State place of examination.

DATED this day of One thousand eight hundred and

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

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

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

Signature and Address

Date

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

I, William Darling Lyell (1) Esqr. Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Henry Robert Johnstone
Certificates under the hands of William Johnstone
and William Joaunstone Hene 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) Polly Johnstone and that the said Polly Johnstone is a (5) person of unsound mind

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

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

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

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Polly Johnstone 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 Polly Johnstone which accompanied the said Petition.

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

DATED this twenty Sixth day of February One thousand ~~eight~~ Nine hundred ~~and~~

William Darling Lyell

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

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

N°8508

Polly Johnstone

Adm. 27 February 1900.

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Jardine Dunlop, Inspector of Mochrum Parish, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Crawley (Junior) son of James Crawley, Kellantrae Croft, 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 Crawley (Junior) to the ~~Dumfries Royal Lunatic~~ 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 Jardine Dunlop.

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

DATED this twenty-sixth (4) day of February. One thousand ~~eight hundred and~~ nine hundred ~~and ninety~~ 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,	James Crawley (Junior)
Sex and Age,	male - 37 -
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Agricultural Labourer
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	" Kellantrae Croft.
Place where Found and Examined,	"
Length of time Insane,	five weeks.
Whether First Attack,	yes.
Age (if known) on First Attack,	"
When and where previously under Examination and Treatment,	"
Duration of Existing Attack,	five weeks.
Supposed Cause,	unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	Has not threatened suicide
Whether Dangerous to others,	Has not threatened others.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Mochrum Parish
Date of becoming Chargeable,	twenty-sixth day of February
Christian Name and Surname, and Place of Abode of nearest known 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 Crawley, Kellantrae Croft Portwilliam, Wigtownshire (Father) 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 twenty-sixth day of February One thousand ~~eight hundred and~~ nine hundred ~~and ninety~~ years.

(*To be signed by Party applying*) John Jardine Dunlop.

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, *or* an insane person, *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 Reid Selby being a (1) Doctor of Medicine and licentiate of the 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) Killantringan croft - parish of Mochrum - Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) James Crawley - Junior - Pauper and the said James Crawley Junior is a (5) person of unsound mind and a proper Person to be detained 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 hears people crying to him and annoying him both when in his room at home and when he is on his way to Stranraer about three weeks, he fled and left the public road and fled across the country to avoid people & began on a moor calling out as if trying to escape from them

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Crawley his mother tells me that he has been very unsettled for a year past & has been to Stranraer to escape from the thought annoying him but without deriving any benefit
Police Constable Hamilton states that Crawley called on him twice wishing a l for some ridiculous cause

Name and Medical Designation, Robert B. Selby M.D. & L.R.C.P.S. E.

Place of Abode, Portwilliam

DATED this 26th day of February One thousand

MEDICAL CERTIFICATE, No. II.

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

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

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

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

(5) Lunatic, *or* an insane person, *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 Fleming Smith being a (1) Bachelor of medicine & master of surgery Edinburgh 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) Killantringan Croft in the Parish of Mochrum in the County separately from any other Medical Practitioner visited and personally examined (4) James Crawley son of James Crawley Croft and the said James Crawley is a (5) person of unsound mind and a proper person to be detained 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 silent, dull & dejected & attributes his dullness to voices which he hears constantly calling him names & accusing him of crimes

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother informs me that he is melancholy & states that he has run across country to escape an imaginary assailant

Name and Medical Designation, James F. Smith M.B. C.M.

Place of Abode Whithorn

DATED this 26th day of February One thousand

CERTIFICATE OF EMERGENCY.

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

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and 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 Macthie (1) Honorary Sheriff Substitute of the (2) Sheriffdom of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) John Jardine Dunlop Inspector of Poor for Melrurny Parish Certificates under the hands of Robert Bird Selby and James Fleming 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 Crawley Junior son of James Crawley, Carter and that the said James Crawley Junior is a (5) person of Unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Crawley Junior as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Crawley Junior which accompanied the said Petition.

DATED this 27th day of February One thousand ~~eight~~ ~~hundred and~~ nine hundred

Wm Macthie

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

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

No 8509

James Crawley

Stockman

Adm. 28: February 1900.

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

[FORM A.

25 & 26 *Vict.*, *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* Kirkcudbright *and his Substitutes,—*

The Petition of James Bannerman

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Bannerman daughter your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Marion Bannerman to the Crichton Institution, Dumfries and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) James Bannerman

(4) The date of the petition must be within fourteen clear days ~~eight~~ Nine following the dates of the Medical Certificates.

DATED this Second (4) day of March 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,	Marion Bannerman
2. Sex and Age,	Female — 24 yrs
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer's daughter — Domestic service
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	West Logan - Buittle - by Dalbeattie
7. Place where Found and Examined,	West Logan - Buittle by Dalbeattie
8. Length of time Insane,	A month
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	23 yrs
11. When and where previously under Examination and Treatment (5)	In April 1899 - Gartcosh Asylum, Gartcosh, N. Glasgow
12. Duration of Existing Attack,	A month
13. Supposed Cause,	Influenza
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. Christian Name and Surname, and Place of Abode of nearest known 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 Bannerman, West Logan, Buittle by Dalbeattie. ~~Dumfriesshire~~ Kirkcudbrightshire Father No member of family known to have been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) Patient has previously in an Asylum, state date of latest or approximate. If previously under Medical or treatment.

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 Nine

(To be signed by the party applying) James Bannerman

P. p.

No 8509 James Crawford Bannerman

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Edward Balman Keltie
being a (1) Graduate 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)
West Logan, Beattie by Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Marion Barrowman.
West Logan, Beattie by Dalbeattie and that the said Marion Barrowman is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 sits gazing fixedly before her – it is impossible to attract her attention – She cannot be induced to utter a syllable –

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Susan Barrowman, sister, informed that the patient refuses to take nutriment – that she sits for hours at a time without speaking – that she was found in bed in a similar condition while sitting by the fire on an attempt to commit suicide – that the husband and

Name and Medical Designation, Edward Balman Keltie M.B. C.M. Edin.

Place of Abode, Castle Douglas Kirkcudbright

DATED this Second day of March One thousand eight hundred and

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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, Guy Verney Fletcher
being a (1) Licentiate of the Royal College of Physicians Edin
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3)
West Logan Beattie by Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Marion Barrowman
West Logan Beattie by Dalbeattie and that the said Marion Barrowman is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 sits for hours looking fixedly before her & pays no heed to any questions addressed to her. Apparently she does not take notice of anything said or done near her

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Susan Barrowman informed that the patient refused to take food & that she laboured under the delusion that her life had been of an extremely bad character this being one of the reasons for refusing food or anything. Patient says he does not believe a portion of the statements regarding immoral intercourse

Name and Medical Designation, Guy Verney Fletcher L.R.C.P. & S. Edin

Place of Abode Castle Douglas

DATED this Second day of March One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

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

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

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

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

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

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

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

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

I, William Darling Rodd (1) Dep. Sheriff Substitute
of ~~the~~ (2) Dumfries & Galloway
having had produced to me, with a Petition at the instance of (3) James
Barrowman
Certificates under the hands of Edward Bakman Hastor
and Guy Fenwick Hastor, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Barrowman and that the said
Marion Barrowman is a (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 Barrowman as a Patient into the (6) Crichton Royal Asylum of 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 Marion Barrowman which accompanied the said Petition.

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

DATED [at Kirkcudbright] this Third day of March
One thousand ~~eight hundred and~~ Nine hundred.

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

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

[*Signature*] Wm Darling Rodd

No 8510

Marion Barrowman

Adm. 3 March 1900.

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

[FORM A.]

25 & 26 *Vict., 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 Dumfries & Galloway; —— of —— *and his Substitutes,* —— at Dumfries.

The Petition of Mrs Sarah Davidson, Dalskairth Gardens, Irongeer,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Davidson, Dalskairth Gardens, Irongeer, your Petitioner's (2) husband,

(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 Thomas Davidson, —— to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Sarah Davidson

DATED this Ninth — (3) day of March, —— One thousand nine hundred years.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Thomas Davidson.
2. Sex and Age,	Male, 39 Years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gardener.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Dalskairth Gardens, Irongeer.
7. Place where Found and Examined,	do. do.
8. Length of time Insane,	A few days.
9. Whether First Attack,	Second attack.
10. Age (if known) on First Attack,	38.
11. When and where previously under Examination and Treatment (3)	At home.
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	Yes.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	——
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Mrs Davidson (wife) Dalskairth Gardens, Irongeer. Dumfries.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	——
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(3) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or treatment, state the fact.

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

DATED this Ninth — day of March, — One thousand nine hundred years.

(To be signed by the party applying) Sarah Davidson

P p

T. & A. C.—Nov. 1899.

Mowbray Collection No 8510

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Frederick Hugh Clarke ——— being a (1) Bachelor of Medicine & Master in Surgery ——— Glasgow University, ——— and being in actual practice as a (2) Physician & Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) Dalscairth Gardens, Troqueer, ——— in the County of Kirkcudbright ——— separately from any other Medical Practitioner, visited and personally examined (4) Thomas Davidson, Gardener, Dalscairth, Troqueer, ——— and that the said Thomas Davidson, ——— is a (5) Person of unsound mind, ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is depressed. Says he has sudden fancies coming into his head upon which he must act. Says he is sleepless and has pains through his head. ———

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Davidson Dalscairth Gardens, Troqueer informed me that this day he was shouting from the garden to his house saying that some men were going to kill him. Also that he has other delusions at times. ———

Name and Medical Designation, Frederick Hugh Clarke

Place of Abode, Charlotte Street Dumfries

DATED this Seventh day of March — One thousand nine hundred 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 Glasgow University and Surgeon ——— and being in actual practice as a (2) Physician and Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution — 2nd House, in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) Thomas Davidson, Gardener, Dalscairth, Troqueer, Kirkcudbrightshire — and that the said Thomas Davidson, ——— is a (5) person of unsound mind, ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a depressed, and distressed appearance, says he has sinned against God, and that everything has gone wrong with him: has delusions about being tortured, &c. In the War, and mingles this in a confused manner with his wo

(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. &c.

Place of Abode 24 Castle Street, Dumfries

DATED this Ninth day of March, — One thousand nine hundred years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Frederick Hugh Clarke, being (1) physician and Surgeon, hereby certify, on soul and conscience, that I have this day, at (2) Dalskairth in the County of Kirkcudbright, seen and personally examined Thomas Davidson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

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

Frederick Hugh Clarke M.B.C.M.

DATED this Seventh day of March, One thousand nine hundred years.

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

I hereby request the Superintendent of the Crichton Royal Institn Asylum to receive therein Thomas Davidson, to whom the foregoing Certificate of Emergency refers.

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

Signature and Address Sarah Davidson Dalskairth Gardens Thornhill

Date 8th March 1900. Thornhill

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

I, George Campion, Sheriff-Substitute of Dumfries, ~~of the~~ (1) and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (2) Mrs Sarah Davidson, Dalskairth Gardens, Thornhill, Certificates under the hands of Frederick Hugh Clarke, 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 (3) Thomas Davidson, Gardens, Dalskairth, Thornhill and that the said Thomas Davidson, 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 Thomas Davidson, as a Patient into the (5) Public Asylum of Crichton Royal Institution, and I authorize your Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Davidson, which accompanied the said Petition.

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

DATED [at Dumfries,] this Ninth day of March One thousand nine hundred years.

To the Superintendent of the (5) Public *Asylum of* Crichton Royal Institution

[*Signature*] Geo: Campion

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

h° 8511

Thomas Davidson

Adm. 8 March 1900.

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

[FORM A.]

25 & 26 *Vict., 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 Dumfries & Galloway, *and his Substitutes,*— at Dumfries:

The Petition of John Kennedy, Farmer, Hillcrest, Hannahstown, Dunmurry, Belfast, ——

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Kennedy, Hillcrest, Hannahstown, Dunmurry, your Petitioner's (2) daughter, ——

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

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

(To be signed by the Party applying) John Kennedy

DATED this Twenty sixth (3) day of February, —— One thousand ~~eight~~ nine hundred ~~and~~ ——.

(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,	Margaret Kennedy.
2. Sex and Age,	female - aged 28 years.
3. Married, Single, or Widowed,	single.
4. Condition of Life, and previous Occupation (if any),	farmer's daughter of no occupation.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous Place of Abode,	Hillcrest Hannahstown Dunmurry Belfast
7. Place where Found and Examined,	examined at Dr's house in Belfast
8. Length of time Insane,	mind weakening for four years.
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	24 years.
11. When and where previously under Examination and Treatment (5)	has been attended by family Dr.
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,	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 Family known to be or to have been Insane,	John Kennedy father of patient. Hillcrest Dunmurry. No member of family on either side has been insane of unsound mind.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has been previously in an Asylum, state the date of latest admission or approximate thereto. If previously under Medical Attendance or Treatment, state the fact.

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

DATED this Twenty sixth day of February, —— One thousand Nine hundred ——

(To be signed by the party applying) John Kennedy

T. & A. C.—Nov. 1899.

P P

Hannah Dunlop 1158 ii

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 James Milligan
being a (1) Licentiate of the Royal College of Ph
Edinburgh, ——
and being in actual practice as a (2) Physician ——
do hereby certify, on soul and conscience, that I have this day, at (3) Lower
Ballysillan, ——
Antrim —— separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Kennedy, Spinr
Hillcrest, Hannahstown, Dunmurry, Belfast, and that
the said Margaret Kennedy, —— is a (5) Person of Unso
Mind —— and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) So much alt
what I have known in her Manner; reserved; and restless.
Admitted her unwillingness to take food, and
dress herself, and can assign no reason
Says she is disturbed by voices heard at night

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
informed by her Sister that she refuses
to take her food & requires to be fed by hand
to dress herself or attend to her person Refu

Name and Medical Designation, Charles James Milligan

Place of Abode, Lower Ballysillan, Belfas

DATED this twentysecond day of February, One thousand
hundred.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 M'Connell, ——
being a (1) Licentiate of the Royal College of Physicians and
of Edinburgh, ——
and being in actual practice as a (2) Physician & Surgeon, ——
do hereby certify, on soul and conscience, that I have this day, at (3) 12 College Sq. No
Belfast, ——
Antrim, —— separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Kennedy, Spinster,
Hillcrest Hannahstown, Dunmurry, Belfast, and that
the said Margaret Kennedy, —— is a (5) person of
Unsound Mind —— and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Total change of manner — — — aspect
Peculiarly quiet yet restless
Total change style from ne knowledge of h same condition

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

Information from Sister Jane Kennedy.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Refuse food. Will not attend to natural c
Objects to dressing or moving in any way
would run away if opportunity offered.

Name and Medical Designation, A M'Connell L R C S I.

Place of Abode, 12 College Square North Belf

DATED this Twentysixth day of February, One thousand
hundred ——.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 McConnell, — Edinburgh, being (1) a Licentiate of the Royal College of Physicians & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Belfast — in the County of Antrim Ireland —, seen and personally examined Margaret Kennedy, —, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton Royal Institution Dumfries, Scotland, — And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

A McConnell LRCS&P Ed.

DATED this Twentysixth day of February, One thousand nine hundred and 00.

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

I hereby request the Superintendent of the Crichton Royal Institution, Asylum to receive therein Margaret Kennedy — to whom the foregoing Certificate of Emergency refers.

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

Signature and Address John Kennedy

Date Twenty sixth of February, 1900.

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

I, George Campion, Sheriff Substitute, — of the (1) Dumfries and Galloway at Dumfries, — having had produced to me, with a Petition at the instance of (2) John Kennedy, Farmer, Hillcrest, Hannahstown, Dunmurry, Belfast, — Certificates under the hands of Charles James Milligan LR.C.P.S. — and Andrew McConnell, — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kennedy, Hillcrest, Hannahstown, Dunmurry, (Farmer's Daughter) and that the said Margaret Kennedy, — is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Kennedy, — 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 Margaret Kennedy which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

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

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

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

DATED [at Dumfries, —] this Twenty-eighth day of February, One thousand nine hundred Two words deleted.

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

[*Signature*] Geo. Campion

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

No 8512

Margaret Kennedy

Adm. 9th March 1900

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

[FORM A]

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

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

The Petition of William Mackie, Inspector of poor of Wigtown, residing in Wigtown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Wallace, 30 North Back Street, Wigtown 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 Wallace to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) Wm Mackie, Inspector of poor

DATED this ninth (4) day of March One thousand ~~eight hundred and~~ nine hundred

(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 Wallace
2. Sex and Age,	Female, aged 23 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
6. Previous Place of Abode,	30 North Back Street Wigtown, with parents
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	About two years and three months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	21 nearly
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously treated before
12. Duration of Existing Attack,	About 2 3/12 years
13. Supposed Cause,	not known possibly religious excitement
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Wigtown
18. Date of becoming Chargeable,	9 March 1900
19. Christian Name and Surname, and Place of Abode of nearest known 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 Wallace, labourer, Wigtown mother Catherine McKie Hannah Isabel Margaret in Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

DATED this ninth day of March One thousand ~~eight hundred and~~ nine hundred.

(To be signed by the party applying) Wm Mackie

P. p.

Monreith Asylum 7158

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 MacBride
being a (1) Doctor of Medicine of the University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 30 North
Back Street Wigtown in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Wallace, Pauper
30 North Back Street Wigtown and that
the said Agnes Wallace is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Sits up in bed singing hymns and
reading a Bible – refuses to speak
when spoken to – And takes no notice of
any one present. In very feeble health

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr. Catherine Wallace her mother says
She frequently refuses food and all
medicines prescribed for her and has
Cloths latterly

Name and Medical Designation, Charles MacBride

Place of Abode, Wigtown

DATED this 6th day of March One thousand eight
hundred and seventy-seven.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Arnold Hunter
being a (1) Bachelor of Medicine & Master of Surgery of the
University of Edinburgh
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 30 North Back St
Wigtown in the County of
Wigtownshire separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Wallace, 30 North Back St
Pauper and that
the said Agnes Wallace 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)
Patient during my visit refused to speak or answer any question
any notice of my presence. She sat up in bed with her face towards
& all the time sang to herself, repeating what appeared like the chorus of
some words being recognisable. Intently pictured & otherwise took no

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mother states that patient behaves oddly & is anxious about the
state. Sometimes refuses food for days & refuses to take any medicine
& the medical attendant. Sometimes prays all night. Appears to have
delusions

Name and Medical Designation, John A Hunter M.B., Ch

Place of Abode Breadwood, Wigtown

DATED this 9th day of March One thousand eight
hundred and seventy-seven.

CERTIFICATE OF EMERGENCY.

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

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

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

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

DATED this day of One thousand eight
hundred and

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

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

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

Signature and Address

Date

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

I, Ebenezer Shaw (1) Hon. Sheriff Substitute
of the (2) County
having had produced to me, with a Petition at the instance of (3) William Wallace
Inspector of Poor of Wigtown residing in Wigtown
Certificates under the hands of Charles MacBride M.D.
and John Arnold Hunter 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)
Agnes Wallace 30 North Back Street Wigtown and that the said
Agnes Wallace is a (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 Wallace 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 Wallace which accompanied the said Petition.

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

DATED this 9th day of March One thousand ~~eight hundred and~~ nine hundred

Eben Shaw

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

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

No 8513

Agnes Wallace

Wigtown

Adm. 10 March 1900

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

[FORM A.]

25 & 26 *Vict., 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 Dumfries & Galloway, at Dumfries: and his Substitutes,—

The Petition of James Blumer, Plain Draper, Darlington, County Durham.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Hart Dent, 46 Market Place, Bishop Auckland, brother-in-law,

(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 Joseph Hart Dent —— to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) James Blumer.

DATED this Seventeenth (4) day of March, —— One thousand nine hundred —

(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 Hart Dent.
2. Sex and Age,	Male — Forty four.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	—— Auctioneer.
5. Religious Persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	Bishop Auckland.
7. Place where Found and Examined,	Bishop Auckland & Hartlepool.
8. Length of time Insane,	Since October 1879.
9. Whether First Attack,	——
10. Age (if known) on First Attack,	——
11. When and where previously under Examination and Treatment (5)	——
12. Duration of Existing Attack,	——
13. Supposed Cause,	Alcohol.
14. Whether subject to Epilepsy,	——
15. Whether Suicidal,	Thinks not.
16. Whether Dangerous to others,	So far not shown such symptoms.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	None. —
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,	Wife. Laura Jane Dent — 46 Market Place Bishop Auckland.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

(5) If Patient has previously in an Asylum, state name and date of latest Order or Certificate thereto. If previously under Treatment or Observation, state the fact.

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

DATED this Seventeenth day of March —— One thousand nine hundred —

(*To be signed by the party applying*) James Blumer

T. & A. C.—Nov. 1869.

P.

No 8513 Agnes Wallace

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, George William Ellis
being a (1) Licentiate of the Royal College of Physicians Edinburgh,
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Market Pl
Bishop Auckland, in the County of
Durham separately from any other Medical Practitioner,
visited and personally examined (4) Mrs J. H. Dent,
and that
the said Mrs J. H. Dent is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, 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 distracted appe
restless and unable to concentrate her
attention upon any subject. Constantly e
an apprehension that he will be arrested for
imaginary crimes he
2. Other facts (if any) indicating Insanity communicated to me by others: (7)

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

his wife tells me that he is in constant
dread of being arrested & that she is u
to manage him, on one occasion he went
only his shirt on.

Name and Medical Designation, Geo W Ellis

Place of Abode, The Elms, Bishop Auck

DATED this 12th day of March One thousand
nine hundred.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Fred Hughes Ferguson,
being a (1) Physician Doctor of Medicine
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 2 Salem Ter
West Hartlepool in the County of
Durham separately from any other Medical Practitioner,
visited and personally examined (4) Mrs. J. H. Dent,
and that
the said Mrs. J. H. Dent 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) Imagines he hears
constant voices, is in great fear of being arrested
Very restless. Shouts inarticulately & gesticulating

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Went out on one occasion with nothing but
his night shirt on, & imagined he was taken away
for something. Is at present repeating I can't
understand.

Name and Medical Designation, Fred Hughes Ferguson. M.D.

Place of Abode West Hartlepool

DATED this 13th day of March One thousand
nine hundred.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Fred Hughes Mawson,
being (1) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Haltwhistle
in the County of Durham, seen and personally examined
Jno. J. H. Dent, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries,

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

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

Fred Hughes Mawson. M.D.

Dated this 13th day of March, One thousand nine hundred

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

I hereby request the Superintendent of the Crichton Royal Institution
Asylum to receive therein Joseph Hart Dent,
to whom the foregoing Certificate of Emergency refers.

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

Signature and Address James Blumer,

Date 17th March, 1900.

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

I, George Lampson, Sheriff Substitute of Dumfries-
~~of the~~ (4) and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (5) James Blumer,
Adam Grange, Darlington, County Durham,
Certificates under the hands of George William Ellis;
and Fred Hughes Mawson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Joseph Hart Dent, 46 Market Place, Bishop Auckland and that the said
Joseph Hart Dent, 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 Joseph Hart Dent, as a Patient into the (8) Public Asylum of Crichton Royal Institution, and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Hart Dent, which accompanied the said Petition.

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

Dated [at Dumfries,] this Twentieth day of March,
One thousand nine hundred years. - Three words deleted.

To the Superintendent of the (8) Public
Asylum of Crichton Royal Institution,

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

[Signature] Geo. Lampson

No 8514

Joseph Hart Dent

Adm. 17 March 1900.

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

[FORM A.]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Roxburgh and his Substitutes—

The Petition of Alex Meikle, Inspector of Poor, Lesvalt Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Fleming, Shewchan Buildings Stranraer your Petitioner's (3) Pauper Lunatic is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Fleming to the Dorchester Counties Asylum, Dorchester and to sanction his admission into the said Asylum.

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

(*To be signed by the Party applying*) Alex Meikle

DATED this Nineteenth (4) day of March One thousand nine hundred and ~~eight~~ years

(4) The date of the Petition must be within fourteen clear days of the 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 Fleming
2. Sex and Age,	Male aged 27 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer & Fireman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Shewchan Buildings Stranraer
7. Place where Found and Examined,	Office Office County Buildings Stranraer
8. Length of time Insane,	About 2 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	?
11. When and where previously under Examination and Treatment (5),	?
12. Duration of Existing Attack,	2 years
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lesvalt Parish Council
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,	Father, John Fleming Shewchan Buildings Stranraer. Has a brother in Asylum & his grandfather died there
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under observation or treatment, give fact.

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

DATED this Nineteenth day of March One thousand nine hundred and ~~eight~~ nine years

(*To be signed by the party applying*) Alex Meikle

T. & A. C.—March 1899.

P p.

No 8514
Josephine Hart Dent

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Alexander Anderson.
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) physician and surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The County Buildings Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Thomas Fleming, Labourer Shenchan Buildings, Stranraer and that the said Thomas 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) 1) The man, Thomas F believes he is in bad health owing to the influence of a liniment on him when he was in prison. 2) He laughs immoderately without any reason. 3. He is silly in speech. 4) He confesses to self abuse and S. He is dirty and untidy in his person and clothing.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By William Ewing, police constable, Stranraer. (1) "Fleming will not say one word if he can possibly avoid it, evading reply. 2) He wanders about aimlessly. 3) He is excited at times, and in one of these times, on Saturday last week, struck his mother."

Name and Medical Designation, John Alexander Anderson

Place of Abode, 21 Lewis Street Stranraer

DATED this nineteenth day of March One thousand ~~eight~~ nine hundred ~~and~~ 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 Dick Monro
being a (1) Bachelor of Medicine and Master of Surgery of Aberdeen University
and being in actual practice as a (2) physician & surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The County Buildings Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Thomas Fleming, Pauper, Shenchan Buildings Stranraer and that the said Thomas 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) His own statement is rambling. He blames a red liniment he was rubbed with for the state he is in. and says that he cannot walk after it. He has a vacant look. and is restless while talking or standing about.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Constable Ewing says he is violent in the house and has attacked people outside on the street.

Name and Medical Designation, D Dick Monro M.B.C.M.

Place of Abode Stranraer

DATED this nineteenth day of March One thousand ~~eight~~ nine hundred ~~and~~ 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 Alexander Anderson being (1) a Doctor of Medicine of Glasgow University, hereby certify, on soul and conscience, that I have this day, at (2) County Buildings in the County of Dumfries, seen and personally examined Thomas Fleming, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

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

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

J. Anderson M.D.

DATED this nineteenth day of March One thousand ~~eight~~ nine hundred ~~and~~ years.

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

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

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

Signature and Address Alex Merkle

Date 19th March 1900

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

I John Cameron, Esquire (1) Sheriff Substitute of the (2) Sheriffdom of Dumfries and Galloway, having had produced to me, with a Petition at the instance of (3) Alexander Merkle, Inspector of Poor Lewis Stranraer, Certificates under the hands of John A. Anderson M.D and D. Duke Monro 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 Fleming, a pauper and that the said Thomas Fleming is a (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 Fleming as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Fleming which accompanied the said Petition.

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

DATED [at Stranraer] this twentieth day of March One thousand [eight hundred and] nine hundred

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

[*Signature*] John Cameron

No 8515

Thomas Fleming

Lieutenant

Adm. 19 March 1900.

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

[FORM A]

25 & 26 *Vict., 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 Stewartry of Kirkcudbright~~ Sheriff of Dumfries & Galloway and his Substitutes,—

The Petition of Wm McDonald, Inspector of Poor for the parish of Newabbey,

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

your Petitioner's (2) pauper patient,

(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 McKie, to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) Wm McDonald

(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 March One thousand nine hundred and ~~eight~~ years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James McKie.
2. Sex and Age,	Male - 45.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Stone Cutter.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Haidgate - Inn.
7. Place where Found and Examined,	Newabbey.
8. Length of time Insane,	3 weeks.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	3 weeks.
13. Supposed Cause,	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,	Newabbey meantime.
18. Date of becoming Chargeable,	22 March 1900.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Spears or McKie (wife) Gatehouse Newabbey.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 22nd day of March One thousand nine hundred and ~~eight~~ years.

(*To be signed by the party applying*) Wm McDonald

P. p.

Thomas Fleming

No 8515

MEDICAL CERTIFICATE, No. I

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

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

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

(4) *Insert Designation and Residence, 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 Gillies,
being a (1) Licentiate of the Royal College of Physicians & Surgeons,
and being in actual practice as a (2) Physician,
do hereby certify, on soul and conscience, that I have this day, at (3) Gate end New Abbey,
in the County of Kirkcudbright,
separately from any other Medical Practitioner, visited and personally examined (4) James M'Kie, Stonecutter, Gate end, a pauper,
and that the said James Mackie,
is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) James himself possessed of enormous wealth. Hughs. Gillies. M.D.
2) A desire to burn everything, especially to steep in paraffin and then ignite it: (3) has high idea of his abilities and the wonderful inventions he shall make: Sleeplessness. Violence

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Burns everything after soaking in paraffin under idea of disinfection. Mrs Smith. Gate end. Mary Anne M'Kie at attempt to strangle Mrs M'Kie. Mrs M'Kie re Same. Violence of demeanour. Fear of Infection. Generally ill. by the

Name and Medical Designation, Hugh Gillies LRCPS Ed.

Place of Abode, New Abbey, Dumfries.

DATED this 22nd day of March — One thousand ~~eight~~ nine hundred ~~and~~

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Rutherford Gilmour,
being a (1) Member of the Royal College of Physicians in Edinburgh,
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution,
in the County of Dumfries,
separately from any other Medical Practitioner, visited and personally examined (4) James McKie, stone cutter, a pauper, from New Abbey,
and that the said James McKie,
is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is weak-minded, has great loss of memory: is confused and talks incoherently of disinfecting & all by selling fuel to it &c -

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

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

Name and Medical Designation, J. R. Gilmour M.B.

Place of Abode Crichton Royal Institution - Dum

DATED this twenty-second day of March — One thousand ~~eight~~ nine hundred ~~and~~ 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 Gillies, being (1) a Licentiate of Royal Colleges of Physicians & Surgeons, hereby certify, on soul and conscience, that I have this day, at (2) Gatehead, Newabbey in the County of Kirkcudbright, ——, seen and personally examined James Mc Kie, ——, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

And I further certify that the case of the said person is one of Emergency: and that he is in a sufficiently good state of health at this date to be removed to the Asylum at Dumfries.

Hugh Gillies

DATED this 22nd day of March, —— One thousand ~~eight~~ nine hundred ~~and~~ years.

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

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

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

Signature and Address Wm McDonald

Date 22 March 1900.

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

I, George Campion, Sheriff Substitute of Dumfries, —— of the (2) and Galloway, at Dumfries, ——, having had produced to me, with a Petition at the instance of (3) William Mc Donald, Inspector of Poor, Newabbey, —— Certificates under the hands of Hugh Gillies, —— and John Rutherford 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 Mc Kie, Stonecutter, Gatehead, Newabbey (a Pauper), and that the said James Mc Kie, —— is a (5) Person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Mc Kie, —— as a Patient into the (6) Public —— Asylum of Crichton Royal Institution and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Mc Kie, which accompanied the said Petition. ——

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

DATED this Twenty fourth day of March, Nineteen ~~One thousand eight~~ hundred ~~and~~ years. Seven and dated.

Geo. Campion

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

(7) Public, District, Parochial, or Private

No 8510

James Wattie
Mauritius

Adm. 22 March 1900

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

[FORM A.]

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

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

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

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

The Petition of Thomas Cossar, Postal Clerk, 1 Langholm Place, Dumfries:

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Cossar, Postman, 4 Murray Place, Dumfries, 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 Cossar, —— to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

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

(To be signed by the Party applying) Thomas Cossar

DATED this Twenty third (4) day of March —— One thousand nine hundred years.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Cossar.
2. Sex and Age,	Male - 21 Years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Postman.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	4 Murray Place, Dumfries.
7. Place where Found and Examined,	4 Murray Place, Dumfries.
8. Length of time Insane,	3 days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	19 Years.
11. When and where previously under Examination and Treatment (3)	Crichton Royal Insta 1893.
12. Duration of Existing Attack,	3 days.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	✓
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Nellie Armstrong or Cossat, wife. 4 Murray Place, Dumfries. Thomas Cossat Father.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	✓ Bridge of Dee Castle Douglas.

(3) If patient has previously in an Asylum, state the date of latest admission or approval thereto. If previously under Examination or Treatment, state the fact.

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

DATED this 23rd day of March — One thousand nine hundred years.

(To be signed by the party applying) Thomas Cossat

T. & A. C.—Nov. 1899.

F F

James Mc Neil

No 8516

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, Peter Murray Kerr,
being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) General Practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) 4 Murray Place, Dumfries,
in the County of Dumfries,
separately from any other Medical Practitioner, visited and personally examined (4) John Cossar, Postman 4 Murray Place, Dumfries,
and that the said John Cossar,
is a (5) person of unsound mind,
and a proper Person to be detained under Care and Treatment, 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 and manner.
He has delusions of sight & hearing.
He believes that some Power struck him on the chest, it came in the form of a white cloud from the S & some said Cossar he is mad doing.

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

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

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode, 20 Castle Street Dumfries

DATED this twenty third day of March, — One thousand nine hundred 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) Bachelor of Medicine of Edinburgh ~~Licentiate of the Royal College of Physicians~~
and being in actual practice as a (2) General Practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) 4 Murray Place, Dumfries,
in the County of Dumfries,
separately from any other Medical Practitioner, visited and personally examined (4) John Cossar, Postman
4 Murray Pl, Dumfries,
and that the said John Cossar,
is a (5) person of unsound mind,
and a proper person to be detained under Care and Treatment, 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 insane appearance — Says she was met by a cloud of electricity at in academy St which struck him in the breast & opened all his life to him — Has invented a new Greek prong.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
That he has been rambling & talking in
by his wife Mrs Cossar.

Name and Medical Designation, Thomas Ferguson M.B. &c.

Place of Abode 16 Castle St Dumfries

DATED this twenty third day of March, One thousand nine hundred years —

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Peter Murray Kerr, ——
being (1) Bachelor of Medicine & Master in Surgery (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) 4 Murray Place (2) State place of examination.
in the County of Dumfries, —, seen and personally examined
John Cossar, ——, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries. (3) State place at which Asylum is situated.

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

Peter Murray Kerr

DATED this twenty-third day of March, — One thousand nine hundred & seven.

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

I hereby request the Superintendent of the Crichton Royal ——
Asylum to receive therein John Cossar ——
to whom the foregoing Certificate of Emergency refers.

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

Signature and Address Thomas Cossar
1 Langholm Place
Dumfries.

Date 23 March 1906

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

I, George Sampson, Sheriff Substitute of Dumfries, ——
of the (1) and Galloway, at Dumfries, ——
having had produced to me, with a Petition at the instance of (2) Thomas ——
Cossar, Postal Clerk, 1 Langholm Place, Dumfries, ——
Certificates under the hands of Peter Murray Kerr, ——
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) Peter Murray Kerr, and that the said John Cossar, Postman, 4 Murray Place, Dumfries, ——
John Cossar, —— is a (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 Cossar, ——, as a Patient into the (6) Public —— Asylum of Crichton Royal Institution, and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Cossar, — which accompanied the said Petition.

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

DATED [at Dumfries. —] this twenty fourth day of March. —
One thousand nine hundred & seven. three words deleted. ——

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

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

[*Signature*] Geo. Sampson

No 8517

John Bosear

adm. 23 March 1900

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

[FORM A.]

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

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

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

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

The Petition of Charles Linn Romanes. 3 Abbotsford Crescent, Edinburgh,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Manners Romanes, Bertram House, Milldamhead, your Petitioner's (2) brother,

(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 Manners Romanes, —— to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) Charles J. Romanes

DATED this twenty ninth (3) day of March, —— One thousand nine hundred.

Charles J Romanes

(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,	James Manners Romanes.
2. Sex and Age,	Male. 45.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Editor "Times of India" Bombay.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Bertram House, Milldam Head. Dumfries.
7. Place where Found and Examined,	do. do.
8. Length of time Insane,	Three weeks.
9. Whether First Attack,	Third.
10. Age (if known) on First Attack,	32.
11. When and where previously under Examination and Treatment (5)	Crichton Royal Institution, 10 June 1893. 5 29 July 1896.
12. Duration of Existing Attack,	3 weeks.
13. Supposed Cause,	Previous attacks.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charles J. Romanes (Brother) 3 Abbotsford Crescent, Edinburgh. none are nor have been.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an Asylum, state the date of latest admission or approximation thereto. If previously under examination or treatment, state fact.

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

DATED this twenty ninth day of March, —— One thousand nine hundred.

(*To be signed by the party applying*) Charles J. Romanes

T. & A. C.—Nov. 1899.

James Romanes No 8514

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Maxwell Ros, ——— being a (1) Fellow of the Royal College of Surgeons of Edin

and being in actual practice as a (2) Physician, ——— do hereby certify, on soul and conscience, that I have this day, at (3) Bertram Hou Milldamhead, Dumfries, ——— in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) Jn James M. Romanes, formerly a Journalist, now residing at Bertram House, Milldam and that the said Jn James M. Romanes, — is a (5) Person of Unsound mind, ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Excited and talk has false ideas regarding many subjects such Russia. He states he has been the means of chan the policy of that country. He proposes to collect la sums of money for a Liberal Club. His delusions influ his actions. He has thrown away books, manuscripts and so tra

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His sister, Miss Romanes, states that he is acting ~~and~~ foolishly and threatening to spend money beyond their means, and is getting beyond her control.

Name and Medical Designation, J. Maxwell Ros M.B.

Place of Abode, St Ruth's Maxwelltown,

DATED this 27th ——— day of March, ——— One thousand nine hundred ———

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Glasgow University and Surgeon, ——— and being in actual practice as a (2) Physician and Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, ——— in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) James Manners Romanes, Journalist, Bertram House, Milldamhead, Dumfries and that the said James Manners Romanes, is a (5) Person of Unsound mind, ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks in an excited and very incoherent manner about many things and particularly about sums of money he has made Says he made the guineas this morning which is represented by a medal of something like bone, and to which he has attached his signature in order to guarantee its v

(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 29 Carlte Street, Dumfries

DATED this Twenty-ninth day of March, ——— One thousand nine hundred 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 Maxwell Ross, ——— being (1) a Fellow of the Royal College of Surgeons of Edinburgh, hereby certify, on soul and conscience, that I have this day, at (2) Bertram House, Millbankhead, Dumfries, in the County of Dumfries, ———, seen and personally examined Mr James M. Romanes, ——, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

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

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

(3) State place at which Asylum is situated.

J. Maxwell Ross M.B. & F.R.C.S.

DATED this 27th day of March — One thousand nine hundred.

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

I hereby request the Superintendent of the Crichton Institution Asylum to receive therein James Manners Romanes, B.Sc. to whom the foregoing Certificate of Emergency refers.

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

Signature and Address Charles Romanes 3 Abbotsford Crescent

Date 29th March 1900. Edinburgh.

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

I, George Campion, ——— (1) Sheriff-Substitute of ~~the~~ (2) Dumfries and Galloway, at Dumfries, ——— having had produced to me, with a Petition at the instance of (3) Charles Romanes, 3 Abbotsford Crescent, Edinburgh, ——— Certificates under the hands of James Maxwell Ross, ——— 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) James Manners Romanes, Bertram House, Millbankhead, Dumfries, (Note Brother) and that the said James Manners Romanes, ——— is a (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 Manners Romanes, ——— as a Patient into the (6) Public ——— Asylum of Crichton Royal Institution, and I authorize ~~his~~ her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Manners Romanes, which accompanied the said Petition.

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

DATED [at Dumfries, ——] this Thirtieth day of March, ——— One thousand nine hundred years. Two words deleted. ———

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

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

[Signature] Geo: Campion

No 8518

James Manners Romanes

Adm. 28 March 1900.

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

[FORM A]

25 & 26 *Vict., 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 Dumfries & Galloway, of —— and his Substitutes,— at Dumfries:

The Petition of Alexander Gracie Inspector of Poor, Kirkmichael,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Docherty or Copland,—

(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 Jane Docherty or Copland, —— to the Crichton Royal Institution, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Alex Gracie

DATED this 30th (4) day of March, —— One thousand eight hundred and nine

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jane Docherty or Copland.
2. Sex and Age,	50. Female.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Housewife.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Third Kirkmichael.
7. Place where Found and Examined,	Third Cottages, Kirkmichael.
8. Length of time Insane,	no.
9. Whether First Attack,	15.
10. Age (if known) on First Attack,	Fr. Co: Asylum, Dumfries.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	10 days.
12. Duration of Existing Attack,	Influenza.
13. Supposed Cause,	no.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	yes.
16. Whether Dangerous to others,	Kirkmichael.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	30th March, 1900
18. Date of becoming Chargeable,	Thomas Copland (Husband) Third.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Cottages, Kirkmichael.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	no.

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

DATED this 30th day of March, —— One thousand eight hundred and nine

(To be signed by the Party applying) Alex Gracie P. P.
Insp. of Poor

No 8512
James Williamson Surname
Date 28 March 1900

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, Norman Reid, being a (1) Doctor of medicine of Glasgow Universe and being in actual practice as a (2) General Practitioner, do hereby certify, on soul and conscience, that I have this day, at (3) Nurse Cottages, Kirkmichael, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Jane Copeland or Docherty, (pauper) Nurse Cottage, Kirkmichael, and that the said Jane Copeland or Docherty is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is talking incoherently, clapping her hands, twisting and turning herself, says she hears voices and has got great things all of which are delusions.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister Mrs McCraig, Kirkhead, Ecclefechan, says they cannot restrain her, or keep her quiet or in bed, she is always crying about seeing bright lights and hearing voices all of which are delusions.

Name and Medical Designation, Norman Reid M.

Place of Abode, Ecclefechan

DATED this 30th day of March, One thousand eight hundred and nine.

MEDICAL CERTIFICATE, No. II.

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

I, the undersigned, John Rutherford Gilmour, being a (1) Member of the Royal College of Physicians in Edinburgh, and being in actual practice as a (2) Physician, do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Jane Docherty or Copeland, From Third, Kirkmichael, a pauper, and that the said Jane Docherty or Copeland, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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 & restless, talking incoherently: says that she has a beast in her breast which bites her. Has hallucinations of sight & hearing.

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

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

Name and Medical Designation, J. R. Gilmour M.

Place of Abode Crichton Royal Institution

DATED this 30th day of March, One thousand eight hundred and nine.

CERTIFICATE OF EMERGENCY.

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

, the undersigned, Alexander [illegible], of Glasgow University
zing (1) a doctor of Medicine dwelling Mid Cottages, Kirkmichael,
ereby certify, on soul and conscience, that I have this day, at (2) Mid Cottages, Kirkmichael,
the County of Dumfries, seen and personally examined
Jane Coupland or Docherty, , and that the said
erson is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Alexander [illegible] M. D.

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

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

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

Signature and Address, Alex Grace Kirkmichael

Date, 30th March 1900

Grace, Inspector of Poor, Kirkmichael,
Certificates under the hands of Thomas Reid, and John Rutherford 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) Jane Docherty or Coupland Therefore Kirkmichael A Pauper and that the said Jane Docherty or Coupland is a (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 Docherty or Coupland 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 Docherty or Coupland, which accompanied the said Petition.

DATED this Second day of April, One thousand ~~eight hundred and~~ nine hundred years. Five words deleted.

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.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Normanhead, being a (1) Doctor of Medicine of Glasgow Universe and being in actual practice as a (2) General Practitioner, do hereby certify, on soul and conscience, that I have this day, at (3) Mind Cottages, Kirkmichael, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Jane Copland or Doherty (pauper) Mind Cottage, Kirkmichael, and that the said Jane Copland or Doherty is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is talking incoherently and is restless. Claims she hears voices telling her to

nine hundred, and

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Rutherford Gilmour, being a (1) Member of the Royal College of Physicians in Edinburgh, and being in actual practice as a (2) Physician, do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Jane Doherty or Copland, From Third, Kirkmichael, a pauper, and that the said Jane Doherty or Copland, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 & restless, talking incoherently: Says that she has a beast in her breast which bites her. Has hallucinations of sight & hearing.

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

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

Name and Medical Designation, J. R. Gilmour. M

Place of Abode Crichton Royal Institution

DATED this 30th day of March One thousand ~~eight~~ nine 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, Norman Reid, ~~_____~~
being (1) a doctor of Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Reid Cottages, Kirkmichael,
in the County of Dumfries, seen and personally examined
Jane Coupland or Docherty, ~~_____~~, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Norman Reid. M.D.

DATED this 30th day of March One thousand ~~eight~~ and ~~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, Geo. Lampion, ~~_____~~ (1) Sheriff Substitute,
of ~~this~~ (2) Dumfries and Galloway, ~~stat~~ Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander
Gracie, Inspector of Poor, Kirkmichael,
Certificates under the hands of Thomas Reid,
and John Rutherford 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) Jane Docherty or Coupland there ~~of~~ Kirkmichael, A Pauper, and that the said Jane Docherty or Coupland, ~~_____~~ is a (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 Docherty or Coupland 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 Docherty or Coupland, which accompanied the said Petition.

DATED this Second day of April, ~~_____~~ One thousand ~~eight hundred and~~ nine hundred years. Five words deleted.

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

Geo. Lampion
~~_____~~

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

No 8519

Jane Archibald or Bryland

Kirkmichael

Adm. 30 March 1900

Enc.

15,082.

[FORM B.

GENERAL BOARD OF LUNACY 26 MAR. 1900 SCOTLAND

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

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

I, the undersigned Francis Adam Bringloe, of 123 George Street, Edinburgh, being desirous to transfer William Alexander George Brodie, at present a Patient in Craighouse Asylum, Morningside, ~~and~~ (1) Edinburgh and detained at ~~my~~ instance as his Curator Bonis with consent of his next of kin from the said Asylum to the Crichton Royal Institution, Dumfries, beg to submit the subjoined Statement of Particulars regarding the said Patient, and a Medical Certificate with respect to the mental and bodily condition of the said Patient:—

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

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length	William Alexander George Brodie.
2. Sex and Age	male. 45 years
3. Married, Single, or Widowed	Single
4. Condition of Life, and previous Occupation (if any)	Gentleman
5. Religious Persuasion, so far as known,	I believe Presbyterian
6. Parish to which the Lunatic (if a Pauper) is Chargeable	—
7. Christian Name 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	Edith Brodie } Sisters { 29 Melville Street Ethel Brodie } Edinburgh. Annie J. Livingstone – Sister Robert George Livingstone – Brother-in-Law Rector of Brinkworth, Chippenham, Wiltshire.

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the Authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(To be signed by the Applicant) Francis A. Bringloe

(2) Curator Bonis

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

Dated this Twenty third day of March

One thousand ~~eight hundred and~~ Nine hundred.

N.B.—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the patient is to be transferred.

Jane Dalrymple by Guthrie
Witnessed
No 2514

MEDICAL CERTIFICATE.

I, the undersigned Thomas Smith Clouston, Medical Superintendent of the Royal Edinburgh Asylum hereby certify that I have this day at (1) Royal Edinburgh Asylum personally examined William Alexander George Brodie who has been a Patient in said Asylum since (2) 5th March 1897 and I certify that the said Patient is a person of unsound mind, (3) is not epileptic, (3) is not suicidal, (3) is not dangerous to others. I also certify, with respect to the Mental State of the Patient, that (4) he labours under delusions, e.g. that there is a Lunacy System in existence which cannot be read and that Clouston is employed and with respect to the Bodily State of the Patient, that (5) it is Good

(1) Name Asylum.

(2) Insert Date of Admission.

(3) Insert "is," or "is not," as the case may be.

(4) Describe Mental State.

(5) Describe Bodily State.

and that there is nothing in the Mental or Bodily state of the Patient to make removal to the (1) Crichton Royal Asylum inadvisable; and I further certify that (6) the following facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient:—He was threatening to shoot George Brodie on admission to the Asylum. It is said that he has uttered a homicidal assault on a Warder.

(6) Insert "the following are," or "there are no," as the case may be.

(Name) T. S. Clouston

(Medical Qualification) M.D., F.R.C.P.E.

(Date) 24th March 1900.

No 8520
Wm Alex. George Brodie
Adm. 31 March 1900.

SANCTION BY THE BOARD OF LUNACY.

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

The foregoing Application having been made to the Board to authorize the Transfer of William Alexander George Brodie, from Royal Edinburgh Asylum, to Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

W. A. Hewat
Secretary.

DATED at Edinburgh, this twenty-sixth day of March One thousand ~~eight hundred and~~ nine hundred

Date of Sheriff's Order [*to be inserted at the Office of Board*].

8th March 1899.

[FORM A.]

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

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

Unto the Honourable the Sheriff of ~~Kilmarnock~~ Ayrshire *and his Substitutes,—*

The Petition of John Steven Farmer Purock Farm Hurlford humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Robert Steven, Purock Farm Hurlford Son your Petitioner's (1) ~~Robert Steven~~ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Robert Steven to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) John Steven

DATED this 2nd (2) day of April One thousand ~~eight hundred and~~ 1900

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

(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,	Robert Steven, Purock Hurlford
2. Sex and Age,	male, 21
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any).	always well behaved, assisted at farm work
5. Religious persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Purock
7. Place where Found and Examined,	Purock
8. Length of Time Insane,	Three days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	3 days,
12. Duration of Existing Attack,	~~Influenza~~ Influenza 3 days
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,	~~Father~~ John Steven Purock Hurlford
18. Date of becoming Chargeable,	no
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 2 day of April ~~One thousand eight hundred and~~ 1900

(To be signed by party applying) John Steven

MEDICAL CERTIFICATE No. I.

I, the undersigned John Wylie being a (1) Bachelor of Medicine & master in Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Purrock Farm - Hurlford in the County of Ayr - separately from any other Medical Practitioner, visited and personally examined (4) Robert Steven assistant Farmer - Purrock Farm and that the said Robert Steven is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself; (6) Patient talks incoherently about religion + about the Transvaal war - He left home during the night & was found in Paisley wandering about, by the police)

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Hunter, draper - Kilmarnock says that when he got him in Paisley, he threatened to commit suicide -

Name and Medical Designation, John Wylie M.B.C.M.
Place of abode, Kilmarnock

DATED this first day of April One thousand ~~eight hundred and~~ nine hundred years

---

MEDICAL CERTIFICATE No. II.

I, the undersigned William Frew being a (1) Doctor of Medicine of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Purrock Farm. Hurlford in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Robert Steven. Assistant Farmer Purrock Farm and that the said Robert Steven is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) He asked me if I was the Captain of Industry & told me there was nothing wrong with him but that his conscience was troubling him. Talks incoherently

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father John Steven Farmer, Purrock informs me that he ran away from home during the night and travelled to Paisley on a train without a ticket

Name and Medical Designation, William Frew M.D.
Place of abode, Kilmarnock

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

CERTIFICATE OF EMERGENCY.

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

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

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

(1) State medical qualification.

(2) State place of examination.

DATED, this day of One thousand eight hundred and

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

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

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

Signature and Address, _____

Date, _____

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

I, David Hall, Esquire, Advocate Sheriff Substitute
of the the County of Ayr
having had produced to me, with a Petition at the instance of (1)
John Steven, Farmer, Purock, Hurlford
Certificates under the hands of Dr John Wylie
and Wm Frew, both of Kilmarnock, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Robert Steven, Purock Hurlford and that the said Robert Steven is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Robert Steven as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize hire Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Steven which accompanied the said Petition.

(1) Insert Name & Designation

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

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

DATED this second day of April nineteen ~~One thousand eight~~ hundred ~~and~~ at Kilmarnock

David Hall

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

No. 8521

Name, Robert Steven

Date of Admission, 2 April 1900

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

[FORM A.]

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

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

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

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

The Petition of John Gardiner, Upper Rueco, Gatehouse;

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gardiner, Farmer, Thrapston, Northamptonshire, 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 James Gardiner, to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

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

(To be signed by the Party applying) John Gardiner

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

DATED this third day of (3) April, One thousand nine hundred and 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 Gardiner.
2. Sex and Age,	Male. 41.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Farmer.
5. Religious Persuasion, so far as known,	Church of Scotland.
6. Previous Place of Abode,	Thrapston, Northampton.
7. Place where Found and Examined,	Dumfries.
8. Length of time Insane,	—
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (3)	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known 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 Gardiner, Brother, Upper Rueco, Gatehouse.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(3) If patient has been previously in an Asylum, state the date of latest admission or approximate thereto. If not previously under examination or treatment state that fact.

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

DATED this third day of April, One thousand nine hundred.

(To be signed by the party applying) John Gardiner

T. & A. C.—Nov. 1899.

P p

Name, Robert Brown No. 8521

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Alexander Thompson, ——— being a (1) Doctor of medicine of Glasgo ——— University and Surgeon ——— and being in actual practice as a (2) Physician & Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) 27, Castle Street, Dumfries, ——— in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) James Gardiner, lately a Farmer, Thrapston, Northamptonshire ——— and that the said James Gardiner ——— is a (5) person of unsound mind, ——— and a proper Person to be detained under Care and Treatment, 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 very defective: cannot tell where he has been living, and is under the delusion that his mother is living although she has been dead some years.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by his brother John Gardiner that he often fancies he has been for a walk when he has not been out of the house, and that people dead are still living.

Name and Medical Designation, Alex. Thomson M.D.

Place of Abode 27 Castle St., Dumfries

DATED this Second day of April, ——— One thousand nine hundred 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, Frederick Hugh Clarke, ——— being a (1) Bachelor of Medicine & Master in Surgery of Glo ——— University ——— and being in actual practice as a (2) physician & Surgeon ——— do hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries, ——— in the County of Dumfries, ——— separately from any other Medical Practitioner, visited and personally examined (4) James Gardiner, formerly a farmer, Thrapston, Northamptonshire ——— and that the said James Gardiner ——— is a (5) person of unsound mind ——— and a proper person to be detained under Care and Treatment, 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 very bad: does not know where he is, the day of the week, or the month of the year. Cannot remember whether he has had his dinner today or not, or what he had for breakfast. He is an imbecile.

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

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

Name and Medical Designation, Fred Hugh Clarke M.B.

Place of Abode Charlotte Street Dumfries

DATED this Third day of April, ——— One thousand nine hundred 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. in the County of Dumfries, seen and personally examined James Gardiner, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

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

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

Alex. Thomson M.D.

DATED this Second day of April, One thousand nine hundred years.

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

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein James Gardiner, to whom the foregoing Certificate of Emergency refers.

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

Signature and Address John Gardiner Upper Rusco Gatehouse.

Date 2nd April 1900

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

I, George Lampson, Sheriff-Substitute of Dumfries, ~~of the~~ (4) and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (5) John Gardiner, Upper Rusco, Gatehouse, Certificates under the hands of Alexander Thomson, and Roderick Hugh Clarke, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) James Gardiner, Farmer, Shrapton, Northamptonshire, the Brother and that the said James Gardiner, 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 James Gardiner as a Patient into the (8) Public Asylum of Crichton Royal Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

(4) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(5) 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.

DATED [at Dumfries] this Fourth day of April, One thousand nine hundred years. Three words deleted.

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution

[Signature] Geo: Lampson

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

No 8522

James Gardiner

adm 2 April 1900

15098.

[FORM B²]

GENERAL BOARD OF LUNACY
3 APR 1900
SCOTLAND

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

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

I, the undersigned Alexander Hastie Burns, Inspector of Poor, of the Parish of Canonbie being desirous to transfer Thomas Balmer at present a Patient in Melrose Asylum, and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Crichton Royal Institution Dumfries

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

beg to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	Thomas Balmer
2. Sex and Age,	Male. 61 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Carter
5. Religious Persuasion, so far as known,	Protestant
6. Parish to which the Lunatic (if a Pauper) is Chargeable,	Canonbie
7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of the Family known to be, or to have been Insane,	Robert Balmer, Whinbush, Canonbie a Brother of Lunatic No

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(To be signed by the Applicant) A H Burns

(2) Inspector of Poor

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

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

N.B.—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

T. & A. C.—May 1896.

James Gammie No 8522

MEDICAL CERTIFICATE.

I, the undersigned Dunlaple Dunstone

(1) Name Asylum. hereby certify that I have this day at (1) Roxburgh District Asylum, Melrose personally examined Thomas Balmer who has been a

(2) Insert Date of Admission. Patient in said Asylum since (2) 29th March 1900 and I certify that

(3) Insert "is," or "is not," as the case may be. the said Patient is a person of unsound mind, (3) is not epileptic, (3) is not suicidal, (3) is probably dangerous to others. I also certify, with respect to the Mental State of

(4) Describe Mental State. the Patient, that (4)

he labours under mania & is very restless & noisy talks in a rambling way & confuses about dates & remarks that he is going to marry his cousin

(5) Describe Bodily State. and with respect to the Bodily State of the Patient, that (5)

D. is generally sound & normal;

and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Crichton Royal Institution Asylum inadvisable; and

(6) Insert "the following are," or "there are no," as the case may be. I further certify that (6) the following are facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient:—

he is stated to have threatened to commit suicide while in the Darwich Poorhouse.

(Name) Dunlaple Dunstone.

(Medical Qualification) M.D.

(Date) 2 April 1900.

No 8523
Thomas Balmer
Examd
Adm. 6 April 1900

SANCTION BY THE BOARD OF LUNACY.

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

The foregoing Application having been made to the Board to authorize the transfer of Thomas Balmer, from Roxburgh District Asylum, to Crichton Royal Institution, Dumfries, and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

Wd Hare Secretary.

DATED at Edinburgh, this 3rd day of April One thousand ~~eight hundred and~~ nine hundred.

Date of Sheriff's Order [*to be inserted at the Office of Board*].

— 29th March 1900 —

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

[FORM A.]

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

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

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

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

The Petition of Hugh. C. Hutchison, Clergyman, 136 Woodlands Rd, Glasgow;

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

(2) State degree of Relationship or other capacity 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 James Hutchison, _____ to the Creighton Institute, Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Hugh. C. Hutchison

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

DATED this 10th (4) day of April, _____ One thousand nine hundred 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 Hutchison.
2. Sex and Age,	Male, 25.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Ironmonger's Assistant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Glasgow.
7. Place where Found and Examined,	Glasgow.
8. Length of time Insane,	6 weeks.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	_____
11. When and where previously under Examination and Treatment (5)	_____
12. Duration of Existing Attack,	6 weeks.
13. Supposed Cause,	Not Known.
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. Christian Name and Surname, and Place of Abode of nearest known 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 Hutchison: Father 136 Woodlands Rd - Glasgow. Above Wm Hutchison had a short attack of a similar kind.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	_____

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or Treatment state fact.

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

DATED this 10th day of April, — One thousand nine hundred years.

(To be signed by the party applying) Hugh. C. Hutchison.

T. & A. C.—Nov. 1899.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Stevenson Thomson being a (1) Doctor of Medicine of Glasgow University, and being in actual practice as a (2) a Physician, do hereby certify, on soul and conscience, that I have this day, at (3) 136 Woodlands Road, Glasgow, in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) James Hutchison, Journeyman residing at 136 Woodlands Road and that the said James Hutchison is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Hutchison has delusions regarding policemen & all persons, whom he suspects of wishing him ill on account of some conspiracy crime. His general attitude seems in support of these delusions.

(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, Robt S. Thomson M.D.

Place of Abode, 3 Belhaven Ter. Glasgow

DATED this tenth day of April, One thousand nine hundred and 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 Love being a (1) Doctor of Medecine of the University of Glasgow, and being in actual practice as a (2) Physician, do hereby certify, on soul and conscience, that I have this day, at (3) 136 Woodlands Road Glasgow in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) James Hutchisons, Journeyman residing at 136 Woodlands Roads aforesaid, and that the said James Hutchisons is a (5) person of unsound minds, and a proper person to be detained under Care and Treatment, 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 depressed and melancholy and is incoherent in conversations and has delusions such as that he is watched by the police, and when in the street people make remarks about him and sign to one another as he passes.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother says that he is sleepless and has given expressions to the opinions that both those of his own family and others are about to do him some serious harm.

Name and Medical Designation, John Love M. D.

Place of Abode 230 Bath Street Glasgow

DATED this 9th day of April — One thousand nine hundred and 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 Stevenson Thomson
being (1) Doctor of Medicine of Glasgow University, hereby certify, on soul and conscience, that I have this day, at (2) Glasgow in the County of Lanark, seen and personally examined James Hutchison, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

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

Robt. Thomson M.D.

DATED this 10th day of April, - One thousand nine hundred.

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

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein James Hutchison, to whom the foregoing Certificate of Emergency refers.

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

Signature and Address Hugh C. Hutchison 136 Woodlands Rd. Glasgow.

Date 10th April 1900.

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

I, George Campion, - (1) Sheriff-Substitute of (2) Dumfries and Galloway at Dumfries having had produced to me with a Petition at the instance of (3) Hugh C. Hutchison Clergyman, 136 Woodlands Rd. Glasgow Certificates under the hands of Robert Stevenson Thomson and Wm Love, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Hutchison Assistant 136 Woodlands Rd. Glasgow and that the said (4) James Hutchison is (5) insane of mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said James Hutchison 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 Hutchison, which accompanied the said Petition.

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

DATED [at Dumfries,] this Thirteenth day of April, One thousand nine hundred and Years.

Geo: Campion

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

[Signature]

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

No 8524

James Hutchison

Adm. 10 April 1900

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

[FORM A.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Charles Breckenridge Inspector of Poor of the Parish of Cunninghame humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Lemot 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 Lemot to the Royal Asylum at Dumfries and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) Charles Breckenridge

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

DATED this 15th (4) day of April One thousand ~~eight~~ nine hundred ~~and~~ 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 Lemot
2. Sex and Age,	Female 26
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	previously Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dalkeathe
7. Place where Found and Examined,	Newton Stewart
8. Length of time Insane,	only married but has been under
9. Whether First Attack,	supervision for some time
10. Age (if known) on First Attack,	has previously been in Asylum
11. When and where previously under Examination and Treatment (5)	was entered insane in Dalkeathe on Jany last and sent to Asylum
12. Duration of Existing Attack,	where she remained two weeks
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,	Wigtown
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,	mother Mrs Waddington resides at 24 Queen St Newton Stewart where pauper husband Thos Lemot also is at present
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an asylum, state date of latest admission or approximate thereto. If previously under examination or treatment, state fact.

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

DATED this 15th day of April One thousand ~~eight~~ nine hundred ~~and~~ years

(To be signed by the party applying) Charles Breckenridge P.P.

T. & A. C.—June 1898.

No 8524
James Hutchison
Adm 10 April 1900

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Norman James McKie being a (1) Doctor of Medicine of the University of Edin
and being in actual practice as a (2) Doctor of Medicine
do hereby certify, on soul and conscience, that I have this day, at (3) 24 Queen St
Newton Stewart in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Mary Lennox, Pauper,
24 Queen Street, Newton Stewart and that
the said Mary Lennox is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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 subject to, various delusions, for example, that I am trying to injure her by putting something into her head of the nature of electricity. Such being absurd. Laughs and cries without any seeming cause. Is foul and abusive in language, whereas she used to

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

Mrs Waddington (her mother) 24 Queen Street Newton Stewart

2. Other facts (if any) indicating Insanity communicated to me by others: (7) and Character completely changed. Complains of voices urging her to use obscene language Has threatened to do away with herself

Name and Medical Designation, Norman James McKie M

Place of Abode, 14 Arthur Street Newton Stew

DATED this fifteenth day of April One thousand ~~eight~~ hundred ~~and~~

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Glas
and being in actual practice as a (2) Doctor of Medicine
do hereby certify, on soul and conscience, that I have this day, at (3) 24 Queen Stre
Newton Stewart in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Mary Lennox. Pauper.
24 Queen Street. Newton Stewart and that
the said Mary Lennox is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Various delusions
She thinks people are plotting to do her harm by
imaginary voices. Incoherent: foul in lan
Rapidly varying moods. at one time laughing
another gloomy or weeping

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

Mrs Waddington (her mother)

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Whole manner and behaviour completely
changed. occasionally violent being urged
by imaginary voices. Has spoken of drow
herself

Name and Medical Designation, James G. Dickson

Place of Abode Woodlea, Newton Stew

DATED this fifteenth day of April One thousand ~~eight~~ hundred ~~and~~ 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, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

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

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

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

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

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

Signature and Address

Date

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

I, William Mackie (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Charles Brechen. Ridge Inspector of Poor of the Parish of Penninghame
Certificates under the hands of Norman James McKie M.D. Isadon Stewart
and James G. Dickson M.D. Wigtown 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)
and that the said
Mary Lennox
Mary Lennox 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 Lennox 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 Mary Lennox which accompanied the said Petition.

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

DATED [at Wigtown] this sixteenth day of April One thousand ~~eight hundred and~~ nine hundred. [one written word and three printed words delete]

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

[Signature] Wm Mackie

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

No 8525

Mary Lemon

Widow

Adm. 16 April 1900.

[FORM A.]

This Form shall be kept by the keeping of the Resident Medical Officer of the Asylum to which the Order of the Sheriff is addressed.

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

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

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

The Petition of William Clarke, Inspector of Poor Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Marion Bryden or Johnstone, 20 Princes St. Lochmaben, your Petitioner's (1) Pauper ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Marion Bryden or Johnstone ——— to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) The degree of relation; or capacity in which he stands to Lunatic.

(To be signed by the Party applying) William Clarke

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

DATED this Sixteenth (2) day of April — One thousand ~~eight hundred and~~ nine hundred 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,	Marion Bryden or Johnstone.
Sex and Age,	Female. 85 years.
Married, Single, or Widowed,	Widowed.
Condition of Life, and previous Occupation (if any).	Housekeeper (formerly)
Religious persuasion, so far as known,	Protestant
Previous Place of Abode,	20. Princes St. Lochmaben.
Place where Found and Examined,	20 Princes St.
Length of Time Insane,	not known.
Whether First Attack,	"
Age (if known) on First Attack,	"
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	"
Duration of Existing Attack,	Six weeks.
Supposed Cause,	Senility.
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,	Up ~~to last year~~ Lochmaben meantime.
Date of becoming Chargeable,	~~since last year~~ 16th April 1900.
Christian Name and Surname, and place of Abode of nearest known 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 Bryden or Johnstone Isle Step-Grandmother Dumfries (Sister) not known.
Special circumstances (if any) preventing the insertion of any of the above particulars,	Full particulars to known by Inspector Froqueer to which Parish she is Chargeable.

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

DATED this Sixteenth day of April, — One thousand ~~eight~~ nine hundred and years.

(To be signed by party applying) William Clarke

No 8525
Marion Bryden
Petition
16 April 1900

MEDICAL CERTIFICATE No. I.

I, the undersigned Norman Reid, being a (1) Doctor of Medicine of Glasgow Univ. and being in actual practice as a (2) General Practitioner, do hereby certify, on soul and conscience, that I have this day, at (3) 20 Princes St, Lochmaben, —in the County of Dumfries,— separately from any other Medical Practitioner, visited and personally examined (4) Marion Bryden or Johnstone 20 Princes St Lochmaben Pauper — and that the said Marion Bryden or Johnstone, ____ is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is crying weeping and lamenting by turns; says that she is captured here, and is kept out of the knowledge of her friends that she has plenty, but the people are stealing from her. All are deceiving.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Helen Edgar, 20 Princes St Lochmaben Guardian. says that she sleeps talking all night; that she is seeing dogs & cats the size of which are delusions; that she is always wandering away, and requires constant watching.

Name and Medical Designation, Norman Reid M.B.

Place of abode, Lochmaben

DATED this 16th day of April, One thousand ~~eight hundred~~ and nine hundred and years.

MEDICAL CERTIFICATE No. II.

I, the undersigned John Rutherford Gilmour, being a (1) Bachelor of medicine, of Edinburgh University and being in actual practice as a (2) Physician, hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, ____ in the County of Dumfries, ____ separately from any other Medical Practitioner, visited and personally examined (4) Marion Bryden or Johnstone, from Lochmaben, a pauper, and that the said Marion Bryden or Johnstone, ____ is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) She is very infirm; Does not know where she is. Had little memory. Restless and noisy at nights, and requiring constant attention as regards

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

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

Name and Medical Designation, J. R. Gilmour MB

Place of abode, Crichton Royal Institution Dumfries

DATED this 16th day of April, One thousand nine ~~eight~~ hundred and years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned Norman Reid
being (1) M.D. of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 20 Princes St. Lochmaben
in the County of Dumfries, seen and personally examined Marion Bryden or 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.

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

Norman Reid M.D.

DATED, this 16th day of April One thousand ~~eight hundred~~ and Nine hundred years.

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

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

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor
Signature and Address, William Clark, 53 High St Lochmaben
Date, 16th April 1900.

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

I, George Campion, Sheriff Substitute of ~~the the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) William Clarke, Inspector of Poor, Lochmaben, Certificates under the hands of Thomas Reid, and John Rutherford 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 (2) Marion Bryden or Johnstone, 20 Princes Street, Lochmaben, (A Pauper) and that the said Marion Bryden or Johnstone, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Marion Bryden or Johnstone, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marion Bryden or Johnstone, which accompanied the said Petition.

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

DATED this Seventeenth day of April, One thousand ~~eight hundred and~~ nine hundred years. Seven words deleted.

Geo Campion

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

No. 8526

Name, Marion Bryden or Johnstone
Iroquois

Date of Admission, 16 April 1900

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

[FORM A.

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

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

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

Unto the Honourable the (1) Sheriff ~~of Shire~~ of Dumfries ~~and his Substitutes~~,— at Dumfries:

The Petition of Robert Park, ——— Inspector of Poor Hoddom,

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

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

your Petitioner's (1) Pauper, ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Robinson ——— to the Crichton Royal Institution, — and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) Robert Park

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

DATED this Seventeenth (2) day of April — One thousand nine ~~eight~~ hundred ~~and~~ 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 Robinson -
2. Sex and Age,	male - 31 years.
3. Married, Single, or Widowed,	married -
4. Condition of Life, and previous Occupation (if any),	Draper
5. Religious Persuasion, so far as known,	Protestant -
6. Previous Place of Abode,	Ecclefechan.
7. Place where Found and Examined,	do.
8. Length of time Insane,	Two Weeks.
9. Whether First Attack,	yes -
10. Age (if known) on First Attack,	31 years.
11. When and where previously under Examination and Treatment (3)	never examined.
12. Duration of Existing Attack,	Two Weeks.
13. Supposed Cause,	Influenza.
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 Hoddom.
18. Date of becoming Chargeable,	5th December 1892.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Grace Robinson, Ecclefechan = Mother. Has an Aunt in Asylum.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(3) If patient has been previously in an Asylum, state date of latest admission or approximate thereto. If not previously under observation or treatment state fact.

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

DATED this Seventeenth day of April — One thousand nine ~~eight~~ hundred ~~and~~ Years

(*To be signed by the party applying*) Robert Park

P. P.

T. & A. C.—Mch. 1895.

Name, William Andrew or Jamieson
Occupation Draper
No. 8526

MEDICAL CERTIFICATE, No. 1.

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

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

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

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

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

(6) *State the facts.*

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

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

1. Facts indicating Insanity observed by myself: (6) He cannot give intelligent answers to any questions put to him - staring stupidly at one lips continually twitching and occasionally the muscles of his face. He sometimes makes an attempt to answer but soon desists evidently as if he had forgotten what he was going to say but it is impossible to get any satisfactory replies.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife Mrs Walter Robinson, with whom he resides, tells me - that he gets up in the middle of the night - and walks about - naked - & alone - & refuses to go to bed at all - has the delusion that poisons his food, and spits it out - & refuses to take anything to eat - & has threatened to throw a stool backwards in the well, for hours, quite incoherent - as if he were talking to some person standing there -

Name and Medical Designation, John MacRury M.B.

Place of Abode, Ecclefechan - Dumfriesshire

DATED this Fifteenth day of April - One thousand ~~eight~~ nine hundred ~~and~~

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, J. T. Bell
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) Ecclefechan,
in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) William Robinson, pauper, Ecclefechan
and that the said William Robinson, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
He is absolutely incoherent in speech muttering "patients" "Doctors" & medicine & unable to answer the simplest questions rather & very excited.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother (Mrs Robinson) informs me that he was about his bedroom during the night - Refuses food at times, because he suspects poison in it. Seems fond of stealing his clothes &

Name and Medical Designation, J. T. Bell, M.B., C.M.

Place of Abode Ecclefechan

DATED this Sixteenth day of April, One thousand ~~eight~~ nine hundred ~~and~~ 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.

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

And I further certify that the case of the said person is one of Emergency. ✝
that he is in a fit state of bodily health to be removed.

DATED this day of One thousand eight hundred and

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

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

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

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

I, George Campion, (1) Sheriff Substitute of the (2) Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (3) Robert Park, Inspector of Poor (Landward), Certificates under the hands of John MacRury and J. B. Bell, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Robinson, Hall Road, Ecclefechan (a pauper) and that the said William Robinson is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Robinson 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 William Robinson, which accompanied the said Petition.

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

DATED this seventeenth day of April, — One thousand ~~eight hundred and~~ nine hundred years. — Four printed words deleted.

Geo. Campion

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

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

No 8527

William Robinson

Stroma

Adm. 17 April 1900.

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

[FORM A.]

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

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

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

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

The Petition of William Currie,
mason, Lochanbriggs,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Hobbie or Currie,
wife,

(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 Mary Hobbie or Currie — to the Royal Crichton Institution, and to sanction the admission into the said Asylum.

(To be signed by the Party applying) William Currie

(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 April, — One thousand nine hundred - 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 Hobbie or Currie.
2. Sex and Age,	Female 39.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Previously in service.
5. Religious Persuasion, so far as known,	Established Church.
6. Previous Place of Abode,	Lochanbriggs Knowehead Cottage.
7. Place where Found and Examined,	
8. Length of time Insane,	about ten days.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (4)	
12. Duration of Existing Attack,	about 10 days.
13. Supposed Cause,	Child birth. 9 weeks ago.
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. Christian Name and Surname, and Place of Abode of nearest known 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 Currie Mason Lochanbriggs. (Husband.)
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(4) If patient has previously in an asylum, state date of latest admission or approximate thereto. If previously under examination or treatment state fact.

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

DATED this Twentieth day of April — One thousand nine hundred Years.

(To be signed by the party applying) William Currie

P. P.

T. & A. C.—Nov. 1899.

No 8527
William Robinson
Inspector
Date 14 April 1900

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Jorge R. Livingston
being a (1) a graduate in Medicine & Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Moorehead Cottage, Kirkton,
in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mary Stobie a Currie,
and that the said Mary Stobie a 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane appearance. Patient sits staring vacantly in front of her. Incoherent conversation and restless action.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Communicated to me by her husband that she attempts to throw herself out of window.

Name and Medical Designation, Jorge R. Livingston

Place of Abode 35 Jorge Street Dumfries

DATED this 19th day of April, One thousand nine hundred and 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, Peter Murray Kerr,
being a (1) Graduate in Medicine of the University of Edinburgh
and being in actual practice as a (2) General Practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) Second House Crichton Royal Institution
in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mary Stobie or Currie Knowhead Cottage Lochanhigh, Kirkmichael,
and that the said Mary Stobie or 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance and manner. She is stupid and dull. Takes a very long time to answer any simple question. Her memory is very defective. She is quite unable to tell the dates of the months.

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

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

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode 2 Castle Street Dumfries

DATED this Twentieth day of April, One thousand nine hundred and years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, George R. Livingston being (1) a Graduate in Medicine of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Home Legal Collage in the County of Dumfries, seen and personally examined Mrs Mary Currie, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton Institution

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

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

George R. Livingston

DATED this 19th day of April One thousand nine hundred

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

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Mary Stobie or Currie to whom the foregoing Certificate of Emergency refers.

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

Signature and Address William Currie Locharbriggs

Date 19th April, 1900.

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

I, George Campion, (1) Sheriff Substitute, of ~~the~~ (2) Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (3) William Currie, Mason, Locharbriggs, Certificates under the hands of George R. Livingston, and Peter Murray Rose, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Stobie or Currie, Knowehead Cottage, Dalton, Dumfriesshire, and that the said Mary Stobie or Currie, is a (5) person of unsound mind.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

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

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

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Stobie or Currie, 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 Stobie or Currie, which accompanied the said Petition.

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

DATED [at Dumfries,] this Twenty-first day of April, One thousand nine hundred and ~~years~~ Two words deleted

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

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

[Signature] Geo. Campion

No 8528

Mary Stobie or Burnie

Adm. 19 April 1900.

15,116.

[FORM B²]

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

GENERAL BOARD OF LUNACY
17 APR 1900
SCOTLAND

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

I, the undersigned Robert Houston Walker 147 West Regent Street Glasgow being desirous to transfer Daniel Houston Walker at present a Patient in Govan District Asylum, and (¹) whose brother I am ——— from the said Asylum to the Crichton Royal Institution Dumfries beg to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

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

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	Daniel Houston Walker.
2. Sex and Age,	Male. 53 years (53)
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and Previous Occupation (if any),	Iron Merchant
5. Religious Persuasion, so far as known,	Protestant
6. Parish to which the Lunatic (if a Pauper) is Chargeable,	✓
7. Christian Name 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,	Brother Robert Houston Walker 147 West Regent Street Glasgow. None so far as known.

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(*To be signed by the Applicant*) R. H. Walker

(²) Brother

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

DATED this 9th day of April One thousand nine hundred and

N.B.—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

Mann, Byrne & Co. 19 Apr 1900
No 8528

MEDICAL CERTIFICATE.

I, the undersigned William Riddell Walker

(1) Name Asylum.

hereby certify that I have this day at (1) Govan District Asylum

personally examined Daniel Houston Walker who has been a

(2) Insert Date of Admission.

Patient in said Asylum since (2) 2nd January 1900 and I certify that

(3) Insert "is," or "is not," as the case may be.

the said Patient is a person of unsound mind, (3) is not epileptic, (3) is not suicidal,

(3) is not dangerous to others. I also certify, with respect to the Mental State of

(4) Describe Mental State.

the Patient, that (4) he was transferred here from Carstairs where he had been sent in 1892 at the instance of the Procurator Fiscal, when he had delusions about his wife's infidelity. He wrote a number of erotic letters addressed to female patients in Carstairs. He is in my opinion of unsound mind and unable to exercise self control.

(5) Describe Bodily State.

and with respect to the Bodily State of the Patient, that (5) as to his bodily state of the Patient at present it is good

and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Crichton Royal Institution Asylum inadvisable; and

(6) Insert "the following are," or "there are no," as the case may be.

I further certify that (6) there are no facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient:—

(Name) W R Walker

(Medical Qualification) LRCS LRCP Ed

(Date) 13 April 1900

No 8529
Daniel Houston Walker
Adm. 20 April 1900

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Daniel Houston Walker,
from Govan District Asylum,
to Crichton Royal Institution, Dumfries,
and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

[redacted]
Secretary

DATED at Edinburgh, this 17th day of April One thousand [redacted] nine hundred

N.B. Committed as a Dangerous Lunatic under Section 15 of 25 & 26 Vic. c. 54 and not to be discharged unrecovered without previous communication with the Procurator Fiscal.

Date of Sheriff's Order [*to be inserted at the Office of Board*].

29th October 1892.

15115

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY SCOTLAND 12 APR 1900 RECD

I, the undersigned Andrew Morton Blair Solicitor in Greenock being desirous to transfer John Arthur sometime Journeyman Joiner residing at 12 John Street Greenock at present a Patient in Smithston Asylum, Greenock, and (1) to whom I am Curator Bonis from the said Asylum to the Crichton Royal Institution, Dumfries

(1) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

beg to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	John Arthur
2. Sex and Age,	male - 69 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Protestant
6. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
7. Christian Name 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,	Charlotte Arthur or Grierson, wife of Duncan Grierson Labourer, 13 Main Street, Greenock - full sister. Christina Arthur or Reid wife of Steward Murray Reid, Ironmonger 12 John Street Greenock. Flora Arthur or Donnelly wife of Hugh Donnelly Labourer 23 John Street Greenock and Helena Arthur or McNaught wife of Thomas McNaught, Contractor supposed to be in London - half Sisters. Brother James was insane

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(*To be signed by the Applicant*) Andrew M. Blair

(2) Curator Bonis.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED this 10th day of April One thousand ~~eight~~ nine hundred ~~and~~ years.

N.B.—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

T. & A. C.—May 1899.

MEDICAL CERTIFICATE.

I, the undersigned James Wallace

(1) Name Asylum. hereby certify that I have this day at (1) Dumfriesshire Asylum

personally examined John Arthur who has been a

(2) Insert Date of Admission. Patient in said Asylum since (2) 16th Jan 1899 and I certify that

(3) Insert "is," or "is not," as the case may be. the said Patient is a person of unsound mind, (3) not epileptic, (3) not suicidal,

(3) not dangerous to others. I also certify, with respect to the Mental State of

(4) Describe Mental State. the Patient, that (4) he is insane, being dull, taciturn &

withdrawn, to move off his seat

(5) Describe Bodily State. and with respect to the Bodily State of the Patient, that (5) he has tendency

disease,

and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Crichton Royal Institution Dumfries ~~Asylum~~ inadvisable; and

(6) Insert "the following are," or "there are no," as the case may be. I further certify that (6) there are no facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient:—

(Name) James Wallace

(Medical Qualification) M.B.

(Date) 10th April 1900.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of John Arthur,
from Greenock Parochial Asylum,
to Crichton Royal Institution, Dumfries,
and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

[redacted]

DATED at Edinburgh, this 12th day of April One thousand ~~eight hundred and~~ nine hundred.

No 8530
John Arthur
Adm. 23 April 1900.

Date of Sheriff's Order [*to be inserted at the Office of Board*].

16th January 1899.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER 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) ~~Stewartry~~ of Dumfries ~~Galloway~~ and his Substitutes,—

The Petition of John Parker, joiner, Janeville, Bank Street, Irvine:

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Ramsay Parker, wife,

(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 Elizabeth Ramsay Parker, to the Crichton Royal Institution, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) John Parker

(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 April, ——— One thousand nine hundred 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 Ramsay Parker.
2. Sex and Age,	Female.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Housewife.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Irvine.
7. Place where Found and Examined,	Irvine.
8. Length of time Insane,	Four weeks.
9. Whether First Attack,	Second.
10. Age (if known) on First Attack.	
11. When and where previously under Examination and Treatment (5)	Crichton Institution, Dumfries, April 1899.
12. Duration of Existing Attack,	about 3 or 4 weeks.
13. Supposed Cause,	Alcohol.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes - 1
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Irvine (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 Family known to be or to have been Insane,	John Parker, Joiner, Janeville, Bank St: Irvine (husband).
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	———

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty third day of April, ——— One thousand nine hundred years.

(To be signed by the party applying) John Parker

T. & A. C.—Nov. 1899.

P p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McAlister
being a (1) Graduate in Medicine of the University of Glasgow
and being in actual practice as a (2) physician
do hereby certify, on soul and conscience, that I have this day, at (3) Townsville Bank Street, Irvine, in the County of Ayr, separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Ramsay Parker Housewife
and that the said Elizabeth Ramsay Parker is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 distant and distrait in manner, incongruent in her conversation; and does not appear to understand her situation or admit any provocation her husband may have for the ill treatment she exhibits him with.
Her daughter Mary Jane Parker, aged 22 years states that she habitually uses alcohol

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(4) Name and Medical Designation, William McAlister

Place of Abode, The Glens, Kilmarnock

DATED this fourteenth day of April One thousand nine hundred 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 Adam Paterson
being a (1) Graduate in Medicine of Glasgow
and being in actual practice as a (2) physician
do hereby certify, on soul and conscience, that I have this day, at (3) Townville Bank Street, Irvine, in the County of Ayr, separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Ramsay Parker Housewife
and that the said Elizabeth Ramsay Parker is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She takes alcohol in great excess, and has rarely sobered during the past 10 weeks. Is irrational in conversation & does not remember events which happened a few

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband is mentioned by him she has unfounded & unreasonable jealousy, uses vituperative language & threatens violence if chance
Her daughter Mary Jane Parker Age 22. States that her mother's statements to me regarding her husband made in presence of Mary Jane Parker

(4) Name and Medical Designation, William McAlister

Place of Abode, Townville

DATED this fourteenth day of April, One thousand hundred 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 Adam Paterson,
being (1) Graduate in Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Irvine,
in the County of Ayr, seen and personally examined Elizabeth Ramsay Parker, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

William Paterson M.B.

Dated this Twentieth day of April, — One thousand nine hundred and years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Asylum to receive therein Elizabeth Ramsay Parker, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address John Parker

Date 23rd April 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff (1) Substitute of Dumfries of the (2) and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (3) John Parker, Joiner, Jamesville, Bank Street, Irvine
Certificates under the hands of William Mc Adam Paterson & William Adam Paterson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Ramsay Parker Jamesville, Bank Street, Irvine (Wife) and that the said Elizabeth Ramsay Parker, is a (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 Ramsay Parker as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Ramsay Parker, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

Dated [at Dumfries] this Twenty fourth day of April, — One thousand nine hundred and years. For Lord Lieutenant

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.

[Signature] Geo: Campion

(7) Public, District, Parochial, or Private.

No 8531

Elizabeth Ramsay Parker

Adm. 23 April 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — Dumfries + Galloway of ——— *and his Substitutes,*— at Dumfries.

The Petition of William Thompson, 18 Deepdale Terrace, Preston,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Betsy Thompson, 18 Deepdale Terrace, Preston,

(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 Mrs Betsy Thompson, ——— to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) William Thompson

(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 April, ——— One thousand nine hundred 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,	Betsy Thompson.
2. Sex and Age,	Female. 58 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Home-wife.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	18 Deepdale Terrace, Preston.
7. Place where Found and Examined,	5 Stephenson Terrace, Preston.
8. Length of time Insane,	1 month or 6 weeks.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	58.
(5) If patient has previously in an Asylum, state date of latest admission or application thereto. If previously under visitation or treatment, state fact. 11. When and where previously under Examination and Treatment (5)	———
12. Duration of Existing Attack,	1 month or 6 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,	———
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Thompson, 18 Deepdale Terrace, Preston (Husband) No other members of family known to have been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	———

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty third day of April, ——— One thousand nine hundred years.

(*To be signed by the party applying*) William Thompson.

P p

T. & A. C.—Nov. 1899.

No 8531
Elizabeth Ramsay Parker
Adm. 23 April 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Edward Owen,
being a (1) Member of the Royal College of Surgeons,
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 5 Shakespeare Terrace Preston
in the County of Lancaster, separately from any other Medical Practitioner, visited and personally examined (4) Betsy Thompson wife of Alderman Preston
and that the said Betsy Thompson 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 suspicious & has the idea that her food is poisoned at times & that persons

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her statement that she is watched at times and is quite different - obtained from enquiry from those who take pleasure.

Name and Medical Designation, J. E. Owen M.D.Ch.

Place of Abode, Preston.

DATED this 23rd day of April — One thousand nine hundred — (1904.)

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Glasgow University and Surgeon
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mrs Betsy Thompson. Housewife, Bridgeland Terrace, Preston, and that the said Mrs Betsy Thompson, is a (5) person of Unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks in an unconnected manner, about the way she has been treated: that her husband in particular has designs against her, and that she cannot be taken to him.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex. Thomson M.B. C.M.

Place of Abode 27 Carlyle Street, Dumfries.

DATED this Twenty third day of April — One thousand nine hundred & four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Edward Dunn,
being (1) a Member of the College of Physicians of England
hereby certify, on soul and conscience, that I have this day, at (2) 5 Stephen's Terrace 22nd inst.
in the County of Lancaster, , seen and personally examined
Betsy Thompson, , and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John Edward Dunn M.B. C.M. Edin

DATED this Twenty third day of April One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Mrs Betsy Thompson, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address William Thompson 18 Deepdale Terrace Maxton

Date 23rd April 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff - Substitute of Dumfries ~~of the~~ (1) and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (2) William Thompson, 18 Deepdale Terrace, Maxton,
Certificates under the hands of John Edward Dunn,
and Alexander Thompson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Mrs. Betsy Thompson, 18 Deepdale Terrace, Maxton, Roxburghshire, and that the said Mrs. Betsy Thompson, 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 Mrs. Betsy Thompson, as a Patient into the (5) Public Asylum of Crichton Royal Institution, and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs. Betsy Thompson, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED [at Dumfries —] this Twenty-fourth day of April, — One thousand nine hundred years. Three words deleted.

To the Superintendent of the (5) Public *Asylum of* Crichton Royal Institution.

[Signature] Geo. Campion

(5) Public, District, Parochial, or Private.

N° 8532

Betsy Thompson

Adm. 23 April 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 ~~Stewartry~~ and his Substitutes, — at Dumfries.

The Petition of James Bell Edgar, Inspector of Poor, Hutton & Corrie,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John M^c^Gregor,

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Lunatic, whose father has applied to me on his son's behalf, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John M^c^Gregor, to the Royal Crichton Institution, — and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) Jas. B. Edgar

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (3) day of April, One thousand nine ~~eight~~ hundred and ~~-~~ 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 M^c^Gregor.
2. Sex and Age,	Male, 19 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Farm Servant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Cumstone Cottage.
7. Place where Found and Examined,	Cumstone.
8. Length of time Insane,	~~2 days present by~~ — two or three weeks.
9. Whether First Attack,	First.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	Two or three weeks.
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 Hutton & Corrie
18. Date of becoming Chargeable,	24th April 1900.
19. Christian Name and Surname, and Place of Abode of nearest known 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 M^c^Gregor, Cumstone Cottage, Hutton (Father) — Mother one time 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 April, One thousand nine ~~eight~~ hundred and ~~-~~ years.

(*To be signed by the party applying*) Jas. B. Edgar

P. P.

T & A. C.—Dec. 1893.

No 8532
Betsy Thompson
Adm. 23 April 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind."

I, the undersigned, George Irving ~~being a Doctor of Medicine & Master in Surgery~~, being a (1) Doctor of Medicine & Master in Surgery, and being in actual practice as a (2) Physician & Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) Cumstone Cottage, Hutton & Corrie, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) John M'Gregor, Cumstone Cottage, Hutton & Corrie, and that the said John M'Gregor is a (5) person of unsound Mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is excited & Persons talking about the diseases & trouble he has got from other p[eople] (delusions) & what he will do for them. He has no idea that there is any mental trouble about him & his whole conduct & behaviour are irrational

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father Wm M'Gregor informs me that he (John) at times becomes violent & seemingly dangerous to Others, & unmanageable

Name and Medical Designation, George Irving M.D

Place of Abode, Lockerbie

DATED this twenty third day of April, — One thousand ~~eight~~ nine hundred ~~and~~ 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, Frederick Hugh Clarke, being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University, and being in actual practice as a (2) Physician & Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) 41 Buccleuch Street Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) John McGregor, Farm Servant Cumstone Cottage Hutton, Dumfriesshire, and that the said John McGregor, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is restless and excitable. Says he has been suffering from La Grippe for two years, and has other delusions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fred Hugh Clarke MB.CM

Place of Abode Charlotte Street Dumfries

DATED this twenty fourth day of April, — One thousand ~~eight hundred and~~ nine hundred years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, George Irving, being (1) Doctor of Medicine & Master in Surgery, hereby certify, on soul and conscience, that I have this day, at (2) Cumstone Cottage, in the County of Dumfries, , seen and personally examined John M'Gregor, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

George Irving M.D.

DATED this ~~twenty~~ third day of April One thousand ~~eight~~ nine hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Royal ~~Crichton~~ Institution Asylum to receive therein John M'Gregor to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor, Hutton

Signature and Address Jas B Edgar, Hutton, Lockerbie

Date 24th April 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Lampson, Sheriff-Substitute of Dumfries ~~of the~~ (3) and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (5) James Bell Edgar, Inspector of Poor, Hutton & Corrie, Certificates under the hands of George Irving, and Frederick Hugh Clarke, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John McGregor, Cumstone Cottage, Hutton, Dumfriesshire, Carter and that the said John McGregor, ~~—~~ 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 McGregor, as a Patient into the (7) 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 McGregor, which accompanied the said Petition.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(5) State whether a County or Stewartry. (5) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(6) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(7) Public, District, Parochial, or Private.

DATED this Twenty fifth day of April, Nineteen ~~One thousand eight~~ hundred ~~and~~ years. Seven words added

Geo: Lampson

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(7) Public, District, Parochial, or Private.

No 8533

John McGregor

Hutton Home

Adm. 24 April 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of Dumfries & Galloway
~~of~~ _____ *and his Substitutes,*— at Dumfries

The Petition of Florence Taylor, Spinster, 55 Seladen Road, West Norwood, London

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ellen Norah Taylor Camberwell House, London 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 Ellen Norah Taylor to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Florence Taylor

DATED this Twenty eighth (4) day of April One thousand nine hundred

(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 Norah Taylor.
2. Sex and Age,	Female. 52.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	spinster - none
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Camberwell House, London.
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	many years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	About 20
11. When and where previously under Examination and Treatment (5)	
12. Duration of Existing Attack,	Many years.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Florence Taylor, sister, 55 Seladen Road, West Norwood.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or Treatment state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty eighth day of April One thousand nine hundred

(To be signed by the party applying) Florence Taylor

T. & A. C.—Nov. 1890.

P p

Ellen Norah Taylor
Female 52
Admitted 24 April 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *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 Dewar Robertson
being a (1) graduate of Edinburgh University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 7 Lennox Gardens, Dumfries
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Ellen Norah Taylor
55 Selkirk Road West Norwood S.E.
and that the said Ellen Norah Taylor is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She says she is conscious of being "strange" at times. Conversation with her while she interacts with intelligent remarks about the weather, but exhibited no upper floors when examined. She is willing & anxious to go to Carlton Institution. Talks sensibly.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has been in Cumbernauld Asylum for 2 years. Has a tendency to slumber and is from melancholia.

Name and Medical Designation, John Dewar Robertson

Place of Abode, 7 Lennox Gardens Dumfries

DATED this twenty fifth day of April — One thousand nine hundred

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of Glasgow University, and Surgeon.
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries
in the County of Dumfries — separately from any other Medical Practitioner,
visited and personally examined (4) Ellen Norah Taylor, Spinster, Selkirk Road, West Norwood, London
and that the said Ellen Norah Taylor is a (5) person of unsound mind —
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is of weak intellect: talks in an unconnected and incoherent manner: does not take much interest in anything says she cannot attend to anything for any length of time —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex Thomson M.D.

Place of Abode 27 Castle St, Dumfries

DATED this twenty eighth day of April — One thousand nine hundred and [illegible]

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Dewar Robson being (1) a Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 7 Longcroft Terrace in the County of Kirkcudbright, seen and personally examined Ellen Norah Taylor. Spinster, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John Dewar Robson M.B. & C.M.

DATED this 25th day of April — One thousand nine hundred

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Ellen Norah Taylor to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Sister

Signature and Address Florence Taylor 55 Selsdon Road West Norwood S.E.

Date 25th April 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I George Campson (1) Sheriff-Substitute of the Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (2) Florence Taylor, 55 Selsdon Road, West Norwood London Certificates under the hands of John Dewar Robson, and Alex. 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) Ellen Norah Taylor, Camberwell House, London (Retd. Sister) and that the said Ellen Norah Taylor is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ellen Norah Taylor 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 Ellen Norah Taylor, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this twenty-eighth day of April One thousand nine hundred and two.

Geo: Campson

(1) Public, District, Parochial, or Private.

To the Superintendent of the (1) Public Asylum of Crichton Royal Institution

[Signature] Dumfries.

No 8534

Ellen Norah Taylor

Adm. 25 April 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— of the Dumfries + Galloway, ——— of ——— and *his Substitutes* at Dumfries;

The Petition of John. Winkley. Laydon, 4 Winckley Square, Preston. Lancashire,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth. Laydon. 4 Winckley Sq. Preston, your Petitioner's (2) Mother, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth. Laydon, ——— 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.

(*To be signed by the Party applying*) J. Winkley Laydon

DATED this Thirtieth — (3) day of April One thousand nine hundred years.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Laydon.
2. Sex and Age,	Female, 64 years.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and previous Occupation (if any),	Housewife,
5. Religious Persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	4 Bushell Place, Preston.
7. Place where Found and Examined,	4 Bushell Place, Preston.
8. Length of time Insane,	4½ years.
9. Whether First Attack,	~~First attack~~ No
10. Age (if known) on First Attack,	62 yrs.
11. When and where previously under Examination and Treatment (3)	Crichton Royal Institution from on May 1896 to April 1900.
12. Duration of Existing Attack,	4½ years.
13. Supposed Cause,	Influenza.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No,
16. Whether Dangerous to others,	Yes,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John. Winkley. Laydon. Son. 4 Winckley Sq. Preston. None.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	———

(3) If patient has previously in an Asylum, state the date of latest admission or approval thereto. If previously under Examination or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth — day of April, ——— One thousand nine hundred years.

(*To be signed by the party applying*) J. Winkley Laydon.

T. & A. C.—Nov. 1899.

P p

No 8534
Rollow Murray + Laydon
Admn. 25 April 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Glasgow
University and Surgeon ——
and being in actual practice as a (2) Physician and Surgeon —
do hereby certify, on soul and conscience, that I have this day, at (3) The
Crichton Royal Institution —— in the County of
Dumfries, —— separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Langdon,
widow, 4 Bushell Place, Preston —— and that
the said Elizabeth Langdon —— is a (5) person
of unsound mind —— and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Cannot engage
in connected Conversation: Cannot tell where
She is or where she has been: laughs and Cries
without apparent Causes, and in a very
insane manner.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, } Alex Thomson M.D.

Place of Abode, 24 Carlton Street, Dumfries

Dated this Thirtieth day of April, — One thousand
nine hundred 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 Henry Seed, ——
being a (1) Bachelor of Medicine & Master in Surgery
Edinburgh University ——
and being in actual practice as a (2) Physician ——
do hereby certify, on soul and conscience, that I have this day, at (3) 4 Bushell
Place, Preston, —— in the County of
Lancaster, — separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Langdon
and that
the said Elizabeth Langdon, — is a (5) person
of unsound mind, — and a proper person to be detained
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 demented.
Can answer simple questions but does not know
where she is. She has no memory for recent
events. Is very emotional laughing without
apparent reason.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She throws herself about & attempts to
bite & strike anyone near her. Frequently
very noisy, shouting & screaming. From Elizabeth
Haynes of 4 Bushell Place Preston.

Name and Medical Designation, } Wm Henry Seed M.B.Edin

Place of Abode 110 Walton Rd Ashton on Ribble

Dated this 26th day of April — One thousand
nine hundred nine hundred 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 Henry Seed
being (1) Bachelor of Medicine & Master in Surgery. Edin. Univ.
hereby certify, on soul and conscience, that I have this day, at (2) 4 Bushell Place Parton
in the County of Lancaster, seen and personally examined Elizabeth Langdon,
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries;
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Wm H Seed MRCSE

DATED this 26th day of April One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution
Asylum to receive therein Elizabeth Langdon
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son

Signature and Address J Winkley Langdon. 4 Winckley Sq Preston

Date 27. April 1905

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clerk Honorary Sheriff Substitute
of the (1) Dumfries and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (2) John Winkley Langdon 4 Winckley Square, Preston, Lancashire,
Certificates under the hands of Alexander Thomson,
and William Henry Seed, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Langdon, 4 Winckley Square Preston Lancashire (Married) and that the said Elizabeth Langdon, is a (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 Langdon, as a Patient into the (6) Public Asylum of Crichton Royal Institution—and I authorize for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Langdon, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Thirtieth day of April One thousand nine hundred years. Two words deleted.

To the Superintendent of the (6) Public *Asylum of* Crichton Royal Institution, Dumfries

[*Signature*] Jno Clerk

(6) Public, District, Parochial, or Private.

No 8535

Elizabeth Langdon

Adm. 24 April 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 & Galloway, and his Substitutes,—at Dumfries.

The Petition of John B. Leslie Inspector of Poor Kirkpatrick Fleming,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Amelia Gourley, Irvington, Kirkpatrick Fleming, your Petitioner's (2) 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 Amelia Gourley to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) John B Leslie

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twentyeight (3) day of April One thousand ~~eight hundred and~~ Nine Hundred.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Amelia Gourley
2. Sex and Age,	Female - age 30.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper to her father.
5. Religious Persuasion, so far as known,	~~Protestant~~
6. Previous Place of Abode,	Irvington
7. Place where Found and Examined,	Irvington
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 [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	—
12. Duration of Existing Attack,	about a fortnight
13. Supposed Cause,	no definite cause
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not thought so hitherto
16. Whether Dangerous to others,	Not thought so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Fleming
18. Date of becoming Chargeable,	twenty eight day of April 1900
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Kirkpatrick Fleming William Gourley 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 28th day of April One thousand ~~eight~~ nine hundred ~~and~~

(*To be signed by the party applying*) John B Leslie P. P.

No 8535
Elizabeth Langholm
Adm. 27 April 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, 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) Fellow Royal Coll Phys Edin
and being in actual practice as a (2) general medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Stranglin
Kirkpatrick Fleming
Dumfries
separately from any other Medical Practitioner, in the County of
visited and personally examined (4) Amelia Gourley. Stranglin
pauper
and that
the said Amelia Gourley is a (5) person of
unsound mind
and a proper Person to be detained
under Care and Treatment, 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 has been depressed in spirits & is now somewhat excited and at times violent in manner. She has delusions, says she suffers from a loathsome disease of which there is no evidence whatever. She talks incoherently.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her father says he has no control over her. She has for many years done well as housekeeper but lately without any reason or cause she has become depressed and says she cannot work she is noisy and violent in behaviour at

Name and Medical Designation, } William Carruthers
M.D.

Place of Abode, Kirkpatrick Fleming

DATED this 28th day of April One thousand nine hundred and

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, J. P. H. Graham
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick
Dumfries
separately from any other Medical Practitioner, in the County of
visited and personally examined (4) Amelia Gourley
and that
the said Amelia Gourley is a (5) Pauper
of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a wound of a hand, she is [illegible] delusions and [illegible] very violent and [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By Mrs Hutton giving [illegible] a woman [illegible]

Name and Medical Designation, } J. P. H. Graham M.B.
Physician & Surgeon

Place of Abode Kirkpatrick Fleming

DATED this 28th day of April One thousand nine hundred and 1900

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) his Majesty's Coll Phys Edinr hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Amelia Gourley, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.

(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

William Carruthers

DATED this 28th day of April One thousand ~~eight~~ nine hundred ~~and~~

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Dumfries Galloway Royal Asylum to receive therein Amelia Gourley to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address John B. Leslie Kirkpatrick Flg

Date 28th April 1904

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion (1) Sheriff Substitute of ~~the~~ (2) Dumfries & Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) John B. Leslie, Inspector & John Kirkpatrick Flemming Certificates under the hands of William Carruthers and J. P. Hodgart Mann, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Amelia Gourley Irvington, Kirkpatrick Flemming. (aged sixteen) and that the said Amelia Gourley is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Amelia Gourley 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 Amelia Gourley which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED this Twenty-first day of May One thousand ~~eight hundred and~~ nine hundred & four. (Four printed words deleted.)

Geo. Campion

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(7) Public, District, Parochial, or Private.

No 8536

Amelia Gourley

Kirkpatrick Fleming

Adm 28 April 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— of Dumfries & Galloway, —— of —— *and his Substitutes,*— at Dumfries:

The Petition of Robert Dunn Ballantine, Postmaster, Whithorn, Wigtownshire.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas M. McCrae, 10 Keir St. Lauriston, Edinburgh, 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 Thomas. M. McCrae, —— to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) R.D. Ballantine,

DATED this Third —— (3) day of May, —— One thousand nine hundred ——

(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,	Thomas M. McCrae.
2. Sex and Age,	Male. 47.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Lawyer's Clerk.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	10 Keir Street Lauriston, Edinburgh.
7. Place where Found and Examined,	do.
8. Length of time Insane,	Four months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	47.
11. When and where previously under Examination and Treatment (3)	——
12. Duration of Existing Attack,	Four months.
13. Supposed Cause,	Alcohol.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Peter M. Crae, Brother, Baker Whithorn. Wigtownshire. No.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

(3) If patient has been previously in an Asylum, state the date of latest admission or approximate thereto. If patient was previously under Examination or Treatment state that fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third —— day of May, —— One thousand nine hundred years.

(To be signed by the party applying) R.D. Ballantine.

P. P.

T. & A. C.—Nov. 1899.

No 8536
Amelia Courtney
Wellington Hospital
Adm 28 April 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Proudfoot, [1]
being a (1) Bachelor of Medicine of the University of Edinburgh,
and being in actual practice as a (2) General Practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) 10 Keir Street in the City of Edinburgh, in the County of Midlothian, separately from any other Medical Practitioner, visited and personally examined (4) Thomas M. McRae, Lawyer's Clerk of 10 Keir Street, Edinburgh, and that the said Thomas M. McRae is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He states that he is accused of murdering two children one of which came down the chimney. He also states that he is under arrest and watched by police in the house. These statements are not in accordance with fact.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His landlady, Isabella Robertson, informs me that he states she is dead and that he is being attended to by an aunt. He also tells her that he is about to be hung.

Name and Medical Designation, Thomas Proudfoot M.B.

Place of Abode, 30 Lauriston Place, Edinburgh

DATED this first day of May, One thousand nine hundred year.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Alexander Thomson, [1]
being a (1) Doctor of Medicine of Glasgow University and Surgeon,
and being in actual practice as a (2) Physician and Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution — 2nd House, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Thomas M. McCrae Lawyer's Clerk, 10 Keir Street, Lauriston, Edinburgh, and that the said Thomas M. McCrae, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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 under the delusion that there are people conspiring against him, and that has has been accused of murder: talks in a confused manner about these things.

(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 24 Castle Street, Dumfries

DATED this Third day of May, One thousand nine hundred 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 Proudfoot, being (1) Bachelor of Medicine of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 10 Keir Street Edinburgh in the County of Midlothian, seen and personally examined Thomas H. McRae, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Thomas Proudfoot M.B.

DATED this first day of May, One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Thomas H. McRae, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother-in-law.

Signature and Address R. D. Ballantine, Postmaster Whithorn

Date 1st May, 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Sampson, Sheriff (1) Substitute, of ~~the~~ (2) Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) Robert Dunn Ballantine, Postmaster, Whithorn, Wigtownshire, Certificates under the hands of Thomas Proudfoot, 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) H. McRae, 10 Keir Street Lauriston, Edinburgh, Co. Brother-in-law and that the said Thomas H. McRae, — is a (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 H. McRae, 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 Thomas H. McRae, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Fourth day of May, One thousand nine hundred years. Two words deleted.

To the Superintendent of the (6) Public Asylum of Crichton Royal Institution Dumfries.

[*Signature*] Geo: Sampson

(6) Public, District, Parochial, or Private.

No 8537

Thomas . H. McCrae

adm . 1 May 1900 .

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 Wigtown *and his Substitutes,*—

The Petition of John Reid, Inspector of Poor, Parish of Kirkcolm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Cain, Cairnstock, Inspector.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Cain to the Dumfries Asylum and to sanction his admission into the said Asylum.

(To be signed by the Party applying) John Reid Inspector

(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 May 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,	James Cairns
2. Sex and Age,	Male. 26 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,	Cairnstock Kirkcolm
7. Place where Found and Examined,	"
8. Length of time Insane,	Three days.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	26 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	Three 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,	Kirkcolm
18. Date of becoming Chargeable,	6th May 1900.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Cairns, Cairnstock; 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 5th day of May One thousand nine hundred and

(To be signed by the Party applying) John Reid Inspector P. F.

No 8537
Thomas H. McCrae
adm. 1 May 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Harper
being a (1) Bachelor of Medicine & Master in
of the Aberdeen Universities and Practitioner
and being in actual practice as a (2) [illegible]
do hereby certify, on soul and conscience, that I have this day, at (3) 13 Charlotte
Street Stranraer
Wigtown in the County of
visited and personally examined (4) James Cairns separately from any other Medical Practitioner,
and that
the said James Cairns is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1 Facts indicating Insanity observed by myself: (6) He is dull & [illegible]
but at times excitable & threatens to strike his
mother when crossed in any way. He has the appearance
that he has been entrusted with care of an [illegible]
out to Stranraer & has always done to leave him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Wilson his Master informs me for the last
month he has become dull & quiet at times
will talk to himself & laugh. He has to-day struck
his mother by pulling her about to get at

Name and Medical Designation, Thomas Harper MB
Place of Abode, Hanover House Stranraer

DATED this 5th day of May One thousand eight
hundred and

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Alexander Anderson
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) physician and surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 13 Charlotte
Street Stranraer,
Wigtown, in the County
separately from any other Medical Practitioner
visited and personally examined (4) James Cairn, James Cairn
Cairnbrock Terrace
and that
the said James Cairn is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
1. He is vacant and dull in expression. 2. He
[illegible] the delusion that he is to get charge of an Institution
and his statements about this matter vary so much that he is
irrelevant. 3. He is impatient of rebuke when crossed by his
mother.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By Mr Cain (his mother). 1. "He wakened up in an
state the night before last. 2. This morning and the morning
yesterday he pulled my hair. For last 3 days he can't settle
to work."

Name and Medical Designation, J. A. Anderson
Place of Abode Stranraer

DATED this fifth day of May One thousand
Nine hundred and years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Hew Cameron (1) Sheriff substitute of the (2) Sheriffdom of Dumfries and Galloway having had produced to me, with a Petition at the instance of (3) John Reid Certificates under the hands of Thomas Harper M.B. C.M. and John Alexander Anderson M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Cain a Pauper and that the said James Cain is a (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 Cain as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Cain which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this fifth day of May One thousand ~~eight~~ nine hundred.

Hew Cameron

To the Superintendent of the (7) Southern Counties'
Asylum of Dumfries.

(7) Public, District, Parochial, or Private.

N° 8538

James Cain

Kirkcudbright

Adm. 5 May 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 ~~Sheriff~~ of Kallowday ——— *and his Substitutes,—at Dumfries.*

The Petition of Hugh Fulton, ———

Inspector of Poor, Kirkbean.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Reid, ———

your Petitioner's (3) ~~Pauper~~ ~~Inspector of poor~~ Kirkbean is at present in a state of Mental Derangement, and 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 Reid, ——— to the Southern Counties, Asylum, and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Hugh Fulton

DATED this Sixth (4) day of May, ——— One thousand nine hundred ~~and~~ years.

(4) The date of the Petition must be within fourteen clear days ~~eight~~ 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 Reid.
2. Sex and Age,	male. 63 years.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Rabbit trapper.
5. Religious Persuasion, so far as known,	~~Protestant~~
6. Previous Place of Abode,	Ladywell, Kirkbean.
7. Place where Found and Examined,	Southerness. "
8. Length of time Insane,	~~seven days~~
9. Whether First Attack,	YES.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	
12. Duration of Existing Attack,	Seven days.
13. Supposed Cause,	Heredity.
14. Whether subject to Epilepsy,	~~YES~~ no.
15. Whether Suicidal,	~~YES~~
16. Whether Dangerous to others,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkbean parish.
18. Date of becoming Chargeable,	1st May, 1900.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Rachel Reid, Southerness, Kirkbean (wife) Father & nephew insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	———

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of May, ——— One thousand ~~eight~~ nine hundred ~~and~~ years.

(To be signed by the party applying) Hugh Fulton

P. p.

No. 8538
James Reid
Kirkbean
Admn. 5 May 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Matthew Cameron,
being a (1) M.B. C.M. University of Glasgow,
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Southern
Kirkbean, in the County of
Kirkcudbright, separately from any other Medical Practitioner,
visited and personally examined (4) James Reid Southern
trapper, a pauper, and that
the said James Reid, is a (5) Lunatic
or person of unsound mind, and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1 Facts indicating Insanity observed by myself: (6) Hallucinations
of sight & hearing, incoherent talk. V
towards his wife, and family, smash
his furniture.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Change in his habit of life, imagining
things, talking nonsense threatening
violence (as stated by his wife Rachael

Name and Medical Designation, Matthew Cameron M

Place of Abode, Mauerud dell

DATED this sixth day of May, One thousand eight
hundred and 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 Glasgow University
and Surgeon Physician and Surgeon,
and being in actual practice as a (2)
do hereby certify, on soul and conscience, that I have this day, at (3) 24
Castle Street, Dumfries, in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) James Reid, Rabbit-Trapper,
Eadyfell, Kirkbean, Kirkcudbrightshire and that
the said James 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) Has delusions
with regard to the war in South Africa: says
he is at Table Bay on a mission, that
will alter things completely.

(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 MB

Place of Abode 24 Castle Street, Dumfries

DATED this Sixth day of May, One thousand
hundred and 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 in the County of Dumfries, seen and personally examined James Reid, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a filthy bodily state. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Alex Thomson M.D.

DATED this Sixth day of April — One thousand ~~eight~~ nine hundred and years. A. Mary I.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein James Reid, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor.

Signature and Address Hugh Fulton. Kirkbean

Date 6th May 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute of Dumfries ~~of the~~ (3) and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (3) Hugh Fulton, Inspector of Poor, Kirkbean, Certificates under the hands of Matthew Cameron, 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) James Reid, Rullet Coffee, Ladyquell, Kirkbean (a Pauper,) and that the said James Reid, is a (5) Person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Reid, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Reid which accompanied the said Petition.

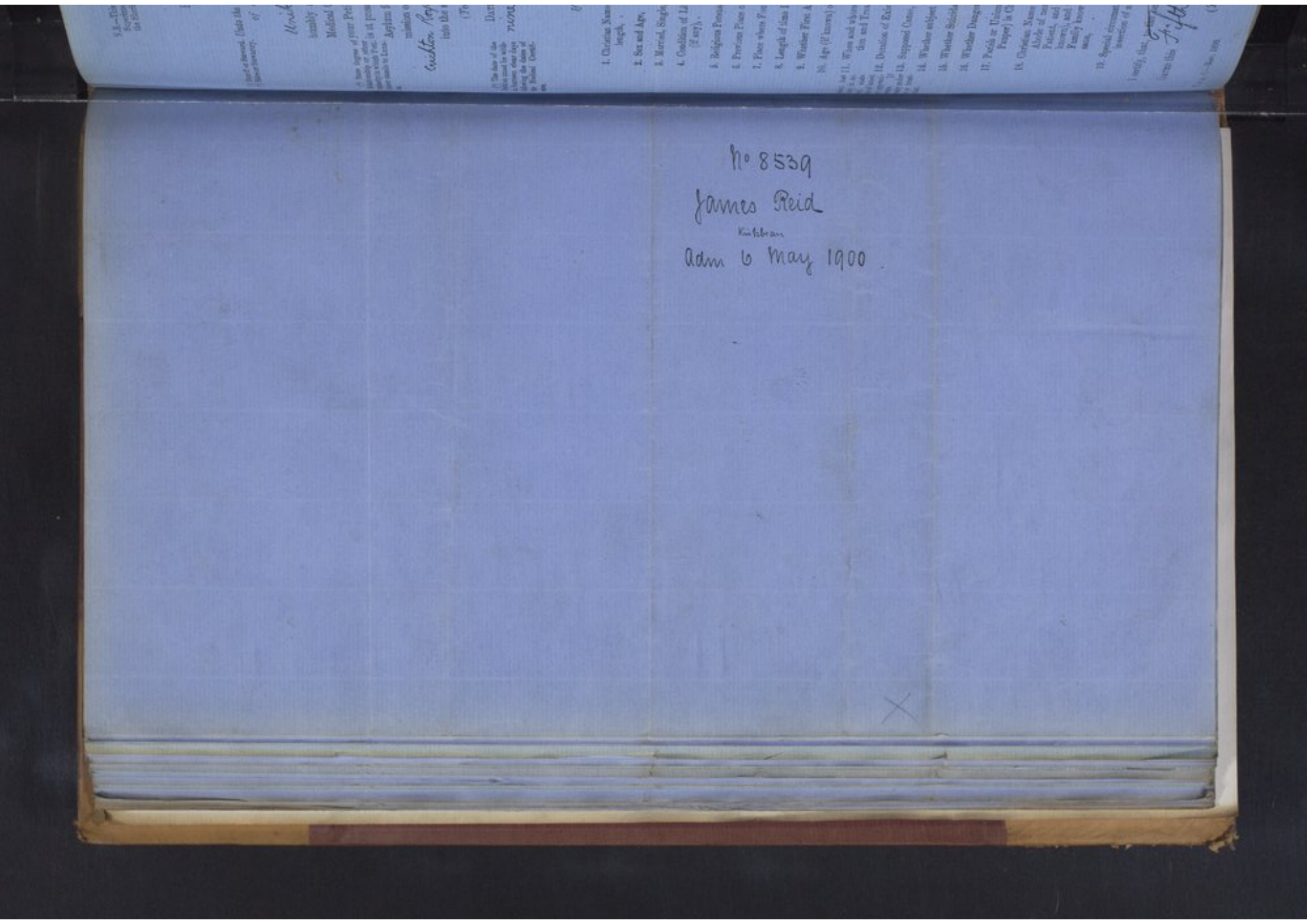
(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Eighth day of May, Nineteen ~~One thousand eight~~ hundred ~~and~~ years. Seven words interlined

Geo: Campion

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(7) Public, District, Parochial, or Private.


N° 8539
James Reid
Kinlochleven
Adm 6 May 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Renfrew T Bute *and his Substitutes,*

The Petition of Mrs Christina Watson or Glen United Presbyterian Church Manse Beith Ayrshire.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Watson your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Watson to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Christina Watson Glen

(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 May One thousand nine hundred 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 Watson
2. Sex and Age,	Male 81 years
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Sea Captain
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lavondale Place Paisley Road Glasgow
7. Place where Found and Examined,	Roslin Place Rothesay
8. Length of time Insane,	about a year
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	80 years
11. When and where previously under Examination and Treatment (5)	Never under treatment before
12. Duration of Existing Attack,	a year
13. Supposed Cause,	Senility
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Christina Watson Glen (Daughter) United Presbyterian Church Manse Beith None known
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(5) If patient has previously in an Asylum, state date of latest or approximate thereto. If previously under Certificate or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of May One thousand nine hundred years.

(*To be signed by the party applying*) Christina Watson Glen.

P 9

T. & A. C.—Nov. 1899.

No 8530 James Reid Esqr Adm 6 May 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Burnett Lawson
being a (1) Doctor of Medicine Master of Surgery
of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) No 23
Roslin Place Rothesay in the County of
Bute separately from any other Medical Practitioner,
visited and personally examined (4) Robert Watson
Sea Captain, 23 Roslin Pl, Rothesay and that
the said Robert 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)
He says all his friends have turned against him. He believes in many strange things, that people believe him dangerous & that he is poisoned in his food and that he has many enemies who are thoughts of killing him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Waugh of 23 Roslin Place, Rothesay, states that he refuses to take food, that he is in great fear, and that he is afraid of him as he goes out at night and wanders round the house & that he buys [illegible] he bought a bible to save against

Name and Medical Designation, James Burnett Lawson M.D.

Place of Abode, Battery Place Rothesay

DATED this second day of May One thousand nine hundred & 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 Johnston Hall
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) physician & surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) No 23
Roslin Place Rothesay, in the County of
Bute separately from any other Medical Practitioner,
visited and personally examined (4) Robert Watson, Sea Captain
Roslin Place Rothesay. and that
the said Robert 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)
He tells me that his food has been poisoned for years past: that he himself is steeped in poison & suffers from it. As a consequence he must eat only fruit & eggs which cannot be poisoned. He says he has many enemies who conspire against him.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Waugh of Roslin Pl with whom he lodges tells me that she cannot get him to take food, that he wanders about during the night & that she is afraid to keep him in the house of that he is at times moody & dangerous

Name and Medical Designation, Andrew J. Hall

Place of Abode Battery Pl Rothesay

DATED this fifth day of May One thousand nine hundred & 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, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Dated this day of One thousand hundred

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Johnstone Clerk (1) Advocate Sheriff Substitute
of the (2) Sheriffdom of Perthshire and Bute.
having had produced to me, with a Petition at the instance of (3) Mrs Christina Watson or Allen Wife Presbyterian Church Dunse, Berwickshire
Certificates under the hands of James Bennet Lawson M.D. (Glasg.) Rothesay
and Andrew Johnstone Hall M.D. (Glasg.) Rothesay being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Watson Sea Captain residing at Roslin Place Rothesay
Bute and that the said
Robert 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 Robert Watson as a Patient into the (6) Crichton Royal Institution ~~Asylum~~ of Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Watson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

Dated [at Rothesay] this Fifth day of May
One thousand nine hundred Years

To the Superintendent of the (7) Crichton Royal
Institution ~~Asylum~~ of Dumfries

[Signature] T. J. Martin

(7) Public, District, Parochial, or Private.

No 8540

Robert Watson

adm. 7 May 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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~~, at Dumfries

The Petition of Thomas Richardson Inspector of Poor of the Parish of Middlebie,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Skinner or Young, Eaglesfield, Eaglesham your Petitioner's (2) Pauper Lunatic is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Skinner or Young to the Crichton Royal Institute Dumfries and to sanction her admission into the said Asylum.

(2) State degree of Lordship or other locality in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Thomas Richardson

(3) The date of the Petition must be within fourteen clear days preceding the dates of the Medical Certificates.

DATED this Eighth (4) day of May One thousand nine hundred and ~~eight~~

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Skinner or Young.
2. Sex and Age,	Female 38 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,	Annan Parish
7. Place where Found and Examined,	Eaglesfield Parish of Middlebie
8. Length of time Insane,	Two months
9. Whether First Attack,	no;
10. Age (if known) on First Attack,	38 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Crichton Royal Institute Dumfries
12. Duration of Existing Attack,	
13. Supposed Cause,	Softening of the brain
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 ~~Annan~~ Middlebie Annandale
18. Date of becoming Chargeable,	Seventh day of May 1900
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Young Eaglesfield Eaglesham
20. Special circumstances (if any) preventing the 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 May One thousand ~~eight~~ nine hundred and

(*To be signed by the party applying*) Thomas Richardson P. P.

No 8540
Robert Watson
Adm. 7 May 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned,
being a (1) Bachelor of Medicine of the University of Glasgow and one of the Faculty of Physicians and Surgeons of Glasgow
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Eaglesfield
Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Skinner or Young
and that the said Helen Skinner or Young is a (5) Pauper Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1 Facts indicating Insanity observed by myself: (6)
Incoherency of manner, and refuses to be interrogated. Left the room immediately on my arrival and following her into garden she ran me I must [illegible] one yard.

(7) *State the information, and from whom derived.*

2 Other facts (if any) indicating Insanity communicated to me by others: (7)
Thomas Young her husband states that for [illegible] months she has annoyed her neighbours without cause, and that she rambles in her talk in several

Name and Medical Designation, James Silcoy M.B. C.M. Glas.
Place of Abode, Waterbeck Eaglesfield

DATED this Seventh day of May One thousand eight hundred and [illegible]

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, D. Bell.
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh & Glasgow University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Eaglesfield
Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Helen Skinner or Young
Pauper, Eaglesfield
and that the said Helen Skinner or Young is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Says she is very breathless due to "the lime & salt water" says her arms are [illegible] in two places (delusions) She is incoherent restless looking & very peculiar in manner

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Thomas Young her husband informs that she has taken to [illegible] in the day time. Cannot converse coherently with him on any subject & has lost personal interest in things

Name and Medical Designation, D. Bell M.B.
Place of Abode Eaglesfield

DATED this Seventh day of May One thousand eight hundred and [illegible]

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1) Bachelor of Medicine & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Eaglesfield
in the County of Dumfries, seen and personally examined
Helen Skinner or Young, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilroy M.B.

DATED this Seventh day of May One thousand ~~eight~~ nine hundred ~~and~~

(1) State medical qualification.
(2) State place of examination.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I George Sampson (1) Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (2) Thomas Richardson, Inspector of Poor, Middlebie Certificates under the hands of James Gilroy and J. Bell, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Helen Skinner or Young Eaglesfield Ecclefechan, (a pauper) and that the said Helen Skinner or Young is a (4) Lunatic, a person of unsound mind,

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Skinner or Young as a Patient into the (5) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Skinner or Young which accompanied the said Petition.

(5) Public, District, Parochial, or Private.

DATED this Eighth day of May One thousand ~~eight~~ nine hundred ~~and~~ years.

Geo. Sampson

To the Superintendent of the (5) Public
Asylum of Crichton Royal Institution
Dumfries

N°8541

Helen Steinmetz or Young

Admn. 8th May 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— of Dumfries & Galloway: —— of —— *and his Substitutes,*— at Dumfries.

The Petition of Helen Bell or Gowanlock, Knowehead, Highfae, Lochmaben, ——

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Gowanlock, Knowehead, Lochmaben, your Petitioner's (2) daughter, ——

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Gowanlock, —— to the Crichton Royal Institution, at Dumfries, and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) Mrs Helen Gowanlock

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth — (3) day of May, —— One thousand nine hundred 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 Gowanlock.
2. Sex and Age,	Female. 47 yrs.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Formerly a housekeeper.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Lockerbie, Resided there for the last fifteen years.
7. Place where Found and Examined,	Knowehead.
8. Length of time Insane,	Two years.
9. Whether First Attack,	Two years o/s.
10. Age (if known) on First Attack,	45 yrs.
11. When and where previously under Examination and Treatment (5)	Never under treatment before.
12. Duration of Existing Attack,	Two years.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Helen Bell or Gowanlock, Knowehead, Lochmaben, (Mother) No.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an Asylum, state date of latest Report or Appeal thereto. If previously under Detention or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth — day of May, —— One thousand nine hundred

(*To be signed by the party applying*) Mrs Helen Gowanlock

P P

T. & A. C.—Nov. 1899.

No 8511 Helen Bell or Gowanlock Admitted 8th May 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, J. Bell
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) Knowehead in parish of Lochmaben. and — in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Miss Jane Gowanlock, Knowehead, and that the said Jane Gowanlock, — is a (5) person of unsound mind, — and a proper Person to be detained under Care and Treatment, 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 that a number of men torture her at cutting her head open, & then stitching it up again. Further that Jesus Christ entered her "teeth". People trying to drown her in her own (Delusions) Her speech is incoherent & silly looking face & expression.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother (Mrs Gowanlock) informs me that she was down during the night shouting & crying had lamps up & had to be locked in her bedroom. She says she says that her daughter is to be buried in her bedroom. She has ordered a joiner to make the coffin.

Name and Medical Designation, J. Bell. M. B.

Place of Abode, Lochmaben

DATED this Seventh — day of May, — One thousand nine hundred 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 Macdonald
being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow,
and being in actual practice as a (2) Physician & Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) Knowehead Lochmaben Parish, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Jane Gowanlock, Jane Gowanlock, Knowehead, and that the said Jane Gowanlock, — is a (5) person of unsound mind, — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Stated to me that she is much annoyed, in fact tormented both by night & day, by working upon her body, chiefly her head, by some underground by persons connected with the club & also by the heat of a furnace from the adjoining quarter. She can get no sleep & is worse at present.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother, Mrs Gowanlock informs me that she has been peculiar for at least two years, rather of late full of delusions about people annoying her, & when her head is [illegible] she hears voices & sees at times without a ground or reason.

Name and Medical Designation, James Macdonald M.B.

Place of Abode Lochmaben

DATED this seventh — day of May, — One thousand nine hundred 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, J. J. Bell, being (1) Bachelor of Medicine & Master in Surgery, hereby certify, on soul and conscience, that I have this day, at (2) Knowehead in the County of Dumfries, seen and personally examined Miss Jane Gowanlock, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

J. J. Bell. M. B. & M.

DATED this Seventh day of May, — One thousand nine hundred & Two.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, ~~Asylum~~ to receive therein Miss Jane Gowanlock, — to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address Mrs Helen Gowanlock Knowe Head.

Date 8th May 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff (1) Substitute of Dumfries ~~of the~~ (2) and Galloway, — at Dumfries, having had produced to me, with a Petition at the instance of (3) Helen Bell or Gowanlock, Knowehead, Heightae, Lochmaben, — Certificates under the hands of John Stothart Bell, 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 Gowanlock, Knowehead, Lochmaben, Miss Daughter, and that the said Jane Gowanlock, is a (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 Gowanlock, 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 Gowanlock which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries —] this Tenth day of May, — One thousand nine hundred & Two. Three words deleted.

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

[Signature] Geo. Campion

(7) Public, District, Parochial, or Private.

No 8542

Jane Gowanlock

Adm. 8 May 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 ~~Middle~~ Lothians and Peebles and his Substitutes.—

The Petition of Elyza Fairbairn W.

Northumberland Street, Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helena Fairbairn

(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 patient Helena Fairbairn to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) Elyza Fairbairn

(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 May One thousand nine hundred

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helena Fairbairn
2. Sex and Age,	Female 41 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,	Church of England
6. Previous Place of Abode,	7z Northumberland St Edinboro
7. Place where Found and Examined,	by Dr Hay Fair of Edinburgh
8. Length of time Insane,	Peculiar from Childhood
9. Whether First Attack,	do
10. Age (if known) on First Attack.	do
11. When and where previously under Examination and Treatment (5)	never previously under treatment
12. Duration of Existing Attack,	see no. 8
13. Supposed Cause,	do
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	do
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,	Wm Elyza Fairbairn 7z Northumberland St Edin.r no
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this eleventh day of May One thousand nine hundred

(*To be signed by the party applying*) Elyza Fairbairn

P P

T. & A. C.—Nov. 1899.

No 85542
Jane Bowmaker
Adm. 8 May 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Playfair
being a (1) Doctor of Medicine and Fellow of the Royal College of Physicians Edinburgh
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 72 Northumberland St. Edinburgh
in the County of Midlothian
separately from any other Medical Practitioner, visited and personally examined (4) Helena Fairbairn, Spinster, of 72 Northumberland St. Edinburgh
and that the said Helena Fairbairn is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, 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 clothing is ragged and torn – she says she has not clothes to put on. In the middle of conversation she rose & left the room. I followed her into another room & found her standing gazing into space. She refused to speak to me and rushed away.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother Mrs Fairbairn told me that she locks herself in her room and barricades the door. She has struck at her and Brother. She has not changed her clothes since November last will not take a bath. She says her food is poisoned.

Name and Medical Designation, John Playfair M.D. F.C.

Place of Abode, 5 Melville St. Edinburgh

DATED this 10th day of May 1900
hundred

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Black Burnes, Bachelor of Medicine & Fellow of the Royal College of Surgeons Edinburgh
being a (1) Physician & Surgeon
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 72 Northumberland Street Edinburgh
about [Bridgetown Edinburgh Asylum]
in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Helena Fairbairn, Spinster
72 Northumberland Street, Edinburgh
and that the said Helena Fairbairn is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, 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 my entering the room and speaking to her she at once rushed at the door, endeavouring to push away, refusing to speak to me & rudely - and her clothing is uncared for

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Fairbairn (mother) says she is most erratic in her statements – that she says she has been in Arabia India &c. That she says she is no relation to her mother or brother – that she has struck at her & that she barricades herself into her room, will not wash or change her clothes

Name and Medical Designation, Robert B Burnes M.B. F.R.C.S.

Place of Abode 17 Walker St Edinburgh

DATED this tenth day of May One thousand nine hundred

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand hundred

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Charles Fermline Maconochie (1) Sheriff Substitute
of the (2) Lothian and Peebles
having had produced to me, with a Petition at the instance of (3) Eliza Fairbairn
residing at 72 Northumberland Street Edinburgh
Certificates under the hands of John Hay Fyfe M.D.
and Robert Black Burns M.B. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helena Fairbairn Spinster, 72 Northumberland Street Edinburgh and that the said Petitioner's daughter
is a (5) person of unsound mind
Helena Fairbairn
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helena Fairbairn as a Patient into the Crichton Royal (Asylum) 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 Helena Fairbairn which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Edinburgh] this Eleventh day of May
One thousand nine hundred

To the Superintendent of the (7)
Royal (Asylum) Institution Dumfries

(7) Public, District, Parochial, or Private.

[*Signature*] C F Maconochie

N° 8543

Helena Fairbairn

Adm. 12 May 1900.

+N—

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries & Galloway at Kirkcudbright *and his Substitutes,—*

The Petition of Samuel Rigg Inspector of Poor of the Parish of Kelton

humbly sheweth: that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Kelly 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 Robert Kelly to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Samuel Rigg

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eleventh (3) day of May One thousand nine ~~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,	Robert Kelly
2. Sex and Age,	Male. 52. 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,	Cotton St. Castle Douglas
7. Place where Found and Examined,	Do.
8. Length of time Insane,	Two months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	52 years
11. When and where previously under Examination and Treatment (5)	Never previously under treatment
12. Duration of Existing Attack,	Two months
13. Supposed Cause,	Attack of Scarlet fever some years ago
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,	Kelton
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,	Mrs Isabella Kelly Cotton St. Castle Douglas Mother. No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) Patient has previously in an Asylum, state date of latest admission approximately. If previously under Examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eleventh day of May One thousand eight hundred and nine

(To be signed by the party applying) Samuel Rigg

P. P.

T. & A. C.—June 1896.

No 8514
Helena Fairbairn
Adm. 12 May 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Guy Verney Hitchcock being a (1) Licentiate of the Royal College of Phys... & Surgeons Edinburgh and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Cotton ... Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert Kelly at Cotton ... Castle Douglas Pauper and that the said Robert Kelly is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

When I saw him he was in bed, immediately on ... the room in which he was lying he sat up and ... the interview. Said he wanted to be left alone ... very continually shifting from one place to another ... Questions in a slow and hesitating manner repeating ...

2. Other facts (if any) indicating Insanity communicated to me by others: (7) ...

His sister informed me that he had been queer ... years past. At times he is quiet and sensible and ... Violent and threatens to injure anyone with whom he ... in contact. Sometimes refuses his food for days. The ... outbreaks are always preceded by the patient muttering to himself

Name and Medical Designation, G. V. Hitchcock L.R.C.P.S.E.

Place of Abode, Castle Douglas

DATED this Seventh day of May One thousand eight hundred and

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Edward Balleman Hector being a (1) Graduate in Medicine Surgery & Edinburgh Licentiate and being in actual practice as a (2) Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Cotton Street Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Robert Kelly. Cotton Street Castle Douglas - a pauper and that the said Robert Kelly is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Patient, when ... gaze vacantly at the wall or roof of his bedroom. - At ... he declines to answer questions - at other times he ... incoherently or breaks off in the middle of a sentence ... silly laugh - He is restless and excited -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother. Isabella Kelly. Cotton St. Castle Douglas tells ... that he is most abusive, using foul language & when ... refuses to comply that he has attacked his sister, without any ... by striking her with an earthenware pot that he has to be watched ... attacking his mother - ~~that she is afraid to leave him with~~

Name and Medical Designation, Edward B. Hector. M.B.C.M.

Place of Abode Castle Douglas. Kirkcudbright

DATED this Seventh day of May One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Pulling Gill Esqr Advocate
~~of the~~ (1) ~~Sheriff Substitute~~ of Dumfriesand Galloway
having had produced to me, with a Petition at the instance of (2) Samuel Rigg
Certificates under the hands of Guy Norman Fletcher
and Edward R. Hector , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kelly, Pauper, and that the said
Robert 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 Robert Kelly as a Patient into the ~~Northern Counties~~ Asylum of Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Kelly which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Kirkcudbright] this eleventh day of May
One thousand ~~eight hundred and~~ nine hundred.

To the Superintendent of the (7) Northern Counties
Asylum of Dumfries

(7) Public, District, Parochial, or Private.

[Signature] William Pulling Gill

No 8547

Robert Kelly

Kelton

Adm. 12 May 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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, at Dumfries.

The Petition of Alexander Blain, Park, Irongray,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Blain, Park, Irongray, your Petitioner's (3) Sister, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Blain to the Dumfries & Galloway Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Alexander Blain

DATED this twenty-second (4) day of May, One thousand nine hundred and —.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Blain.
2. Sex and Age,	Female 46.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Housekeeper.
5. Religious Persuasion, so far as known,	Established Church of Scotland.
6. Previous Place of Abode,	Park. Irongray.
7. Place where Found and Examined,	Park. Irongray.
8. Length of time Insane,	8 months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	46.
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	8 Months.
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	Yes.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
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,	Alexander Blain, Park. Irongray (Brother.) One Uncle died insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) Patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or Treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty-second day of May — One thousand nine hundred and —.

(*To be signed by the party applying*) Alexander Blain.

P.T.

T. & A. C.—Nov. 1899.

No 85417
Robert Kelly
Farm
Dam - 12 May 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Georg Robert Livingston
being a (1) graduate in medicine of Edinburgh Universi
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Park,
Inmgray, Kirkcudbright
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Janet Blain, Housekeep
Park, Irongray, Janet Blain
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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane
appearance. Neglect of personal appearance (eg.
unkempt hair, dress unbuttoned) Incoherent mind
answers to questions tells me she gets up when she
likes. Laughs hysterically at nothing.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Information from Alexander Blain — I am informed by her brother that Janet Blain wanders aimlessly about the fields, and at times goes to neighbours cottages & sits for hours at a time with them. That she talks about people present / who are not present.

Name and Medical Designation, Georg R. Livingston

Place of Abode, 5 Georg Street Dumfries

DATED this 21st day of May One thousand nine hundred and year.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Peter Murray Kerr
being a (1) Bachelor of Medicine and Master in Surgery of the
University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Second Ho
Crichton Royal Institution,
in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Janet Blain, House keeper,
Park, Irongray
and that
the said Janet Blain
is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, 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 and manner
She takes no interest in her surroundings
has no idea where she is. States she meant
her end occasionally bursts into hysterical
laughter.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode 20 Castle Street Dum

DATED this twenty second day of May One thousand nine hundred and nine years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, George R. Livingston, being (1) graduate in medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Park Longray in the County of Kirkcudbright, seen and personally examined Janet Blain, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton Royal Institution.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

George R Livingston M.B.C.M.

DATED this 21st day of May, One thousand nine hundred years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Janet Blain to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address Alexander Blain, Park, Longray

Date 21st May 1920.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Sheriff-Substitute of Dumfries ~~of the~~ (4) and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (5) Alexander Blain, Park, Longray, Certificates under the hands of George R. Livingston and Peter Murray Hon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Blain, Park, Longray, (Pitié doctor), and that the said Janet Blain, 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 Blain as a Patient into the (8) Public Asylum of Crichton Royal Institution, and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Blain, which accompanied the said Petition.

(4) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(5) State whether a County or Stewartry.
(6) 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.

DATED [at Dumfries] this Twenty-third day of May, One thousand nine hundred years. Three words deleted.

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries

[*Signature*] Geo. Campion

(8) Public, District, Parochial, or Private.

No 8545

Janet Blain

Adm. 22 May 1900.

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries, Stair & Galloway, *and his Substitutes,—* at Dumfries.

The Petition of William Dorman, 1 Copeland Street, Dalbeattie,— humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates that Nathan Major, Carrier, 1 Copeland Street, Dalbeattie, ——— your Petitioner's (1) Father-in-law, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Nathan Major, ——— ——— to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) William Dorman

DATED this 25th (2) day of May, — One thousand ~~Nine~~ hundred ~~and~~ years.

(1) degree of relationship or other capacity in which petitioner stands to Lunatic.

(2) date of the Petition not within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Nathan Major.
Sex and Age,	Male. 89.
Married, Single, or Widowed,	Married.
Condition of Life, and previous Occupation (if any),	Healthy, Carries between Dalbeattie & Dumfries.
Religious persuasion, so far as known,	Protestant.
Previous Place of Abode,	1 Copeland Street, Dalbeattie.
Place where Found and Examined,	1 Copeland Street, Dalbeattie.
Length of Time Insane,	about six months.
Whether First Attack,	Yes.
Age (if known) on First Attack,	—
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Never.
Duration of Existing Attack,	about six months
Supposed Cause,	unknown.
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,	———
Date of becoming Chargeable,	———
Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Major or Dorman, 1 Copeland Street, Dalbeattie. (Daughter) None 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 25th day of May,— One thousand ~~Nine~~ hundred ~~and~~ years.

(To be signed by party applying) William Dorman

No. 8515
James Blain
Adm. 22 May 1900.

MEDICAL CERTIFICATE No. I.

I, the undersigned Alford William Anderson, being a (1) Bachelor of Medicine & Master of Surgery Edinburgh University, and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 1 Copeland Street, Dalbeattie, in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Nathan Major, 1 Copeland Street, Dalbeattie, and that the said Nathan Major, is a (5) person of unsound mind, — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is under the delusions that everything that takes place at home is to annoy him & that the closet has been stopped also to prevent him getting out of bed at night, that he was not to lie in his own bed. He has no comfort in life & wishes to put an end to himself. That everyone was persecuting him & an injured woman in the house which I say was correct. His mind is

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) This day his Mr Dorman informs that he although to cut his throat; that he frequently speaks of being tried after that she has great difficulty in managing him. Dirty in his habits, cannot be looked after at home.

Name and Medical Designation, A.W. Anderson

Place of abode, Copeland Dalbeattie

DATED this 25th day of May, — One thousand nine ~~eight~~ hundred and years.

MEDICAL CERTIFICATE No. II.

I, the undersigned James Archibald David Gillespie being a (1) Bachelor of Medicine Master in Surgery, Univ. Edin. and being in actual practice as a (2) general practitioner — hereby certify, on soul and conscience, that I have this day, at (3) 1 Copeland Dalbeattie Kirkcudbright, in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Nathan Major, 1 Copeland Dalbeattie, and that the said Nathan Major, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) Has attempted to cut his throat with a pocket knife, he previously had a razor taken from. Says he will not be his first chance he gets. Imagines that everything is done to make his home comfortless miserable.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) this Son in law Capt. Dorman states that he tried to cut his throat & almost succeeded. That he thinks everyone in house maltreats him, which is pure imagination. He is prone stating that he means to put an end to himself.

Name and Medical Designation, J.A.D. Gillespie M.B.C.M.

Place of abode, Dalbeattie

DATED this twenty fifth day of May, — One thousand nine ~~eight~~ hundred and 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 Alford W. Anderson, being (1) M.B. & C.M. Edin hereby certify, on soul and conscience, that I have this day, at (2) 1 Copeland Street, Dalbeattie, in the County of Kirkcudbright, seen and personally examined Nathan Major, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

A W Anderson

DATED, this 25th day of May, One thousand nine hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Nathan Major, to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son-in-law.

Signature and Address, William Dornan 1 Copeland St Dalbeattie

Date, 25 May 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Caupicon, Sheriff Substitute ~~of the the County~~ of Dumfries & Galloway, at Dumfries having had produced to me, with a Petition at the instance of (1) William Dornan, 1 Copeland Street Dalbeattie, Certificates under the hands of Alfred William Anderson, and Samuel Archibald David Gillespie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Nathan Major, farmer, 1 Copeland Street, Dalbeattie (Petitioner's father-in-law) and that the said Nathan Major is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Nathan Major as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize hes Transmission to the said ~~Institution~~ accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Nathan Major, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty fifth day of May, Nineteen One thousand eight hundred ~~and~~ years. Nine words deleted.

G. Caupicon

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8546

Name, Nathan Major

Date of Admission, 26 May 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— of Dumfries & Galloway; —— of —— *and his Substitutes,* —— at Dumfries:

The Petition of The Revd William John Haire, Curteen Rectory, Ballymote, Co Sligo: ——

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that William John Haire, The Rectory, Curteen, Ballymote Co Sligo, your Petitioner's (2) son, ——

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William John Haire, —— to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Wm Jno Haire

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty eighth (4) day of May, —— One thousand nine hundred 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 John Haire. Junior.
2. Sex and Age,	Male. 31.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Clergyman.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	The Rectory, Curteen, Ballymote, Co Sligo.
7. Place where Found and Examined,	St Patrick's Hospital, Dublin.
8. Length of time Insane,	Thirteen months.
9. Whether First Attack,	Second.
10. Age (if known) on First Attack,	25.
11. When and where previously under Examination and Treatment (5)	St Patrick's Hospital, Dublin.
12. Duration of Existing Attack,	13 months.
13. Supposed Cause,	first attack caused by Masturbation.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
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,	The Rev W. John Haire. (Father) The Rectory, Curteen, Ballymote, Co Sligo.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under observation or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty eighth day of May, —— One thousand nine hundred years.

(To be signed by the party applying) Wm Jno Haire

P. p

T. & A. C.—Nov. 1899.

No. 8516 Name William Major

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 R. Leeper, being a (1) Fellow of the Royal College of Surgeons &c, Licentiate of the Royal College of Physicians and being in actual practice as a (2) Physician & Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) St Patrick's Hospital, Dublin, in the County of Dublin, separately from any other Medical Practitioner, visited and personally examined (4) William John Haire and that the said William John Haire 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) No. suspicion. Hallucinations of hearing, to impulsive acts occasionally as result of hearing voices to do absurd things.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Acts of this cause and I am certain that have been frequently observed by others.

Name and Medical Designation, Richard R. Leeper

Place of Abode, St Patrick's Hospital

DATED this 21st day of May, — One thousand — hundred and zero

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Glasgow University and Surgeon and being in actual practice as a (2) Physician and Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) The Richhaven Royal, Institution, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) William John Haire, Junior, — Clergyman, The Rectory, Curtin, Ballymote, Co Sligo, and that the said William John Haire, Junior, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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 appearance: says he does not take much interest in anything: hears voices making suggestions to him: these voices & suggestions distract him, & prevent him from reading.

(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 27 Castle Street, Dumfries

DATED this Twenty Eighth day of May, — One thousand nine hundred and 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 Rutherford
being (1) a Fellow of the Royal College of Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Enchter Royal Dumfries
in the County of Dumfries, seen and personally examined
the Revd William John Haire, Junior,, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

James Rutherford M.D.

DATED this 26th day of May, One thousand hundred and (1900) years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Enchton Royal Asylum to receive therein the Revd William John Haire, Junior, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address Wm Jno Haire Father Rectory Easkey, Ballymote

Date 26th May 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute of Dumfries
~~of the~~ (1) and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (2) the Rev. William John Haire, Junior, Rectory, Ballymote, Co. Sligo
Certificates under the hands of Richard R. Leeper, 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 (3) William John Haire, junior, Rectory Ballymote, Co. Sligo and that the said William John Haire, junior, is a ~~Lunatic~~ Person of unsound mind (4) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William John Haire, junior as a Patient into the (5) Public Asylum of Enchton Royal Institution and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William John Haire, junior, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(2) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED [at Dumfries] this twenty ~~fifth~~ day of May, One thousand nine hundred years. Four words deleted.

To the Superintendent of the (5) Public *Asylum of* Enchton Royal Institution Dumfries.

(5) Public, District, Parochial, or Private.

[Signature] Geo: Campion

No 8547

William John Hoare

Adm. 26 May 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., 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 ~~Stewartry~~ Dumfries & Galloway, and his Substitutes—The Petition of John O'Neil, Dealer, 17 Greencroft Loyne, Annan:

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter O'Neil,

(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 Peter O'Neil, to the Crichton Royal Institution, and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) John O'Neill

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28th (3) day of May, One thousand ~~eight hundred and~~ nine hundred years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Peter O'Neil.
2. Sex and Age,	Male. Age 25 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Rat Catcher.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	17 Greencroft Loyne, Annan.
7. Place where Found and Examined,	1 Richegate. Carlisle.
8. Length of time Insane,	one year.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	-
11. When and where previously under Examination and Treatment (3)	-
12. Duration of Existing Attack,	one year.
13. Supposed Cause,	Fright at Carlisle Horse
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Doubtful.
16. Whether Dangerous to others,	-
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	-
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John O'Neil. Dealer. 17 Greencroft Loyne. Annan (Father). No member of family known to have been Insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of May, One thousand ~~eight hundred and~~ nine hundred years.

(*To be signed by the party applying*) John O'Neill

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Sheehan, ——
being a (1) Licentiate of the Royal College of P
in Edinburgh, ——
and being in actual practice as a (2) a Physician, in Car
do hereby certify, on soul and conscience, that I have this day, at (3) 1 Richm
Carlisle, ——
Cumberland, ——— in the County
separately from any other Medical Practitione
visited and personally examined (4) Peter O'Neil, ——
Peter Dwyer (sic)
and th
the said Patrick O'Neil, — is a (5) person of unso
——— and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He says he and I are in heaven; that he
visits heaven down underneath by me
ladders of smoke. Once he became vi
threatened to use violence against
He is incapable of holding a reasonable con

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His mother, Mrs O'Neil says he is v
to his sisters, and to Strangers.

Name and Medical Designation, Patrick She
L R C P
Place of Abode, 2 The Crescent Ca

DATED this 26th day of May, — One thousand eig
hundred ~~and~~ 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 Macdonald, ——
being a (1) Doctor of medicine of Edinburgh University,
and being in actual practice as a (2) Physician, ——
do hereby certify, on soul and conscience, that I have this day, at (3) 1 Richmond
Carlisle, ——
Cumberland ——— in the County
separately from any other Medical Practition
visited and personally examined (4) Peter O'Neil, 1 Richmond
Carlisle, Cumberland, ——— and th
the said Peter O'Neil, ——— is a (5) person
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) Manner excited
incoherent rambling: says this is Hell, but it is
to go below to Hell when rising to Heaven, just
takes how it goes down just like our breath, it
long ulcers; he passes the night dreaming of the pala
Kibble; he kills them with paper swords just as he kills
He uses filthy obscene language.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother says — he talks and talks to
persons in a way he never did before; his manner is
to threatening & strange that she fears he
beyond her control.

Name and Medical Designation, James Macdonald M
Place of Abode 17 Portland Square Carl

DATED this 26th day of May, — One thousand eig
hundred ~~and~~ 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, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clark, (1) Honorary Sheriff-Substitute of ~~the~~ Dumfries & Galloway at Dumfries, having had produced to me, with a Petition at the instance of (2) John Friel, Dealer 17 Irvine Croft Road Annan, Certificate under the hands of Patrick Neilson, and James 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 (3) Peter Friel, 1 Nicholson Carlisle (Peter Friel) and that the said Peter Friel, 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 Peter Friel as a Patient into the (5) Public Asylum of Crichton Royal ~~Institution~~ and authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Peter Friel, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED [at Dumfries] this Twenty-eighth day of May One thousand ~~eight hundred and~~ nine hundred Years - Four printed words deleted

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution Dumfries.

[Signature] John Clark

(7) Public, District, Parochial, or Private.

No 8548
Peter O'Neil
Adm. 28 May 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— of Dumfries & Galloway, of —— *and his Substitutes,*— at Dumfries:

The Petition of Andrew Beaton Bell, present of Edenswood, Springfield, Fife:

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Johanna Margaret Beaton Bell, 23 Crates Gardens, Edinburgh, 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 Johanna Margaret Beaton Bell — to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A Beaton Bell

DATED this Twenty ninth (3) day of May, —— One thousand nine hundred years.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Johanna Margaret Beaton Bell.
2. Sex and Age,	F. 55.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Daughter of Professional Gentleman.
5. Religious Persuasion, so far as known,	Church of Scotland.
6. Previous Place of Abode,	23 Crates Gardens Edinburgh.
7. Place where Found and Examined,	34 Heriot Row, Edinburgh.
8. Length of time Insane,	about 9 months.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	55.
11. When and where previously under Examination and Treatment (5)	Previous Asylum Visits.
12. Duration of Existing Attack,	about 9 months.
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. Christian Name and Surname, and Place of Abode of nearest known 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 Beaton Bell. (Brother) Eastern Dairies. Robert Lisle.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Asylum or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty ninth day of May, —— One thousand nine hundred years.

(To be signed by the party applying) A Beaton Bell

P P

T. & A. C.—Nov. 1899.

Dum. 28 May 1900. Peter D. Nisbet No 8518

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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] Royal College of Physicians

and being in actual practice as a (2) Physician,

do hereby certify, on soul and conscience, that I have this day, at (3) 34 [illegible]

[illegible] in the County of Midlothian, separately from any other Medical Practitioner, visited and personally examined (4) Johanna [illegible] and that the said Johanna [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) She is labouring under [illegible] delusions and [illegible] that her property is gone [illegible] that her person is [illegible] and that she has not had her life taken by me.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her notes say she is [illegible] and mania, partly in a paper [illegible]

Name and Medical Designation, [illegible]

Place of Abode, [illegible]

DATED this 29th day of May, — One thousand nine hundred.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Fowler

being a (1) Physician & Doctor of Medicine

and being in actual practice as a (2) Physician,

do hereby certify, on soul and conscience, that I have this day, at (3) 34, Heriot [illegible] Edinburgh in the County of Midlothian, separately from any other Medical Practitioner, visited and personally examined (4) Miss Johanna Maynet Beatson Bell, Lady, of 23 Coates Gardens Edinburgh, and that the said Johanna Maynet Beatson Bell is a (5) person of insane mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Expression of intense Melancholy – Moaning constantly – Rocking herself backwards & forwards – Constantly keeping her cap about – Restless – Refuses to take nourishment – Calls something to put an end to her life – tears her clothes, and entirely different in manner and appearance to what she was [illegible]

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Doctors with whom she lately lived inform me [illegible] is insane – She eats grass – eats her toenails – scratches her cheeks – says she is to pray and must not wash – She yells out at night time.

Name and Medical Designation, James Fowler MD

Place of Abode, 34 Heriot Row, Edinburgh

DATED this 29th day of May — One thousand nine hundred and [illegible].

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Smith Clouston of the College of Physicians Edinr.
being (1) ~~an M.D. of Edinburgh~~ duly qualified Medical Practitioner, hereby certify, on soul and conscience, that I have this day, at (2) 94 Heriot Row Edinr.
in the County of Midlothian, seen and personally examined Johanna Margaret Beaton Bell, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

(1) State medical Order.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

(3) State place at which Asylum is situated.

T. Clouston M.D.

Dated this 29th day of May, — One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Johanna Margaret Beaton Bell to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Patient's Brother

Signature and Address A Beaton Bell

Date 29th May 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Sampson (1) Sheriff Substitute, ~~of Dumfries and Galloway, at Dumfries~~ having had produced to me, with a Petition at the instance of (2) ~~Dr. Thomas~~ Alexander Beaton Bell, Edmund Springfield Beaton Bell, Certificates under the hands of Thomas Smith Clouston and James Fowler, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) ~~Johanna Margaret Beaton Bell, 23 Castle Terrace, Edinburgh, Spinster~~ Johanna Margaret Beaton Bell, and that the said ~~Johanna Margaret Beaton Bell~~ is a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Johanna Margaret Beaton Bell as a Patient into the (5) Public — Asylum of Crichton Royal ~~Institution Dumfries~~, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Johanna Margaret Beaton Bell which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

Dated [at Dumfries] this Thirtieth day of May, One thousand nine hundred years.

To the Superintendent of the (7) *Asylum of* Crichton Royal ~~Institution Dumfries~~

Geo. Sampson

[Signature]

(7) Public, District, Parochial, or Private.

No 8549

Johanna Margaret Beaton Bell

Adm. 29 May 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— *of* Dumfries + Galloway; *and his Substitutes,*— at Dumfries:

The Petition of Thomas. B. Bradshaw, Lifton Park, Lifton, Devonshire,

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry Buller Bradshaw, Lifton Park, Lifton, Devonshire, 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 Henry Buller Bradshaw, —— to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Thos B. Bradshaw.

DATED this 29th (3) day of May, —— One thousand nine hundred, —years.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Henry Buller Bradshaw.
2. Sex and Age,	Male. 33.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Gentleman.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Lifton Park. Lifton. Devonshire.
7. Place where Found and Examined,	do do
8. Length of time Insane,	Two weeks.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	33.
11. When and where previously under Examination and Treatment (3)	——
12. Duration of Existing Attack,	Two weeks.
13. Supposed Cause,	Mental Worry.
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. Christian Name 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 B. Bradshaw. Brother. above designed. Two Brothers. —
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

(3) If patient has previously in an Asylum, state date of latest Order or apprehension thereto. If previously under Examination or treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of May, — One thousand ~~nine~~ hundred, Years.

(To be signed by the party applying) Thos B Bradshaw

P.p

T. & A. C.—Nov. 1899.

No 8514

Johanna Margaret Bradshaw Buller

Adm. 29 May 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 William Redshead
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and L.R.C.P. Edinburgh
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Lifton Park
Lifton, Devon in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Henry Buller Bradshaw
and that the said Henry Buller Bradshaw, is a (5) person
of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Ephemeral depression. Refuses to speak. Suicidal tendency.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas William Redshead
L.R.C.S. & L.R.C.P. Edin.

Place of Abode, Launceston — Cornwall

DATED this Twenty Eighth day of May, One thousand nine hundred and 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 Glasgow University and Surgeon
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Henry Buller Bradshaw,
Gentleman, Lifton Park, Lifton, Devonshire and that
the said Henry Buller Bradshaw, is a (5) Person
of unsound mind, and a proper person to be detained under Care and Treatment, 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 depressed and nervous: has no confidence in his abilety to do anything: talks in a confused manner, and is generally mentally enfeebled.

(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.B.

Place of Abode 27 Castle Street, Dumfries.

DATED this Thirtieth day of May One thousand nine hundred and 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 William Shepherd
being (1) L.R.C.P. Edin. Practitioner, (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) Lifton Park, Lifton (2) State place of examination.
in the County of Devon, seen and personally examined Henry Buller Bradshaw, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Thos. W. Shepherd

DATED this Twenty Eighth day of May One thousand nine hundred & years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Henry Buller Bradshaw to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address Thos B Bradshaw, Lifton Park, Lifton Devon.

Date 29th May 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Sampson, (1) Sheriff-Substitute (1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
of ~~the~~ (2) Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (3) ~~Thomas William Shepherd~~ Thomas B Bradshaw, Lifton Park, Lifton Devonshire, Certificates under the hands of Thomas William Shepherd, and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henry Buller Bradshaw, Lifton Park, Lifton, Devonshire, (His Brother) and that the said Henry Buller Bradshaw, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henry Buller Bradshaw 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 Henry Buller Bradshaw, which accompanied the said Petition.

(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Thirteenth day of May One thousand nine hundred & years. Two words deleted.

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

(7) Public, District, Parochial, or Private.

[Signature] Geo. Sampson

No 8550

Henry Buller Bradshaw

Adm. 29 May 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of Dumfries & Galloway, of ——— and his Substitutes,— at Dumfries;

——— The Petition of Henry Smyth, 58 Broughgate, Appleby;

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Ruth Smyth. 58 Broughgate. Appleby, your Petitioner's (2) 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 Ruth Smyth, to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) x Henry Smyth

DATED this Thirtieth — (3) day of May, One thousand nine hundred years.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ruth Smyth.
2. Sex and Age,	Female. 65.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Housewife.
5. Religious Persuasion, so far as known,	Church of Scotland.
6. Previous Place of Abode,	58 Broughgate Appleby.
7. Place where Found and Examined,	6 months.
8. Length of time Insane,	yes.
9. Whether First Attack,	64.
10. Age (if known) on First Attack,	Never under treatment.
11. When and where previously under Examination and Treatment (5)	about 6 months.
12. Duration of Existing Attack,	not known.
13. Supposed Cause,	no.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	not chargeable.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Henry Smyth, her husband — Broughgate, Appleby.
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,	No.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or Treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of May, One thousand nine hundred Years.

(To be signed by the party applying) x Henry Smyth

T. & A. C.—Nov. 1899.

Henry Smyth 58 Broughgate Appleby 29 May 1900

No 8550

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, L. J. Bell
being a (1) Bachelor of Medicine,
and being in actual practice as a (2) physician and Surg
do hereby certify, on soul and conscience, that I have this day, at (3) 58 Bro
Appleby,
in the County of Westmorland — separately from any other Medical Practitioner,
visited and personally examined (4) Ruth Smythe 58
Broughgate, Appleby and that
the said Ruth Smythe 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) incoherent
talk, wants to go home etc
constantly imagines she is doing
needlework with the bed clothes.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
For months past has been doing
foolish acts such as pinching cats
in fire instead of meat — Henry

Name and Medical Designation, L. J. Bell MB, Cm.

Place of Abode, Appleby

DATED this 29th day of May, One thousand
nine hundred 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 Edinburgh
University and Surgeon
and being in actual practice as a (2) Physician and Surgeon, The
Crichton Royal Institution — 27 Bank in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (3) Ruth Smythe, Housewife,
58 Broughgate, Appleby, and that
the said Ruth 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 demented
and paralysed: cannot engage in intelligent
Conversation: talks incoherently: has delusion
~~about~~ about her own condition, and about
the people around her.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex. Thomson MB

Place of Abode 27 Castle Street, Dumfries

DATED this Thirtieth day of May — One thousand
nine hundred 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, W. J. Bell, being (1) a Bachelor of Medicine, hereby certify, on soul and conscience, that I have this day, at (2) 58 Boroughgate in the County of Westmorland, seen and personally examined Ruth Smythe, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

W. J. Bell

DATED this 29th day of May, One thousand nine hundred and [illegible].

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, (Asylum) to receive therein Ruth Smyth, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address Henry Smyth Boroughgate Appleby

Date 29th May, 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute of Dumfries ~~of the~~ (4) and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (5) Henry Smyth 58 Boroughgate, Appleby, Certificates under the hands of W. J. Bell, and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Ruth Smyth, 58 Boroughgate, Appleby, (Pet's Wife) and that the said Ruth Smyth, 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 ~~Ruth Smyth~~ Ruth Smyth 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 Ruth Smyth, which accompanied the said Petition.

(4) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(5) 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.

DATED [at Dumfries] this thirty-first day of May, One thousand nine hundred and year- First words deleted

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution Dumfries.

[Signature] Geo: Campion

(8) Public, District, Parochial, or Private.

No 8551

Ruth Smyth

adm 29 May 1900.

his Form shall be keeping of the ter of the Asylum der of the Sheriff

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries & Galloway ~~Dumfries~~ *and his Substitutes, at* Dumfries.

The Petition of Alexander Hastie Burns Inspector of Poor Canonbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Thomas Johnston, Labourer, Forge, Canonbie, your Petitioner's (1) ~~(Husband or Wife)~~ Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Thomas Johnston to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) degree of relationship or capacity in which petitioner stands to Lunatic.

(To be signed by the Party applying) A H Burns

(2) date of the Petition within fourteen clear days of the dates of the Certificate.

DATED this Second (2) day of June — One thousand ~~eight~~ nine hundred and ~~and~~ years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Thomas Johnston
Sex and Age,	Male 66 years
Married, Single, or Widowed,	married
Condition of Life, and previous Occupation (if any),	Labourer
Religious persuasion, so far as known,	Protistent
Precious Place of Abode,	Forge Canonbie
Place where Found and Examined,	Two months
Length of Time Insane,	First attack
Whether First Attack,	
Age (if known) on First Attack,	
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception or approximation thereto,	—
Duration of Existing Attack,	Two months
Supposed Cause,	—
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether dangerous to others,	no
Parish or Union to which the Lunatic (if a pauper) is Chargeable,	Parish of Canonbie
Date of becoming Chargeable,	2nd June 1900
Christian Name and Surname, and place of Abode of nearest known 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 Johnston (wife) Forge Canonbie. None 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 Second day of June — One thousand ~~eight~~ nine hundred and ~~and~~ years.

(To be signed by party applying) A H Burns

No 8551

Ruth Smyth

Born 29 May 1900

MEDICAL CERTIFICATE No. I.

I, the undersigned Geo B Anderson —
being a (1) MB - CM. of Edinburgh University
and being in actual practice as a (2) General Practitioner —
do hereby certify, on soul and conscience, that I have this day, at (3) Forge - Canonbie — in the County of Dumfriesshire separately from any other Medical Practitioner, visited and personally examined (4) Thomas Johnston - Labourer Forge - Canonbie — and that the said Thomas Johnston — is a (5) Person of Unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He aforesaid Thomas Johnston is an excitable & fright[illegible] Expression - Restless. He imagines that he has offended the neighbours - so says that he is afraid to go out as [illegible] eats him & fair

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Statement made by his Wife
She says that the said Thomas Johnston wanders about during the night & that he says he is tired of life - and wants to do away with

Name and Medical Designation, Geo B Anderson MB CM
Place of abode, Canonbie

DATED this 31st — day of May — One thousand nine ~~eight~~ hundred ~~and~~ years.

MEDICAL CERTIFICATE No. II.

I, the undersigned James Inglis Mason —
being a (1) MB, CM. 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) Forge Canonbie. — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Thomas Johnston — Labourer Forge Canonbie Dumfriesshire 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.:—

(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.*

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He has an anxious worn expression, wanders restlessly about, moaning, Says he has said [illegible] about neighbours and dare not go out he

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife says that he sleeps very little, wanders about all night, Says everybody is against him & wants his life ended.

Name and Medical Designation, James Inglis Mason
Place of abode, Langholm

DATED this first — day of June — One thousand nine ~~eight~~ hundred ~~and~~

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)

(1) State medical qualification.
(2) State place of examination.

in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

DATED, this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address,

Date,

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Sampson, Sheriff Substitute of ~~the the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Alexander Hastie Burns, Inspector of Poor, Canonbie, Certificates under the hands of Geo. B. Anderson, and James Inglis Mason being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Thomas Johnston, Labourer, Forge, Canonbie, (a pauper) and that the said Thomas Johnston, is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Thomas Johnston, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Johnston, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Second day of June One thousand ~~eight hundred and~~ nine hundred years. - Eleven printed words deleted.

Geo. Sampson

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8552

Name, Thomas Johnston
Cumbie

Date of Admission, 2 June 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Dumfries & Galloway and his Substitutes,—

The Petition of James Christison Inspector of Poor Kirkinnan Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Nicholson Station Row, Whaup hill 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 Nicholson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) James Christison

DATED this thirty first (4) day of May One thousand nine eight hundred and years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Nicholson
2. Sex and Age,	33 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Whaup hill
7. Place where Found and Examined,	Do
8. Length of time Insane,	a few weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	33
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	
12. Duration of Existing Attack,	a few 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,	Kirkinnan
18. Date of becoming Chargeable,	30th may 1900
19. Christian Name and Surname, and Place of Abode of nearest known 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 Nicholson. Father, Whaup hill no number known to have been
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 31st day of May One thousand nine eight hundred and Years

(To be signed by the Party applying) James Christison

P. p.

Thomas Johnstone Examiner

No. 8552

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 MacBlide being a (1) Doctor of medicine of the University of Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Station Row Wamphill Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Nicholson - Station Row Wamphill, Stonebreaker and that the said Agnes Nicholson is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Impaired Memory - Does not give history of her employers & employment saying that she does not know whether it is right or wrong to whether she is merely fabricating the story

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John Nicholson her father says that she attempted to get at the Knives & that she answers him with a view to commit Suicide

Name and Medical Designation, Charles MacBlide M.B.

Place of Abode, Wigtown

DATED this 31st day of May One thousand ~~eight~~ hundred ~~and~~ 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 F. Smith being a (1) Bachelor of Medicine & Master of Surgery of Edinburgh University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Wamphill Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Nicholson Stonebreaker and that the said Agnes Nicholson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks in an excited rambling way & complains of people letting stories about her moral conduct

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister Anne Nicholson informs me that she has attempted more than once to strangle herself

Name and Medical Designation, James F. Smith M.B.

Place of Abode Whitehorn

DATED this 31st day of May One thousand ~~eight~~ hundred ~~and~~

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

, the undersigned,
eing (1)
ereby certify, on soul and conscience, that I have this day, at (2)
the County of , seen and personally examined
, and that the said
rson is of unsound mind, and 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
ndred 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.

, William Mackie Esquire (1) Sheriff Substitute
the (2) Sheriffdom of Dumfries & Galloway at Dumfries
aving had produced to me, with a Petition at the instance of (3) James Christison Inspector of Poor Kirkmahoe Parish
certificates under the hands of Charles MacBride M.D
nd James T Hunt M.R.C.M. , being two Medical Persons
ly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and reatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic sylums in Scotland," setting forth that they had separately visited and examined (4)
gnes Nicholson Station Row Shawhill Parish and that the said
Agnes Nicholson is a (5) person of unsound
nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
ceive the said Agnes Nicholson as a Patient into the
Southern Counties Asylum of Dumfries and I authorize
ter Transmission to the said Asylum accordingly; and I transmit you herewith
e said Medical Certificates, and a Statement regarding the said Agnes Nicholson
hich accompanied the said Petition.

DATED this 31st day of May One thousand ~~eight~~
~~undred and~~ nine hundred & ten.

Wm Mackie

To the Superintendent of the (7)
Pauper Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 8553

Agnes Nicholson

Kirkintilloch

adm. 2 June 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 at Dumfries:

The Petition of John Maxwell Inspector of the Poor of the Parish of Troqueer.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Hoggan, Tailor's Machinist, 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 Hoggan, to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other quality in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Maxwell

DATED this Fourth (4) day of June, One thousand nine hundred 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 Hoggan.
2. Sex and Age,	Female. about 40 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Working Class. Tailor's Machinist.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	16, Market St. Maxwelltown
7. Place where Found and Examined,	16. Market St. Maxwelltown.
8. Length of time Insane,	Two or three weeks.
9. Whether First Attack,	Second attack.
10. Age (if known) on First Attack,	about 40 years of age.
11. When and where previously under Examination and Treatment (5)	Southern Counties Asylum. From 30 Dec. 1899. to 21st April 1900
12. Duration of Existing Attack,	Two or three weeks.
13. Supposed Cause,	not Known.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Is inclined that way.
16. Whether Dangerous to others,	Has threatened her Children.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueer.
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,	Has a sister at Beach Grange. Father & Mother dead. None of the Family insane before.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(5) State when last in an Asylum, state date of latest approximate. If now under treatment.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of June, One thousand nine hundred years.

(To be signed by the party applying) John Maxwell

No 8553 Agnes Nicholson

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Murray
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 16 Market St
Musselburgh, in the County of
Midlothian, separately from any other Medical Practitioner,
visited and personally examined (4) Mary Hoggan, 16 Market St
Musselburgh, Pauper, and that
the said Mary Hoggan is a (5) Person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Imagines that the
are trying to get a hold of her & put her
the Asylum - That the Almighty had
her and told her Woman out to up

2 Other facts (if any) indicating Insanity communicated to me by others: (7)
Has lately come out of the Asylum, and
rank, but free from delusions.

Name and Medical Designation, P. Mc Murray M.D.

Place of Abode, 33 Castle Street Dun

DATED this 3rd day of June, One thousand
nine hundred 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 Dewar Robertson,
being a (1) Graduate of Edinburgh University,
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 16 Market
Musselburgh, in the County of
Kirkcudbright, separately from any other Medical Practitioner,
visited and personally examined (4) Mary Hoggan, pauper,
16 Market St. Musselburgh, and that
the said Mary Hoggan, pauper, is a (5) person of
unsound mind, and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is irrelevant in
talk. she imagines people are trying to mesmerise
her. and are forcing her to drown herself. She
continually hearing imaginary disturbances.
& suspicious of neighbours. She fainted at
passing and said that she was one of 10 who
were in a boat and wanted to drown her while
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) was
I certify to her insanity on a previous
occasion.

Name and Medical Designation, J Dewar Robertson MD

Place of Abode 7 Terregles St Musselburgh

DATED this fourth day of June, One thousand
nine hundred 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 Dewar Robson
being (1) a graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 16 Market St
in the County of Kirkcudbright, seen and personally examined
Mary Hoggan, Pauper, 16 Market St, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a
sufficiently good state of bodily health at this date to be removed to the Asylum
at (3) the Crichton, Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John Dewar Robson M.B.

DATED this 4th day of June, — One thousand nine hundred year.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Mary Hoggan.
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Guardians

Signature and Address John Maxwell, Inspector

Date 4th June 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute of Dumfries
~~of the~~ (4) and Galloway, at Dumfries
having had produced to me, with a Petition at the instance of (5) John Maxwell,
Inspector of Poor, Dumfries
Certificates under the hands of Patrick Murray,
and John Dewar Robson being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) —
Mary Hoggan, 16 Market Street, Maxwelltown, Pauper, and that the said
Mary Hoggan is a (7) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Hoggan as a patient into the (8) 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 Mary Hoggan, which accompanied the said Petition.

(4) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(5) State whether a County or Stewartry.
(6) 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.

DATED [at Dumfries,] this fifth day of June, —
One thousand nine hundred year — three words deleted.

To the Superintendent of the (8) Public Asylum of Southern Counties Dumfries

[*Signature*] Geo Campion

(8) Public, District, Parochial, or Private.

No 8554

Mary Horgan

Iroquois

Adm. 4 June 1900

his Form shall be keeping of the ... of the Asylum ... of the Sheriff

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway *and his Substitutes,*— at Dumfries

The Petition of John Paterson, Inspector of Poor, St Mungo humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Paine ——

degree of relation- capacity in which ask to Lunatic.

your Petitioner's (1) Lodger —— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said William Paine —— to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(To be signed by the Party applying) John Paterson

ate of the Petition ... his fourteen clear ... the dates of the ... ificate.

DATED this 7th (2) day of — June — One thousand ~~eight~~ nine hundred ~~and~~ years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

stian Name and Surname of Patient at ... gth,	William Paine
nd Age,	Male - 32 years
ried, Single, or Widowed,	Single
ition of Life, and previous Occupation ... any)	Farm Labourer
gious persuasion, so far as known,	Roman Catholic
rious Place of Abode,	Coafield - Annan
re where Found and Examined,	Nutholm Cottage - St Mungo.
gth of Time Insane,	
ther First Attack,	
(if known) on First Attack,	
n and where previously under Examin- ... on and Treatment. (Name of Establish- ... ment into which last received, and Year of ... ception of approximation thereto,	
ation of Existing Attack,	
posed Cause,	
ther subject to Epilepsy,	
ther Suicidal,	
ther dangerous to others,	
ish or Union to which the Lunatic (if a ... pauper) is Chargeable,	St. Mungo's
e of becoming Chargeable,	7th June 1900
stian Name and Surname, and place of ... bode of nearest known Relative of the ... atient, and degree of Relationship (if ... nown), and whether any Member of ... amily known to be or to have been ... sane,	—
cial circumstances (if any) preventing the ... sertion of any of the above particulars,	Stranger.

certify that to the best of my knowledge, the above particulars are correctly stated.

ATED this 7th — day of June — One thousand ~~eight~~ nine hundred ~~and~~

(To be signed by party applying) J. Paterson

No 8554
Mouse Paterson
Insane
Adm. 7 June 1900

MEDICAL CERTIFICATE No. I.

I, the undersigned George Irving

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.,* Member of the Royal College of Physicians in Edinburgh.

being a (1) ~~Physician & Surgeon~~ Doctor of Medicine & Mr

(2) *Physician or Surgeon, or otherwise as the case may be.*

and being in actual practice as a (2) Physician & Surgeon

do hereby certify, on soul and conscience, that I have this day, at (3)

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

Police Station, Dryfesdale — in the County of

Dumfries — separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a Pauper, state so.*

visited and personally examined (4) William Kane, Pauper,

Dryfesdale, Dumfriesshire — and that

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

the said Wm Kane Pauper, Dryfesdale — is a (5)

Person of Unsound mind — and a proper person to be

detained under Care and Treatment, and that I have formed this opinion

upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) This answers questions is incoherent, refuses food for fear of poison which, day it is (work of memory) & his conduct & behaviour are irrational

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Inspector Bell informs me that he saw him takes off his garments & goes into his cell roked & that he refuses food, as he says no need of it now

Name and Medical Designation, Place of abode, George Irving M.D. Lockerbie

DATED this seventh — day of June — One thousand ~~nine~~ ~~eight~~ hundred ~~and~~ years.

MEDICAL CERTIFICATE No. II.

I, the undersigned James Macdachlan

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.,* Member of the Royal College of Physicians in Edinburgh.

being a (1) Bachelor of Medicine & Master of Surgery

(2) *Physician or Surgeon, or otherwise as the case may be.*

and being in actual practice as a (2) Physician & Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) —

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

Lockerbie — in the County of

Dumfries — separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a Pauper, state so.*

visited and personally examined (4) William Kane —

Pauper — and that

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

the said William Kane — is a (5)

person of unsound mind — and a proper person to be

detained under Care and Treatment, 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

to the Pol.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by

others: (7)

Dr Paterson informs me that he was found wandering on the roads in the Moffat District he appeared scarcely to be aware that there was a Queen &c

Name and Medical Designation, Place of abode, James Macdachlan Lockerbie

DATED this 7th — day of June — One thousand

~~nine~~ ~~eight~~ hundred ~~and~~ year

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned George Irving
being (1) Doctor of Medicine & Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Police Station, Lyffesdale
in the County of Dumfries, seen and personally examined Wm Kane, Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

George Irving M. D.

DATED, this seventh day of June One thousand ~~eight~~ nine hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein William Kane
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor
Signature and Address, [illegible], Lochmaben
Date, 7th June 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Sheriff Substitute
~~of the the County~~ of Dumfries and Galloway, at Dumfries
having had produced to me, with a Petition at the instance of (1) John Paterson, Inspector of Poor, St. Mungo
Certificates under the hands of George Irving
and James Macfarlan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) William Kane, Battholmhillgate, St. Mungo (a Pauper) and that the said William Kane is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said William Kane as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize ~~him~~ Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Kane which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Eighth day of June M. One thousand ~~eight~~ hundred ~~and~~ years. line words deleted. Geo: Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8555

Name, William Hane

St Ives

Date of Admission, 7 June 1900

...—This FORM shall remain in the keeping of the ...perintendent of the Asylum after the Order of ...e Sheriff is obtained.

[FORM A]

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.~~ Crichton Royal Institution, Dumfries.

To the Honourable the (1) Sheriff of the Dumfries Galloway. (1) Sheriff or Steward. (2) Shire or Stewartry.
~~———~~ *and his Substitutes,*— at Dumfries.

The Petition of (3) Archibald Veitch, writer, Lanport. (3) Insert Name and Designation

...bly showeth that it appears from the subjoined Statement and accompanying Medical ...ificates, that Robert Lennan Veitch, 63 Warrender Park Road Edinburgh ...Petitioner's (4) father, ... present in a state of Mental Derangement, and a proper person for treatment in an ...lum for the Insane. May it therefore please your Lordship to authorise the transmis- ... of the said Robert Lennan Veitch, ~~———~~ to the ~~the Royal Institution Dumfries~~ ~~Edinburgh Asylum for the Insane~~, and to sanction his admission into the ... Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Archibald Veitch.

DATED this Tenth — (5) day of June, — One thousand ... hundred ~~and~~ years.

(5) 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,	Robert Lennan Veitch.
Sex and Age,	M. 73.
Married, Single, or Widowed,	Married.
Condition of life, and previous Occupation (if any),	Solicitor Supreme Courts.
Religious Persuasion, so far as known,	Protestant Church of Scotland.
Previous Place of Abode,	63 Warrender Park Road, Edinburgh.
Place where Found and Examined,	Same place.
Length of Time Insane,	Several years.
Whether First Attack,	Yes.
Age (if known) on First Attack,	about 60.
When and Where previously under Examination and Treatment,	—
Duration of Existing Attack,	Several years.
Supposed Cause,	Business reverses.
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,	Archibald Veitch Solr. Writer. William Street, Lanport. Son — 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 Ninth — day of June, — One thousand ~~nine~~ eight hundred ~~and~~ Years.

(To be signed by the Party applying) Archibald Veitch.

Name William Frame
St Bridge
No. 8555

ADDITIONAL STATEMENT.

For the Information of the Physician.

1. Birthplace, ...
2. Character of Education, ...
3. Is the natural disposition cheerful or melancholy —reserved or frank? . . . . . .
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? . . . . . .
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? . . . . . .
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? . .
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? . . . . . .
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? . . . . . .
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? . . . . . .
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct of disposition, elevation, depression, fancies, &c.? .
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? . . . . . .
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? .
13. What changes have taken place in his bodily symptoms? . . . . . .
14. Is he dirty, destructive, untidy, or obscene? .
15. Has he threatened or attempted violence to himself? If so, in what way? . . . . . .
16. Has he threatened or attempted violence to others? If so, in what way? . . . . . .

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Spence M.B. Cm. L.R.C.P. Edin. & L.R.C.S. Edin.

(1) State Medical qualification.

being (1) Edinburgh University

(2) State Place of examination.

hereby certify, on soul and conscience, that I have this day at (2) 63 Warrender Park Terrace in the County of Edinburgh, seen and personally examined B. Robert Ammunition Veitch, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of emergency.

Robert Spence M.B. Cm.

Dated this eighth day of June One thousand nine hundred and seven years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the ~~Royal Edinburgh Asylum for the Insane~~ Crichton Royal Institution Dumfries to receive therein Robert Ammunition Veitch, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son.

Signature and Address, Archibald Veitch. Taylor

Date, 7th June. 1907.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Robert Spence, ——
being a (1) Bachelor of Medicine of ——
Edinburgh University, ——
and being in actual practice as a (2) physician & surgeon, —
do hereby certify, on soul and conscience, that I have this day at (3) 63 Warrender Park Road, Edinburgh, —— in the ~~County of~~ ——
separately from any other Medical Practitioner,
visited and personally examined (4) Robert Annan Veitch —— Warrender Park Road, Edinburgh, and that
the said Robert Annan Veitch, — is a (5) person of unsound mind, — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
manner has completely changed lately, I very excitable. has a delusion that he is carrying a legal case to the House of Lords. is constantly making arrangements for carrying on business opening agencies &c — as the result of that

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
his son Dr Veitch. Say he states that he is very excitable sometimes violent, wanders about various places makes absurd business arrangements &c

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and Number of the House (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the Facts,*
(7) *State the Information, and from whom derived.*

Name and Medical Designation, Robert Spence M.B. Cantab.
Place of Abode, Burntisland.

DATED this eighteen day of June, — One thousand ~~eight~~ nine hundred ~~and~~ years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Maxwell Ross, ——
being a (1) Bachelor of Medicine of the University of Edinburgh, and a Fellow of the Royal College of Surgeons,
and being in actual practice as a (2) Medical Practitioner, ——
do hereby certify, on soul and conscience, that I have this day at (3) the Crichton Royal Institution, —— in the County of Dumfries, —— separately from any other Medical Practitioner,
visited and personally examined (4) Robert Annan Veitch, L.S.C. and that
the said Robert Annan Veitch, —— is a (5) person of unsound mind, —— and a proper person to be detained 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 garrulous and excitable, makes statements that contradict themselves, and has on his mind the case of an estate regarding which he wishes to appear to the House of Lords because it was settled unjustly to his client he says, when he was too ill to attend to business.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and Number of the House (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. Maxwell Ross M.B., F.R.C.S.Ed.
Place of Abode, Maxwellton, Dumfries

DATED this ~~tenth~~ — day of June, — One thousand ~~eight~~ nine hundred ~~and~~ years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, *or* Steward-Substitute.
(2) *State whether a* County *or* of the Stewartry.
(3) *Insert Name and Designation*

I George Campion,(1) Sheriff-Substitute of Dumfries and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (2) Archibald Veitch, M.B., Surgeon, ——— Certificates under the hands of Robert Spence, ——— and James Macnell Caw, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Robert Amman Veitch, 63 Lauriston Park Road, Edinburgh, (Patient's Father), and that the said Robert Amman Veitch, is a (3) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Amman Veitch — as a Patient into the ~~Royal Edinburgh Asylum~~ Crichton Royal Institution, Dumfries, for the Insane, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates and a statement regarding the said Robert Amman Veitch, which accompanied the said Petition.

(3) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(4) *Describe the Patient, and if a Pauper, state so.*

DATED [at Dumfries] this Eleventh day of June, One thousand ~~eight hundred and~~ nine hundred and

Geo: Campion

To the Medical Superintendent of the ~~Royal Edinburgh Asylum for the Insane~~
Crichton Royal Institution
Dumfries.

Name, Robert Amman Veitch
Date of Admission, 9 June 1900
No. 0056

LETTER OF OBLIGATION FOR PAYMENT OF BOARD.

_____ 18

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 required 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 by 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.*

Gl. 182.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the Dumfries & Galloway: of ——— *and his Substitutes,* at Dumfries:

The Petition of Lawrence Clarke Kerano Patmarty & Combe Park, Bath:

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Stanley Watters Kerano 8 Combe Park, Bath, Son,

(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 Stanley Watters Kerano to the Crichton Royal Institution, Dumfries. and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) L C Kerano

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Ninth — (3) day of June, One thousand nine hundred 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,	Stanley Watters Kerano.
2. Sex and Age,	Male. Æt 20.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Bank Clerk.
5. Religious Persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	Parish, Bilkenhead, & Bath.
7. Place where Found and Examined,	Bath
8. Length of time Insane,	Fortnight.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	20.
11. When and where previously under Examination and Treatment (3)	Not previously under exam or treatment.—
12. Duration of Existing Attack,	Fortnight.
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. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Lawrence Clarke Kerano Combe Park, Bath, Father Mother — Yes.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(3) If patient has previously in an Asylum, state date of latest or approximate thereto. If previously under Examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Ninth — day of June, — One thousand nine hundred years.—

(*To be signed by the party applying*) L C Kerano P.p.

T. & A. C.—Nov. 1899.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Preston King, M.D. Cantab, ——
being a (1) Registered Medical Practitioner, ——
and being in actual practice as a (2) Physician, ——
do hereby certify, on soul and conscience, that I ~~have this day, at (3)~~ on June 4th
at 8 Combe Park, Bath, —— in the County of
Somerset, —— separately from any other Medical Practitioner,
visited and personally examined (4) Stanley W. Kerans, ——
and that
the said Stanley Kerans, —— is a (5) person of
unsound mind, —— and a proper Person to be detained
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 morbid & of an unhealthy mind; he
& die says he has by putting some poisonous
Chemicals on a rockery sticked poming purple

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

He has tried & kill himself by jumping f
a window, what Cutter he was present p
He has tried & get a razor & kill himself.

Name and Medical Designation, Preston King M.D

Place of Abode, 27 Gay St Bath

DATED this 4th —— day of June, — One thousand
Nine hundred 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, O.A.S. Ellis, ——
being a (1) Physician L.R.C.P. ——
and being in actual practice as a (2) Physician, ——
do hereby certify, on soul and conscience, that I have this day, at (3) 8 Combe Park
Bath
Somerset, —— in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Stanley W. Kerans, ——
and that
the said Stanley W. Kerans, —— is a (5) a person of unsound
mind —— and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

Says he poisoned some person near a well some months
ago. and fears that someone will be poisoned in revenge
says he will commit suicide upon his family.
Has the aspect of a melancholic.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

The father and brother of the above Stanley W. Kerans
told me that he threatens to take his life by cutting
and has attempted to jump out of the window.

Name and Medical Designation, O.A.S. Ellis L.R.C.P.

Place of Abode 5 Paragon East.

DATED this 4th —— day of June, — One thousand
nine hundred 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, Preston King, being (1) a Medical practitioner hereby certify, on soul and conscience, that I have this day, at (2) 8 Comb Park Bath in the County of Somerset, seen and personally examined Stanley W Kerans, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State Medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Preston King M.D.

DATED this 4th day of June, One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institute Dumfries Asylum to receive therein Stanley Watters Kerans, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address L. C. Kerans Combe Park Bath.

Date 9 June 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Lampson (1) Sheriff-Substitute, of the (1) Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (2) Lawrence Clarke Kerans, Postmaster, 8 Combe Park, Bath, — Certificates under the hands of Preston King, and C. A. G. Collins, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Stanley Watters Kerans, 8 Combe Park, Bath. (Patient's Son) — and that the said Stanley Watters Kerans, 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 Stanley Watters Kerans, as a Patient into the (5) Public Asylum of Crichton Royal Institution, and I authorize this Transmission to the said Asylum accordingly; (and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Stanley Watters Kerans which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation. Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED [at Dumfries,] this Eleventh day of June, One thousand nine hundred years.

To the Superintendent of the (5) Public, *Asylum of* Crichton Royal Institution, Dumfries.

[*Signature*] Geo. Lampson

(5) Public, District, Parochial, or Private.

No 8557

Stanley Watters Herans

Adm. 10 June 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Wigtown *and his Substitutes,*—

The Petition of Patrick M. Rodie, Inspector of Poor, Parish of Kirkmaiden humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Bailey, Dantknowe, your Petitioner's (2) Patient is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Bailey to the Southern Counties Asylum at Dumfries and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) P. M. Rodie.

(3) The date of the Petition must be with- in fourteen clear days following the dates of the Medical Certificates.

DATED this Eleventh (3) day of June One thousand nine ~~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,	Elizabeth Bailey
2. Sex and Age,	40 years, Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant, Outstands
5. Religious Persuasion, so far as known,	Dantknowe
6. Previous Place of Abode,	Dantknowe, Kirkmaiden
7. Place where Found and Examined,	ten days
8. Length of time Insane,	No. 28
9. Whether First Attack,	General medical Treatment
10. Age (if known) on First Attack,	Ten days
11. When and where previously under Examination and Treatment (3)	Nth Known
12. Duration of Existing Attack,	No.
13. Supposed Cause,	No.
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Kirkmaiden
16. Whether Dangerous to others,	9th June. 1900.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	James Bailey. Dantknowe. Drummore.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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,	

(3) If patient has previously in an asylum, state date of latest or approximate. If previously under treatment or treatment fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Ninth day of June One thousand nine ~~eight~~ hundred ~~and~~

(To be signed by the party applying) P. M. Rodie.

P. P.

T. & A. C.—Mch. 1895.

No 8551
Stanley Walters Stevens
Adm. 10 June 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Ronald Clark being a (1) MB Cm Edinburgh Univ
and being in actual practice as a (2) physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Dam-
Knowe, Kirkmaiden Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Bailey and that
the said Elizabeth Bailey is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) above named has an excited appearance; her talk is rambling & absurd. Her general demeanour is terrorising.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) James Bailey, brother, states that at times she is fairly quiet: at other times she muses & keeps about knocking everything around. She has passed nights screaming & shouting murder

Name and Medical Designation, Ronald Clark MB
Place of abode, Drummore. Kirkmaiden
Dated this Ninth day of June One thousand eight hundred and

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McMillan Smellie being a (1) Bachelor of Medicine & Master in Surgery of the University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Dam Knowe
Kirkmaiden Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Bailey Domestic Servant
Dam Knowe and that
the said Elizabeth Bailey is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) above named has a stupid look; she does not answer questions. Spent time rambles on about her own affairs, & talks about the people they are (she is in Glasgow) was here yesterday & so on. Could not find her own book.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr James Bailey (sister-in-law) tells me that she has taken Dreams very badly for very many nights. She goes out for people about the place & in the middle of the night & after them.

Name and Medical Designation, Hugh McMillan Smellie MB CM
Place of Abode Cairn Cottage Sandhead, Stranraer
Dated this Tenth day of June One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Cameron (1) Sheriff Substitute
of the (2) Shrewsbury of Dumfries and Galloway
having had produced to me, with a Petition at the instance of (3) Patrick
M. Rodie Inspector of Poor Kirkmaiden parish
Certificates under the hands of Ronald Clark MB CM
and Hugh M. Mellie 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)
Elizabeth Bailey a pauper and that the said
Elizabeth Bailey is a (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 Bailey 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 Elizabeth Bailey which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Eleventh day of June One thousand ~~eight~~ nine hundred ~~and~~

John Cameron

To the Superintendent of the Asylum of (7)

(7) Public, District, Parochial, or Private.

No 8558

Elizabeth Bailey

Kirkmaiden

Adm. 12: June 1900.

I William Alexander Orr Paterson, Esquire, Advocate, Sheriff Substitute of Ayrshire, having this day on a Petition at the instance of Peter Fraser MacKenna, Procurator Fiscal of Court for the public interest, under the provisions of the 15th Section of the Act 25 and 26 Vict. cap. 54 inquired into the condition of Alice Hannah Macphee, residing at 19 John Street, Ayr, who as stated in the Petition had been found in John Street, Ayr, on the 5th day of June 1900; and being satisfied upon the evidence adduced that the said Alice Hannah Macphee is a Lunatic and in a state threatening danger to the liges, I granted warrant to commit her to the Crichton Royal Institution Dumfries

William A Paterson

No 858
Elizabeth Bailey
Kilmarnock
Order 17th June 1900

Dumfries, therein to be detained until cured, or until caution should be found for her safe custody; Therefore, and in respect of said commitment, I hereby authorise the transmission of the said Alice Hannah Macphee to said Asylum, and authorise you to receive the said Alice Hannah Macphee as a patient into said Asylum, and therein to detain her until cured, or until caution shall be found for her safe custody, all in terms of the provisions of said section.

Dated at Ayr this twelfth day of June 1900.

To The Superintendent of the Crichton Royal Institution, Dumfries

William A. Dalrymple

No 8559

Alice Hannah Macphee

adm. 13 June 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., 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 Shire~~ of Dumfries & Galloway and his Substitutes,—

The Petition of William Clarke, Inspector of Poor, Lochmaben,—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Johnstone Ritchie, 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 Margaret ~~Johnstone~~ Ritchie, to the Southern Counties Asylum, and to sanction ~~he~~ admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) William Clarke

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14th day of June — One thousand ~~eight hundred and~~ nine hundred & 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 Johnstone Ritchie.
2. Sex and Age,	Female - 48 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	out-door-worker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Whinneyknowe.
7. Place where Found and Examined,	Do
8. Length of time Insane,	Strange for about - 2 months.
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (5)	
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,	Lochmaben.
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,	Janet Ritchie (Sister) Whinneyknowe, Hightae no.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of June — One thousand ~~eight~~ nine hundred and ~~—~~ two

(To be signed by the party applying) William Clarke

P.P.

T. & A. C.—Nov. 1899.

No 6559
Alice Hannah Hoehner
aged 13 June 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Reid
being a (1) Doctor of Medicine of Glasgow University,
and being in actual practice as a (2) Consul Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Whinny-Muir Woodlands, Dalkeith, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Johnstone Ritchie, Asylum Whinny-Muir, Woodlands, Dalkeith and that the said Margaret Johnstone Ritchie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 in a very incoherent manner, says that she got the gift of love as the devil that she has always been hunted by ghosts and was after her last night. all of which are delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Janet Ritchie, her sister says, that she is quite lonely about being deserted, that she cannot control her temper at the hour at mid-night last night whilst it was a heavy rain her sister was [illegible] searched for unsuitable hours until her sister found her.

Name and Medical Designation, Thomas Reid M.B.

Place of Abode, Dalkeith

DATED this 13th day of June — One thousand eight hundred and nine hundred 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, Bernard Stracey
being a (1) Bachelor of Medicine of Edinburgh University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution,
in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Johnstone Ritchie from Whinny Knowe, Lathyaben, (a pauper) and that the said Margaret Johnstone Ritchie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 excited & incoherent, Says she is a stone joined by the Devil & That she will soon see the Devil, Her answers were screamed out with much gesticulation.

(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, Bernard Stracey M.B.

Place of Abode Crichton Royal Institution

DATED this 14th day of June, — One thousand eight hundred and nine hundred 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, Unmarried, M.D. of Glasgow University being (1) a Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Whinny Muir in the County of Dumfries, seen and personally examined Margaret Johnstone Ritchie, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

Unmarried M.D.

DATED this 13th day of June — One thousand ~~eight hundred~~ and nine hundred & one years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties ~~Asylum~~ Asylum Dumfries to receive therein Margaret Johnstone Ritchie, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Applesauk Pauper

Signature and Address Wm Clarke

Date 13 June 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute of Dumfries ~~of the~~ (1) and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (2) William Clarke, Inspector of Poor, Lochmaben, Certificates under the hands of Thomas Reid, and Bernard Stacey, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Johnstone Ritchie, Whinny Brae, Wallands, Lochmaben (a Pauper) and that the said Margaret Johnstone Ritchie, is a (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 Johnstone Ritchie as a Patient into the (6) Public Asylum of Southern Counties, Dumfries, and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Johnstone Ritchie, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this fifteenth day of June, Nineteen ~~One thousand eight hundred and~~ hundred years. Seven words deleted.

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries

[Signature] Geo: Campion

(7) Public, District, Parochial, or Private.

No 8500

Margaret Johnstone Ritchie

Inclination

Adm. 13 June 1900.

15,246. [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.

GENERAL BOARD OF LUNACY
SCOTLAND
18 JUN 1900

I, the undersigned Miles Mc Jones desirous to transfer Valentine Rammell at present a Patient in Ayr District Asylum and,(1) [1] I am Inspector of the Parish of which Pauper Lunatic is a Pauper, [2] I am Inspector of Poor from the said Asylum to the Crichton Royal Asylum at Dumfries

[2] If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

I propose to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	Valentine Rammell.
2. Sex and Age,	Male, 35 years.
3. Married, Single, or Widowed,	single.
4. Condition of Life, and Previous Occupation (if any),	Fireman. Pauper.
5. Religious Persuasion, so far as known,	Protestant
6. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
7. Christian Name 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,	Julia Lowler Rammell mother residing Two Closes Dumfries Not know whether any of the family have been Insane or not.

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(Signature of Applicant) Miles Mc Jones

(3) Inspector of Poor

(3) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED this Sixteenth day of June One thousand ~~eight~~ nine hundred ~~and~~

N.B.—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

No 8500
Margaret Johnstone Ritchie
Edinburgh
Born 13 June 1900

MEDICAL CERTIFICATE.

I, the undersigned Charles. W. Rae

(1) Name Asylum.

hereby certify that I have this day at (1) Ayr District Asylum personally examined Valentine Rammell who has been a

(2) Insert Date of Admission.

Patient in said Asylum since (2) first June 1900 and I certify that

(3) Insert "is," or "is not," as the case may be.

the said Patient is a person of unsound mind, (3) not epileptic, (3) is suicidal, (3) is possibly dangerous to others. I also certify, with respect to the Mental State of

(4) Describe Mental State.

the Patient, that (4) he is morbidly depressed, and labours under despondency accompanied with suicidal tendency

(5) Describe Bodily State.

and with respect to the Bodily State of the Patient, that (5) he is convalescent from injuries suffered in throwing himself on the line from a locomotive Engine in motion,

and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Southern Counties Asylum inadvisable and

(6) Insert "the following are," or "there are no," as the case may be.

I further certify that (6) the following are facts known to me as to the previous history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient:

he recently threw himself suicidally from his Engine down on the line, broke his left collar bone, and

(Signature) Charles W. Rae

(Medical Qualification) M.D., L.R.C.S.

(Date) 15th June 1900

No 8501
Valentine Rammell
Dumfries
Adm. 22 June 1900

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

The foregoing Application having been made to the Board to authorize the transfer of Valentine Rammell from Ayr District Asylum, to Crichton Royal Institution, Dumfries, and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

J. W. Bruce
Commissioner.
Secretary.

DATED at Edinburgh, this 18th day of June thousand ~~eight hundred and~~ nine hundred.

Date of Sheriff's Order [*to be inserted at the Office of Board*].

2nd June 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the Dumfries and Galloway *and his Substitutes,*—

The Petition of George Dickson Baillie Inspector of Poor Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jean McMeikan 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 Jean McMeikan to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Geo. D. Baillie

(3) The date of the Petition must be within fourteen clear days ~~eight~~ following the dates of the Medical Certificates.

DATED this 21st (3) day of June One thousand nine 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,	Jean McMeikan
2. Sex and Age,	Female 76 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic
5. Religious Persuasion, so far as known,	Prot.
6. Previous Place of Abode,	Stranraer Poorhouse
7. Place where Found and Examined,	do do
8. Length of time Insane,	a few days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	/
11. When and where previously under Examination and Treatment (4)	/
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	age
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No - troublesome -
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
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,	Mrs James Thomson, Bowling Green Road Stranraer (In case of illness or death please wire Inspector who will pay Telegraph)
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(4) Client has only in an act, state date of latest or approximate date. If only under Observation or treatment, so state.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Forenoon~~ 21st day of June One thousand nine hundred ~~and~~

(To be signed by the party applying) Geo. D. Baillie P.P.

T. & A. C.—March 1899.

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, Andrew Clueckie being a (1) Bachelor of Medicine & Glasgow and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Dalrymple St Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jean M.c Meikan, and that the said Jean M.c Meikan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is a rambling in her speech & incoherent in expression, her actions are aimless, & her dress is what she is in the country so that some one has used violence towards her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Young Matron of Poorhouse informs me that she is very restless & has sudden impulses, has delusions - being under the impression that she is in different parts of the Country

Name and Medical Designation, Andw Clueckie M.

Place of Abode, 25 George St Stran

DATED this 20th day of June One thousand eight hundred and

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Alexander Anderson being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) physician do hereby certify, on soul and conscience, that I have this day, at (3) the Wigtown Combination Poorhouse, Stranraer, in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jean M.c Meikan, Pauper, an Inmate of the said Poorhouse and that the said Jean M.c Meikan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) (1) She is altogether in her ideas of locality, fancying that she is living at a farm and in possession of that farm. (2) She is violent in her manner when remonstrated with for foolish actions, such as pulling bedclothes off the beds. (3) She is excited and noisy at times, shouting

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Ormiston, Governor of Poorhouse, states that June Mc-an is very difficult to manage on account of her noisy and violent behaviours and her disposition to attack those around and has no proper idea of what she is doing

Name and Medical Designation, J.A. Anderson M.D.

Place of Abode 21 Lewis St. Stranraer

DATED this twentieth day of June One thousand eight hundred and 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, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Cameron, (1) Sheriff Substitute
of the (2) Sheriffdom of Dumfries and Galloway
having had produced to me, with a Petition at the instance of (3) George Dickson Baillie, Inspector of Poor Kirkmahoe
Certificates under the hands of Andrew Clucken M.B.
and John Alexander Anderson M.D. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Jean McMeikan a pauper and that the said
Jean McMeikan is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jean McMeikan 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 Jean McMeikan which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Stranraer] this twenty first day of June
One thousand ~~eight hundred and~~ nine hundred

To the Superintendent of the (6) Southern Counties Asylum of Dumfries

(6) Public, District, Parochial, or Private.

[Signature] John Cameron

No 8502

Jean McLeikan

Transfer

Adm. 22 June 1900.

13,250.

[FORM B²]

GENERAL BOARD OF LUNACY
22 JUL 1900
SCOTLAND

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

PPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

, the undersigned James Tinto
ing desirous to transfer William Tinto
present a Patient in Gartnavel asylum, and (1)
detained at my instance from the said Asylum to the
Crichton Royal Institution Dumfries
g to submit the subjoined Statement of Particulars regarding the said patient, and a edical Certificate with respect to the mental and bodily condition of the said patient:—

(1) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length, ... William Tinto
2. Sex and Age, ... male. 38
3. Married, Single, or Widowed, . . married
4. Condition of Life, and Previous Occupation (if any), ... Commission agent & Assistant
5. Religious Persuasion, so far as known, . R & a pauper
6. Parish to which the Lunatic (if a Pauper) is Chargeable, ...
7. Christian Name 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, ... The Petitioner his brother Manager Drivers Rubber Work. Salford Manchester none known

I certify that, to the best of my knowledge, the above particulars are correctly stated, nd I hereby make Application for the authority of the General Board of Commissioners in unacy to the transfer of the patient as aforesaid.

(*To be signed by the Applicant*) James Tinto
(2) Brother

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED this 21st day of June One thousand ~~eight~~ nine hundred

N.B.—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

No 8502
James Mc Lachlan
Dumfries
Dam. 22 June 1900.

MEDICAL CERTIFICATE.

I, the undersigned D Yellowlees

(1) Name Asylum. hereby certify that I have this day at (1) Gartnavel Asylum

personally examined William Finto who has been a

(2) Insert Date of Admission. Patient in said Asylum since (2) 21 March 1898 and I certify that

(3) Insert "is," or "is not," as the case may be. the said Patient is a person of unsound mind, (3) not epileptic, (3) not suicidal,

sometimes dangerous to others. I also certify, with respect to the Mental State of

(4) Describe Mental State. the Patient, that (4) he labours under Chronic Mania with delusions of persecution & apprehension

(5) Describe Bodily State. and with respect to the Bodily State of the Patient, that (5) it is good

and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Crichton Royal Institution ~~Asylum~~ inadvisable; and I further certify that (6) the following facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, ~~which~~ I think ought to be brought under the notice of those who are to have charge of the Patient :—

(6) Insert "the following are," or "there are no," as the case may be.

He was at one time a very violent & dangerous patient & often required to be fed by the tube. He is now much calmer but has many delusions — one of them being that Influenza has brought a coronet. He is at present quiet & harmless.

(Name) D Yellowlees

(Medical Qualification) M.D.

(Date) June 21. 1900

No 85/03
William Finto
Adm. 23 June 1900

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

The foregoing Application having been made to the Board to authorize the transfer of William Finto,
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, at any time within fourteen days from the date hereof, of the said patient as requested.

W. A. Reid
Secretary.

DATED at Edinburgh, this 22nd day of June one thousand ~~eight hundred and~~ nine hundred.

Date of Sheriff's Order [*to be inserted at the Office of Board*].

22nd March 1898.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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~~ Dumfries and Galloway and his Substitutes, ~~&~~ Dumfries

The Petition of Thomas Mc. Cuiston Mochrum farm. Kirkcowald,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (2) father James Mc Cuiston, Mochrum Farm, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Mc Cuiston to the Crichton Institution and to sanction his admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Thomas Mc. Cuiston.

DATED this Twenty Seventh day of June One thousand Nine hundred. (3)

(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,	James Mc Cuiston
2. Sex and Age,	Male, 62 years
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Mochrum
7. Place where Found and Examined,	Mochrum.
8. Length of time Insane,	Two months.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	62 years.
11. When and where previously under Examination and Treatment (3)	—
12. Duration of Existing Attack,	Two months.
13. Supposed Cause,	Influenza
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known 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 Semple or Mc Cuiston, Mochrum farm, Kirkcowald, his wife. No member of family known to have been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(3) Patient has previously in an Asylum, state date of latest admission or approximate date. If previously under Examination or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Seventh day of June One thousand Nine hundred

(To be signed by the party applying) Thomas Mc. Cuiston.

T. & A. C.—Nov. 1899.

P p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, 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 Girvan
being a (1) L.R.C.P.S.Ed
and being in actual practice as a (2) Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Mochrum Hallowsald South
in the County of Wigtown, separately from any other Medical Practitioner, visited and personally examined (4) James McQuiston, Farmer, Mochrum
and that the said James McQuiston 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 told me that his family took him into the garden and trampled on him which was not the case, he is restless, talks incoherently, and has a wild ferocious manner.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His son told me that he went out with a knife to cut his throat, that he emptied water and tea in bed, he feigned to James and threatened to kill him, his wife says he does not sleep at night and had to be tied with a rope.

Name and Medical Designation, Robert Girvan L.R.C.P.S.Ed
Place of Abode, Maybole
DATED this 27th day of June — One thousand ~~hundred~~ 1900.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, 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 Glasgow University and Surgeon
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution
in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) James McQuiston Farmer Mochrum in the parish of Kirkowald Wigtownshire and that the said James McQuiston is a (5) Person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks in an incoherent manner about the members of his family being mentally afflicted, and under the delusion that he is going to kill them.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity Communicated to me by others: (7)

Name and Medical Designation, Alex Thomson Md.
Place of Abode, 27 Castle St., Dumfries
DATED this Twenty ninth day of June — One thousand nine hundred 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 L.R.C.P. & S.Ed hereby certify, on soul and conscience, that I have this day, at (2) Mochrum in the County of Ayr, seen and personally examined James McQuiston, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Robert Girvan L.R.C.P.S.Ed

DATED this 27th day of June — ~~One thousand hundred~~ 1900.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Institution Asylum to receive therein James McQuiston to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son

Signature and Address Thomas McQuiston Mochrum.

Date 27th June, 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Lamplugh, (1) Sheriff-Substitute of the (1) Dumfries & Galloway at Dumfries — having had produced to me, with a Petition at the instance of (2) Thomas Mc. Quiston, Mochrum Farm, Kirkcowald, Ayrshire, — Certificates under the hands of Robert Girvan, — 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 (3) James Mc. Quiston, Mochrum Farm, Kirkcowald. (Son to Father) and that the said James Mc. Quiston, — is a (4) 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 Mc Quiston as a Patient into the (5) Public Asylum of Crichton Royal Institution, Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Mc. Quiston, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED [at Dumfries] this Thirtieth day of June One thousand nine hundred [illegible].

To the Superintendent of the (5) Public *Asylum of* Crichton Royal Institution Dumfries.

(5) Public, District, Parochial, or Private.

[Signature] Geo: Lamplugh

No 8504

James McQuiston

Adm. 28 June 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., 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*—~~of~~ & Dumfries

The Petition of Geo M Farlan - Insp of Poor Closeburn,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Irving, Cample, Closeburn, Pauper your Petitioner's (2) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Irving to the Royal Crichton Dumfries and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Geo M Farlan

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 4th — (3) day of July — One thousand nine hundred 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 Irving
2. Sex and Age,	Female 68 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	General Worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Cample Closeburn
7. Place where Found and Examined,	Cample
8. Length of time Insane,	2 days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	42 years
11. When and where previously under Examination and Treatment (5)	Royal Crichton Dumfries 14th Feby 1900
12. Duration of Existing Attack,	3 days uncertain for sometime
13. Supposed Cause,	None (Hereditary)
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Closeburn
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,	Sarah Irving or Sharpe Sister Cample Sacks Yes
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th — day of July — One thousand nine hundred years.

(To be signed by the party applying) Geo M Farlan

(5) has been in an asylum state latest recei... If under treat...

A. C.—Jan. 1900.

P p

No 3501

James Mc Ewston

Born 28 June 1900

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Dunlop
being a (1) Bachelor of Medicine & Master in Surgery
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Low Temple, Closeburn in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Irving, Pauper, Low Temple, Closeburn 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.:—

1. Facts indicating Insanity observed by myself: (6) Wild expression of countenance. Incoherent & incessant talk, using filthy & abusive language and dancing & singing both in public & [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr. John Martin, Closeburn Mill, informs me she danced on the street for an hour, used language, and behaves in a most shameful [illegible]

Name and Medical Designation, Thomas Dunlop [illegible]

Place of Abode, Thornhill, Dumfries [illegible]

Dated this fourth day of July One thousand nine hundred and 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 Rutherford Gilmour
being a (2) Member of the Royal College of Physicians in Edinburgh
and being in actual practice as a (2) physician
do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Irving, a pauper Temple, Closeburn 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.:—

1. Facts indicating Insanity observed by myself: (6) She is in acute mania, restless, excited and talkative: says that her present condition is caused by the war in China: incoherent and rambling in conversation

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J. R. Gilmour M.B.

Place of Abode, Crichton Royal Institution

Dated this fourth day of July One thousand nine hundred and 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, Thomas Dunlop
being (1) Bachelor of Medicine & Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Low Parish
in the County of Dumfries, seen and personally examined
Agnes Irving Pauper, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Thomas Dunlop M.B. Ch.

DATED this fourth day of — July — One thousand nine hundred & two.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Royal Crichton Dumfries
Asylum to receive therein Agnes Irving
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Guardian

Signature and Address Geo. McFarlane

Date 4th July 1902

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clerk, Honorary Sheriff Substitute of
~~of the~~ (1) Dumfries and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (2) Geo. McFarlan,
Inspector of Poor, Blackburn,
Certificates under the hands of Thomas Dunlop
and John Rutherford 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) Agnes Irving, Sample, Blackburn. (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 Crichton Royal Institution and I authorize for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Irving which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries —] this Seventh day of July
One thousand nine hundred & two. Three words deleted.

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

[Signature] John Clerk

(7) Public, District, Parochial, or Private.

No 8565

Agnes Irving

Admr.

Adm. 4 July 1900.

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries & Galloway
and his Substitute, at Dumfries

The Petition of James Burnet, 16 Charles St (New) Langholm,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Tait Burnet, 14 Charles St New Langholm, your Petitioner's (1) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said John Tait Burnet to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) Degree of relationship or capacity in which petitioner is to Lunatic.

(To be signed by the Party applying) James Burnet

DATED this 4th (2) day of July One thousand nine ~~eight~~ hundred ~~and~~ & B. years

(2) Date of the Petition must be within fourteen clear days from the date of the Certificate.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	John Tait Burnet
Sex and Age,	Male 35
Married, Single, or Widowed,	Single
Profession of Life, and previous Occupation (if any),	Draughtsman
Religious persuasion, so far as known,	Protestant
Ordinary Place of Abode,	14 Charles Street (New) Langholm
Where Found and Examined,	Do
Period of Time Insane,	3 days
Whether First Attack,	no Second
Age (if known) on First Attack,	28 years Summer of 1893 in Crichton
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of Admission, or approximation thereto,	See above no. -
Duration of Existing Attack,	3 or 4 days
Supposed Cause,	Drink
Whether subject to Epilepsy,	yes had 4 fits on Monday
Whether Suicidal,	no.
Whether dangerous to others,	occasionally unmanagable
Parish or Union to which the Lunatic (if a pauper) is Chargeable,	~~Lucy~~ ~~~
Danger 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 Burnet 16 Charles St (New) Langholm Brother Maternal Aunt
Special circumstances (if any) preventing the ascertion of any of the above particulars,	~~~

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th day of July One thousand nine ~~eight~~ hundred ~~and~~ years.

(To be signed by party applying) James Burnet

Dumfries Lunacy Papers
No 8565
Dum 4 July 1900

MEDICAL CERTIFICATE No. I.

I, the undersigned James Inglis Mason
being a (1) Bachelor of Medicine &c Edin. Univ.
and being in actual practice as a (2) general practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 14 Charles St. (New) Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Jait Burnet 14 Charles St. (New) Langholm and that the said John Jait Burnet is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is restless and nervous and talks incoherently, tears his clothes and bedclothes and is filthy in his habits,

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His sister Elizabeth Bell Burnet says that Sleeps more during night, is occasionally violent at times. He should during the night he was in a room [illegible]

Name and Medical Designation, James Inglis Mason
Place of abode, Langholm

DATED this Fourth day of July One thousand nine ~~eight~~ hundred ~~and~~.

MEDICAL CERTIFICATE No. II.

I, the undersigned John Gill
being a (1) Bachelor of Medicine &c of Edin. Univ.
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 14 ~~Hous~~ Street New Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Jait Burnet 14 Charles St. New Langholm and that the said John Jait Burnet is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) I found him extremely restless & incoherent in talk, throwing the bed-clothes about, & sometimes mentioning religious matters & at other times obscene & filthy matters.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His brother James Burnet tells me that he [illegible] the corner stone of Scotland's in one corner of the room, [illegible] a mess on the floor & attempts painting the wall with it, strips himself naked & tears the bed-clothes.

Name and Medical Designation, John Gill M.B.
Place of abode, Langholm

DATED this 4th day of July One thousand nine ~~eight~~ hundred ~~and~~ 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 Inglis Mason
being (1) Bachelor of Medicine of Edin. Univ^y (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) 14 (2) State place of examination.
Charles St (Rear) Langholm
in the County of Dumfries, seen and personally examined
John Jait-Burnet, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution
Asylum to receive therein John Jait-Burnet
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address James Burnet 16 Charles St New Langholm

Date 5 July 1900

Date,

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clerk, Honorary, Sheriff Substitute
~~of the the County~~ of Dumfries and Galloway, at Dumfries, (1) Insert Name & Designation
having had produced to me, with a Petition at the instance of (1) James
Burnet, 16 Charles Street, (Rear) Langholm
Certificates under the hands of James Inglis Mason
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 (2) John Jait Burnet, 14 Charles (1) Describe him, and if a Pauper, state so.
Street, (Rear) Langholm. (Pet's Brother) — and that the said
John Jait Burnet is a (3) person of unsound mind (3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE
you to receive the said John Jait Burnet as a Patient
into the Crichton Royal Institution for Lunatics, at Dumfries, and I
authorize her Transmission to the said Institution accordingly: and I
transmit you herewith the said Medical Certificates, and a Statement
regarding the said John Jait Burnet
which accompanied the said Petition.

DATED this Seventh day of July Nineteen ~~One thousand eight~~ hundred ~~and~~ years. Eighteen hundred and

Jn^o Clerk

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

MEDICAL CERTIFICATE No. I.

I, the undersigned James Leslie Mason
being a (1) Bachelor of Medicine &c Edin. Univ.
and being in actual practice as a (2) general practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 14 Charles St. (New) Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Tait Burnet 14 Charles St. (New) Langholm and that the said John Tait Burnet is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise as the case may be*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

Nine ~~eight~~ hundred ~~and~~.

MEDICAL CERTIFICATE No. II.

I, the undersigned John Gill
being a (1) Bachelor of Medicine &c of Edin' Univ
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 14 ~~Hous~~ Street New Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Tait Burnet 14 Charles St. New Langholm and that the said John Tait Burnet is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise as the case may be.

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) I found him extremely restless & incoherent in talk, throwing the bed-clothes about, & sometimes muttering religious & at other times obscene & filthy matters.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His brother James Burnet tells me that he was in the Corner stone of Dr Reid's in one corner of the room, naked on the floor & attempts painting the wall with his Stripe himself naked & tears the bed-clothes.

Name and Medical Designation, John Gill M.B.C.
Place of abode, Langholm

DATED this 4th day of July One thousand
Nine ~~eight~~ hundred ~~and~~ 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 Inglis Mason
being (1) Bachelor of Medicine of Edin. Univ. (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) 14 (2) State place of examination.
Charles St. (New) Langholm
in the County of Dumfries, seen and personally examined
John Tait Burnet, and that the said
person is of unsound mind, and 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 Inglis Mason MB,

DATED, this fifth day of July — One thousand ~~eight~~ hundred ~~and~~, years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address, _____

Date, _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clerk, Honorary, _____ Sheriff Substitute
~~of the the County~~ of Dumfries and Galloway at Dumfries, (1) Insert Name & Designation
having had produced to me, with a Petition at the instance of (1) James
Burnet, 16 Charles Street, (New) Langholm _____
Certificates under the hands of James Inglis Mason _____
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 (1) Describe him, and if a Pauper, state so.
separately visited and examined (2) John Tait Burnet, 14 Charles
Street, (New) Langholm (Pitts Brother) — and that the said
John Tait Burnet — is a (3) person of unsound mind (3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE
you to receive the said John Tait Burnet — as a Patient
into the Crichton Royal Institution for Lunatics, at Dumfries, and I
authorize her Transmission to the said Institution accordingly: and I
transmit you herewith the said Medical Certificates, and a Statement
regarding the said John Tait Burnet _____
_____ which accompanied the said Petition.

DATED this Seventh day of July Nineteen ~~One thousand eight~~ hundred ~~and~~ years. Eighteen hundred and

Jn. Clerk

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 8566

Name, John Tait Burnet

Date of Admission, 5 July 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER 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 — of Dumfries

The Petition of John Laurie Inspector of Poor for the Parish of Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anna Brunch or Hancock born Cottage Watchhill, Annan

(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 Anna Brunch or Hancock to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) John Laurie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fifth (4) day of July One thousand ~~eight hundred and~~ nine hundred 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,	Anna Brunch or Hancock
2. Sex and Age,	Female. age 37 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Domestic Servant before marriage
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Watchhill (own Cottage)
7. Place where Found and Examined,	Watchhill (own Cottage)
8. Length of time Insane,	about two weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	"
11. When and where previously under Examination and Treatment (5)	"
12. Duration of Existing Attack,	about two weeks
13. Supposed Cause,	not known.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	not so far as known
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan
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,	Thomas Hancock Sqiendsman. Watchhill. Husband. Makes one to some time an inmate of Hatton Asylum. Haswickshire.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If has been in an asylum state latest possible. If under treatment.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifth — day of July — One thousand ~~eight hundred and~~ nine hundred years.

(*To be signed by the party applying*) John Laurie

P. p.

F. A. C.—March 1896.

John Laurie Inspector No. 8566

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 Lindsay Howie
being a (1) Bachelor of Medicine and master in Surgery of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Avon Cottage Watchhill, near Annan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Anna Wrench or Hancock Avon Cottage Watchhill – a pauper – and that the said Anna Wrench or Hancock is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 extremely worried & anxious – is very unsettled & almost constantly under the delusion that her husband is going to put her out of the house & that some one is going 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 states that during the last ten days or so she has been very irritable & apprehensive that some one is going to injure her mother-in-law & it impossible to disabuse her mind of this

Name and Medical Designation, J Lindsay Howie

Place of Abode, Edrom House, Annan

DATED this Fourth day of July — One thousand eight hundred and ~~sixty~~ 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, Crawford Blair Lucas
being a (1) Licentiate of the Faculty of Physicians & Surgeons of Edinburgh & Glasgow
and being in actual practice as a (2) physician
do hereby certify, on soul and conscience, that I have this day, at (3) Avon Cottage Watchhill Annan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Anna Wrench or Hancock pauper and that the said Anna Wrench or Hancock is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Delusion of being threatened
Liaison with others

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Stops herself muttering goes out of the house on to the street. People talk about her in a bad way.

Name and Medical Designation, C B Lucas M.R.C.P.Ed

Place of Abode Park House Annan

DATED this 5th day of July — One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Lindsay Howie
being (1) an M.B. & Ch.B. of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Watchhead
in the County of Dumfries, seen and personally examined
Anna Wrench or Hancock, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

J Lindsay Howie MB Ch B

DATED this fifth day of July One thousand eight hundred and nine years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Anna Wrench or Hancock to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Wm Laurd. Annan

Date 5th July 1910.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clerk, Honorary (1) Sheriff-Substitute of ~~the~~ (2) Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (3) John Lowe, Inspector of Poor, Annan, Certificates under the hands of John Lindsay Howie, and Crawford Blair Lucas, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Anna Wrench or Hancock, Arrombottom, Wadhill, Annan and that the said Anna Wrench or Hancock 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 Anna Wrench or Hancock as a Patient into the (6) Public Asylum of Southern Counties and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Anna Wrench or Hancock, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Seventh day of July One thousand ~~eight hundred and~~ nine hundred years Seven words deleted.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(7) Public, District, Parochial, or Private.

[Signature] John Clerk

No 8567

Anna Wrench or Hancock

Aman

Adm 5th July 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR 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~~ Stewartry of Galloway, and his Substitutes, at Dumfries;

The Petition of John Layne, Inspector of Poor for the Parish of Anwan

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane McKay or Dalrymple, Bydekirk, your Petitioner's (2) Pauper,

(3) State degree of Relationship or other Agency 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 or Dalrymple to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) Wm Laurie

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of July, One thousand ~~eight hundred~~ and nine hundred 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 or Dalrymple.
2. Sex and Age,	Fd Female. age 52.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Protestant.
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Bydekirk. Annan.
7. Place where Found and Examined,	
8. Length of time Insane,	about 7 months
9. Whether First Attack,	Slight attack about 3 years ago.
10. Age (if known) on First Attack,	49 years.
11. When and where previously under Examination and Treatment (3)	
12. Duration of Existing Attack,	about 7 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,	Annan.
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,	Edward Dalrymple. Intimate, Bydekirk Husband. Father Wm McKay believed to have been an inmate of Crichton Institution.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12th day of July, One thousand ~~eight hundred and~~ nine hundred years.

(*To be signed by the party applying*) Wm Laurie

P. p.

A. C.—March 1898.

No 85[illegible]
Anna Wrench or Doncuck
Annan
Adm 5th July 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson Brown
being a (1) graduate of the University of Edin
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Brydekirk
Dumfries, in the County
separately from any other Medical Practitioner
visited and personally examined (4) Jane McKay or Dalrymple
a Pauper, and the
the said Jane McKay or Dalrymple, is a (5) person
of unsound mind, and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) attempted suicide
by throwing herself before the train. Refuses to take food. Is
subject to bad insomnia. Restless
& incoherent.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Brydekirk Dalrymple. Returns from
Religious Retreat. Her mother
recently gone

Name and Medical Designation, John Dickson Brown

Place of Abode, Brydekirk

DATED this 11th day of July, One thousand eight
hundred and

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Lindsay Howie,
being a (1) Bachelor of Medicine & Master in Surgery of
Glasgow University,
and being in actual practice as a (2) Physician & Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) Brydekirk
village, Dumfriesshire, in the County of
Dumfries, separately from any other Medical Practitioner
visited and personally examined (4) Jane McKay or Dalrymple
Brydekirk village, a pauper, and
the said Jane McKay or Dalrymple is a (5) person
of unsound mind, and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has delusions
about the state of her health, fancies she suffers
from a number of diseases & almost refuses to
take food. She has attempted to commit suicide

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her husband corroborates above statement &
says she is constantly in a state of unrest
& great depression. She cant persuade her
to get up out of bed.

Name and Medical Designation, J. Lindsay Howie M.D.

Place of Abode Edward House, Annan

DATED this eleventh day of July, One thousand eight
hundred and years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Lindsay Howie
being (1) an M.B. & Cm. of Glasgow University (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) Brydekirk, (2) State place of examination.
in the County of Dumfries, seen and personally examined
Jane McKay or Dalrymple, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries; (3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

J. Lindsay Howie M.B. & Cm.

DATED this eleventh day of July, One thousand ~~eight~~ nine hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Jane McKay McDalrymple, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address John Laurd. Annan.

Date 12th July 1909.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute of Dumfries ~~of the~~ (1) and Galloway, at Dumfries, (1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
having had produced to me, with a Petition at the instance of (2) John Laurie, (2) State whether a County or Stewartry.
Inspector of Poor, Annan,
Certificates under the hands of John Pickon Muir, (3) Insert Name and Designation.
and John Lindsay Howie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) (4) Describe him, and if a Pauper, state so.
Jane McKay or Dalrymple Brydekirk, Annan, (a Pauper) and that the said
~~Jane McKay or Dalrymple~~ is a (5) person of unsound mind (5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane McKay or Dalrymple as a Patient into the (6) Public Asylum of Southern Counties and I authorize (6) Public, District, Parochial, or Private.
Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane McKay or Dalrymple which accompanied the said Petition.

DATED [at Dumfries] this fourteenth day of July, Nineteen ~~One thousand eight~~ hundred ~~and~~ years. ~~Five~~ words deleted.

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries. (7) Public, District, Parochial, or Private.

[*Signature*] Geo Campion

N° 8568

Jane McKay or Dalrymple

Annan.

Adm. 12 July 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— *of* Dumfries + Galloway *and his Substitutes,*— at Dumfries

The Petition of Mrs Andrena Gordon White, Gateside Cottage, Dollar.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David White, Gateside Cottage, Dollar, 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 David White to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Andrena Gordon White

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twelfth — (3) day of July —— One thousand nine hundred years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David White
2. Sex and Age,	Male. 40 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Solicitor
5. Religious Persuasion, so far as known,	—
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	Dollar
8. Length of time Insane,	Questionable. About 3 months
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (3)	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	Drink
14. Whether subject to Epilepsy,	Not subject to fits
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	May be
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,	Andrena Gordon White - wife - No other Member of family insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

(3) Patient has previously in an Asylum, state date of latest admission or approximate date. If previously under Examination or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth — day of July —— One thousand nine hundred years

(To be signed by the party applying) Andrena Gordon White

P P

T. & A. C.—Nov. 1899.

No 2508 Jane McKay or Dalrymple Annan 12 July 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Spence
being a (1) Bachelor of Medicine & Master of Surgery of Edin.
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Galeside Cottage, Dollar in the County of Clackmannan separately from any other Medical Practitioner, visited and personally examined (4) David White, Galeside Cottage, Dollar and that the said David White is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Dazed expression. Twitching of the face. Cannot explain his motives or intentions. Constantly separating money he does not possess. Very restless & wanders about the Country in an aimless way

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs White (his wife) informs me he stabbed her on Friday night with a long hat-pin. She tells me he cannot settle to work & takes no notice of her or the children

Name and Medical Designation, } William Spence

Place of Abode Dollar

DATED this Eleventh day of July One thousand nine hundred 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, J. McArgeham
being a (1) Doctor of Medicine of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) the Railway Station Dollar in the County of Clackmannan separately from any other Medical Practitioner visited and personally examined (4) David White Gateside Cottage, Dollar and that the said David White is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
abrupt and erratic manner and talk Told me he just Conferred a Baronetcy with a large income upon a Certain Gentleman and suggested doing the same for me that he was arranging for barracks and a regiment of

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs White (his wife) tells me that his manner has Changed; his temper extremely irritable and violent he is very restless by day and night, never eating and sometimes wandering south country, the while he is constantly reading his Revelations Denmark throu

Name and Medical Designation, } J. McArgeham M.

Place of Abode Dollar

DATED this Eleventh day of July One thousand nine hundred 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 Spence
being (1) Bachelor of Medicine of Edin^r (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) Dollar (2) State place of examination.
in the County of Clackmannan, seen and personally examined
David White, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum
at (3) Dumfries. (3) State place at which Asylum is situated.
And I further certify that the case of the said person is one of Emergency.

William Spence M.B.

DATED this Eleventh day of July One thousand
nine hundred years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal
Asylum to receive therein David White
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Wife

Signature and Address Andrena White, Dollar

Date 12th July 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute of Dumfries
~~of the~~ (3) and Galloway, at Dumfries (3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
having had produced to me, with a Petition at the instance of (4) Mrs Andrena Gordon White, Tarbside Cottage, Dollar, (4) State whether a County or Stewartry.
Certificates under the hands of William Spence (5) Insert Name and Designation.
and John Strachan being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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)
David White, Tarbside Cottage Dollar (Clackmannan) and that the said (6) Describe him, and if a Pauper, state so.
David White, is a (7) person of unsound mind, (7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David White as a Patient into the
(8) Public Asylum of Crichton Royal Institution and I authorize (8) Public, District, Parochial, or Private.
this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David White
which accompanied the said Petition.

DATED [at Dumfries] this Fourteenth day of July
One thousand nine hundred years. Two words deleted.

To the Superintendent of the (8) Public
Asylum of Crichton Royal Institution
Dumfries

[Signature] Geo. Campion (8) Public, District, Parochial, or Private.

h° 8569

David White

Adm. 12 July 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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, at Dumfries.*-

The Petition of Janet Simpson, 34 Maxwell Largs.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Simpson, Stationer ~~Mann, Janet~~ Son, Largs.

(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 Robert Simpson to the Crichton Royal Institution and to sanction ~~his~~ her admission into the said Asylum.

(To be signed by the Party applying) Janet Simpson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirteenth (4) day of July One thousand ~~eight~~ nine 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,	Robert Simpson
2. Sex and Age,	Male 44.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Stationer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	34 Main St Largs.
7. Place where Found and Examined,	38 Main St Largs
8. Length of time Insane,	fortnight
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	34.
11. When and where previously under Examination and Treatment (5)	Ayr & Crichton Institution
12. Duration of Existing Attack,	Two wks
13. Supposed Cause,	Jealousy & alcohol
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Largs.
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,	Margaret McKellar wife no.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	none.

(5) If patient has been previously in an Asylum, state date of latest admission, approximate duration of do. If previously under Examination or Treatment, state where.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of July One thousand ~~eight~~ nine hundred ~~and~~

(To be signed by the party applying) Janet Simpson

P p.

T. & A. C.—May 1898.

No 8569
David White
Adm. 12 July 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Alexander Haskie being a (1) Doctor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 76 Main Street Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Simpson, Statuary 38 Main St Langholm and that the said Robert Simpson is a (5) Pauper of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
His appearance — untidy
— Habits tippling &c
— Conversation rambling — suspicious
Jealous — threatening to commit suicide

(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 he has again begun to be jealous of her & refuses food saying that he has only Arsenic & water to live upon. She says he has been very violent on the above late at night

Name and Medical Designation, William A. Haskie M.D.

Place of Abode Maryfield Langholm

DATED this thirteenth day of July One thousand eight hundred and ~~and~~

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Glasgow University and Surgeon & Surgeon and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Robert Simpson Statuary 38 Main Street Langholm and that the said Robert Simpson is a (5) Person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Excitement incoherent conversation; considers it no good to live his life out—

(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 27 Castle St, Dumfries

DATED this thirteenth day of July One thousand nine hundred ~~and~~ 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 A. Laskie
being (1) M. D. C. M. Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 36 Main St.
in the County of Ayr, seen and personally examined Robert Simpson, Attorney 36 Main St Largs and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries (Crichton Royal Institution)
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

William A. Laskie M.A., M.D., &c

DATED this Thirteenth day of July One thousand ~~eight~~ hundred ~~and~~

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Robert Simpson, Attorney, Largs to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address Janet Simpson

Date 13 July 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, ——— (1) Sheriff-Substitute of ~~the~~ (2) Dumfries and Galloway at Dumfries, ———
having had produced to me, with a Petition at the instance of (3) Mrs Janet Simpson, 34 Main Street Largs ———
Certificates under the hands of William Alexander Laskie, ———
and Alexander Thomson, ——— being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Simpson, Stationer, 38 Main Street Largs (Widr.) and that the said Robert Simpson ——— is a (5) Person of unsound mind,

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Simpson ——— as a Patient into the (6) Public ——— Asylum of Crichton Royal Institution, and I authorize you to receive the said Patient into the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Simpson, which accompanied the said Petition. ———

(6) Public, District, Parochial, or Private.

DATED [at Dumfries,] this Fourteenth day of July ——— One thousand ~~eight hundred and~~ nine hundred years. Four words deleted.

(1) Public, District, Parochial, or Private.

To the Superintendent of the (1) Public *Asylum of* Crichton Royal Institution, Dumfries.

Geo: Campion

[Signature] ———

No 8570

Robert Simpson

Adm. 13 July 1900.

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum or the Order of the Sheriff obtained.*

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Helen Grant or Brown, 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 Helen Grant or Brown to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(To be signed by the Party applying)..... Miles Mc Innes

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth (*) day of July, One thousand ~~eight~~ nine hundred ~~and~~ 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 Grant or Brown.
2. Sex and age,	Female - 52 -
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,	Kelton Bank, Dumfries.
7. Place where found and examined,	Do Do Do
8. Length of time Insane,	a few days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	Nowhere.
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	
12. Duration of Existing Attack,	not known.
13. Supposed Cause,	No
14. Whether Subject to Epilepsy,	yes
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Dumfries.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	17th July 1900.
18. Date of becoming Chargeable,	John Brown, Gardener,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Kelton Bank, her husband.
20. Special Circumstances (if any) preventing the insertion of any of the above particulars,	None.
	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventeenth day of July, One thousand ~~eight~~ nine hundred ~~and~~ years.

(To be signed by the party applying)..... Miles Mc Innes

No 8570
Robert Simpson
Adm. 13 July 1900

MEDICAL CERTIFICATE, NO. I.

(*) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(*) *Physician or Surgeon, or otherwise, as the case may be.*

(*) *Insert the Street, and number of the house (if any), or other like particulars.*

(*) *Insert Designation and Residence, and if a Pauper state so.*

(*) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(*) *State the facts.*

(*) *State the information, and from whom derived.*

I, the undersigned, Peter Murray Kerr, being a (*) Graduate of the Universities of Edinburgh and being in actual practice as a (*) General Practitioner, do hereby certify, on Soul and Conscience, that I have this day, at (*) Kelton-Banks, Dumfries, in the County of Dumfries, separately from any other Medical practitioner, visited and personally examined (*) Helen Grant or Brown, pauper, Kelton-Banks, Dumfries, and that the said Helen Grant or Brown, 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 insane appearance and manner. She sits in her chair in a cataleptic condition staring vacantly and muttering incoherently that "God has put a curse on her" and that she will never die.

2. Other facts (if any) indicating Insanity communicated to me by others: (*)

Her husband John Brown, informs me that at times she is very violent. That she pitches at him anything she can get hold of.

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode, 20 Castle Street Dumfries

DATED this Sixteenth day of July, One thousand ~~eight~~ nine hundred and ~~and~~ forty years.

MEDICAL CERTIFICATE, NO. II.

(*) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(*) *Physician or Surgeon, or otherwise, as the case may be.*

(*) *Insert the Street, and number of the house (if any), or other like particulars.*

(*) *Insert Designation and Residence, and if a Pauper state so.*

(*) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(*) *State the facts.*

(*) *State the information, and from whom derived.*

I, the undersigned, George Robert Livingston, being a (*) Bachelor of Medicine & Master of Surgery of Edinburgh and being in actual practice as a (*) Physician & Surgeon do hereby certify, on Soul and Conscience, that I have this day, at (*) Kelton Banks, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (*) Helen Grant or Brown, pauper and that the said Helen Grant or Brown, 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 insane appearance. Her rambling incoherent conversation. She tells me she is under a special curse which cannot be removed. That she sees visions. That she would take away her own life but it would be of no use doing so as it would not remove God's Curse.

2. Other facts (if any) indicating Insanity communicated to me by others: (*)

Her husband Mr. John Brown tells me she has made several attacks upon her mother. That she is at times very violent. That she is getting more violent & it is quite impossible to manage her.

Name and Medical Designation, George R. Livingston

Place of Abode, 35 George Street Dumfries

DATED this Seventeenth day of July, One thousand ~~eight~~ nine hundred and ~~and~~ forty years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff.)

I, the undersigned, Peter Murray Kerr being (1) Graduate of the University Edinburgh (1) State Medical qualification.
hereby certify, on Soul and Conscience, that I have this day, at (2) Kellon Bank, (2) State place of Examination.
Dumfries, in the County of Dumfries, seen and personally examined Helen Grant or Brown, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum. ×

And I further certify that the case of the said person is one of Emergency.

× and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

Peter Murray Kerr

Dated this sixteenth day of July, One thousand ~~eight~~ hundred ~~and~~ nine years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address, _____

Date, _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, George Campion, _____ Sheriff-Substitute ~~of the County~~ of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles McInnes, Inspector of Poor, Dumfries, _____ Certificates under the hands of Peter Murray Kerr, _____ and George Robert Livingston, _____, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Helen Grant or Brown, Kellon Bank, Dumfries & Galloway and that the said Helen Grant or Brown, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Grant or Brown, _____ as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Helen Grant or Brown, _____ which accompanied the said Petition.

(1) Insert Name and Designation.

(2) Describe him, if a Pauper, said so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated this Seventeenth day of July, Nineteen ~~One thousand eight~~ hundred ~~and~~ years. Seven words deleted.

George Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 6311

Name. Helen Grant or Brown
Dumpies

Date of Admission 17th July 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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 (2) ~~of the~~ Dumfries & Galloway *and his Substitutes,* In Wigtownshire

The Petition of William Mackie Inspector of Poor of Wigtown residing in Wigtown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Moore Tailor residing at No. 14 High St. Wigtown 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 Moore to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Wm Mackie Inspector of Poor

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighteenth (4) day of July One thousand ~~eight~~ hundred ~~and~~ Nine

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Moore
2. Sex and Age,	Male 23 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Tailor & now Pauper
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Wigtown
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	Has been peculiar for the last three months or 20
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	23 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Has not previously been under treatment
12. Duration of Existing Attack,	For last three months or 20
13. Supposed Cause,	Heredity
14. Whether subject to Epilepsy,	No. probably
15. Whether Suicidal,	Yes.
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,	4 July 1900
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	18 Mother Dinah Mc Dually Moore Sister & brother of patient's mother were long in Southern Counties Asylum ~~Dumfries~~ Brother died there about 12 years ago, Sister's name was Susan Mc Dually. Brother's name Mc Dually.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	———

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of July One thousand ~~eight~~ hundred ~~and~~ Nine Years.

(*To be signed by the party applying*) Wm Mackie Insp. of Poor

P. P.

Name Helen Grant or Brown
Date of Admission 17th July 1900
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, being a (1) Charles MacGillivray Doctor of Medicine of the University of Edinburgh and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) No 17 High Street Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Thomas Moore - Tailor & Pauper and that the said Thomas Moore is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Restless and excited - incoherent. His grandiose ideas as his Father was his own ability & what for the Poor and Clevernes & he dead languages -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Duncan Moore his Brother says that he threatened to put himself into the River - hears at his Father

Name and Medical Designation, Charles MacGillivray

Place of Abode, Wigtown

DATED this 17th day of July One thousand eight hundred and Forty

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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 Arnold Hunter being a (1) Bachelor of Medicine & Master of Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Braehead Wigtown in the County of Wigtownshire separately from any other Medical Practitioner, visited and personally examined (4) Thomas Moore Pauper and that the said Thomas Moore is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is in a state of exultation, considers himself very clever & slightly partially of speech. Cannot talk on one subject for a length of time. Flatters & ~~seduces~~ seduces. His expression is vacant eyes shifty, pupils dilated. Has symptoms of simple

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He rattles, rambling & incoherent, wanders about talking to anyone who will listen to him. Apt to argue on religious subjects. His brother who states the facts also says "he wanders greatly". Information from Joseph Moore

Name and Medical Designation, John Arnold Hunter M.B.C.

Place of Abode Braehead, Wigtown

DATED this 17th day of July One thousand eight hundred and Forty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, }

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (~~William Mackie~~ W.S. ~~Esquire~~) (1) Sheriff Substitute
of the (2) ~~the~~ County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Mackie
Inspector of Poor of Wigtown residing in Wigtown and
Certificates under the hands of Charles MacBride M.D. Wigtown
and John Arnold Hunter M.B. & 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)
Thomas Moore, Pauper
and that the said Thomas Moore is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Moore as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Moore which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this nineteenth day of July One thousand ~~eight~~ nine hundred ~~and~~ (five words delete)

Ebenezr Thos

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(7) Public, District, Parochial, or Private.

No 8572

Thomas Moore

Wigton

Adm - 19 July 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., 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 ~~Dumfries~~ and Galloway and his Substitutes, at Dumfries:—

The Petition of John Layne Inspector of Poor, for the Parish of Annan;

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that John Henry Murray, Gallabeny, Annan, your Petitioner's (2) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Henry Murray to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John Laurie

(3) The date of the Petition must be within thirteen clear days (~~eight hundred and~~ nine hundred years) following the dates of the Medical Certificates.

DATED this 20th (3) day of July, One thousand ~~eight hundred and~~ nine hundred 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 Henry Murray.
2. Sex and Age,	Sex Male. Age 23 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Quarryman.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Blackwood Quarry, Northumberland.
7. Place where Found and Examined,	Gallabeny, near Annan.
8. Length of time Insane,	about one week.
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	"
11. When and where previously under Examination and Treatment (5)	"
12. Duration of Existing Attack,	about one week.
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
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,	Henry Murray. Farmer. Gallabeny near Annan. Father. No member of family known to have been Insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(5) has been in an asylum state the latest period. If under treatment.

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~~ nine hundred years.

(*To be signed by the party applying*) John Laurie

P. p.

T. A. C.—March 1896.

No 85/2
Thomas Moore
Annan - 19 July 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Preston Munro,
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Dunaverty, Dunoon, in the County of Argyll, separately from any other Medical Practitioner visited and personally examined (4) John Henry Murray Pauper
the said John Henry Murray Pauper and that he is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) From being a quiet, calm & sedate man, he has taken a sudden burst of temper and throws out his own people in the house & has broken the pots & pans at other times he is quite orderly & tame.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By his father, & he has himself told by his friends that he is the Prodigal.

Name and Medical Designation, John Preston Munro

Place of Abode, Dunoon

DATED this 20th day of July, One thousand eight hundred and 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 Lindsay Howie,
being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University,
and being in actual practice as a (2) Physician Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) Dunaverty, Dunoon, in the County of Argyll, separately from any other Medical Practitioner visited and personally examined (4) John Henry Murray Pauper Dunaverty, and that the said John Henry Murray is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He gibles in an idiot manner when spoken to; believes policeman are going to apprehend him & has delusions regarding his mental condition.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His brother says he gets into great passions & threatens to kill some of the members of his household.

Name and Medical Designation, J. Lindsay Howie

Place of Abode Edmund House, Dunoon

DATED this twentieth day of July, One thousand eight hundred and 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 Rickon Munro, being (1) Graduate 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 John Henry Murray, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

John Rickon Munro M.B. & C.

DATED this 20th day of July, One thousand ~~eight~~ hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum to receive therein John Henry Murray, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address John Laurie.

Date 20th July 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Sampson, Sheriff-Substitute of Dumfries ~~of the~~ (1) and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (2) John Laurie, Inspector of Poor, Annan, Certificates under the hands of John Rickon Munro, and John Lindsay Howie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) ~~John Henry Murray, Husband of Mary Ruthland~~ (a pauper) John Henry Murray ~~is a Lunatic~~ a person of unsound mind, and that the said John Henry Murray is a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Henry Murray as a Patient into the (4) Public Asylum of Southern Counties Dumfries, and I authorize you to grant Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Henry Murray, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Twenty-third day of July, Nineteen ~~One thousand eight~~ hundred ~~and~~ years. Four words deleted.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

[*Signature*] Geo. Sampson

(7) Public, District, Parochial, or Private.

No 8573

John Henry Murray

Aldm. 20 July 1900.

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of ~~Dumfries~~ Galloway, *and his Substitutes, at* Dumfries.

The Petition of Alexander Johnstone, 26 John St. Langholm;

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Helen Johnstone, 26 John St, Langholm, Wife, ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Helen Johnstone ——— to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) degree of relationship or capacity in which he seeks to Lunatic.

(To be signed by the Party applying) Alexander Johnstone

DATED this 20th (2) day of July, — One thousand ~~eight~~ hundred ~~and~~ nine years.

(2) The date of the Petition must be in fourteen clear days from the dates of the 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,	Helen Johnstone.
Sex and Age,	Female. 46 years.
Married, Single, or Widowed,	Married.
Condition of Life, and previous Occupation (if any),	—
Religious persuasion, so far as known,	Protestant.
Previous Place of Abode,	always in Langholm, 26 John St. Langholm for.
Place where Found and Examined,	with Parish Authorities
Length of Time Insane,	3 or four years.
Whether First Attack,	about. 42.
Age (if known) on First Attack,	
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	None.
Duration of Existing Attack,	don't know.
Supposed Cause,	no.
Whether subject to Epilepsy,	occasional threats.
Whether Suicidal,	no.
Whether dangerous to others,	
Parish or Union to which the Lunatic (if a pauper) is Chargeable,	—
Risk 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,	Alexander Johnstone, 26 John St. Langholm (Husband)
Special circumstances (if any) preventing the 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~~ nine hundred and years.

(To be signed by party applying) Alexander Johnstone

John Henry Cumming
Dam. 20 July 1900
No 8515

MEDICAL CERTIFICATE No. I.

I, the undersigned James Inglis Mason,

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

being a (1) Bachelor of Medicine of Edin. University,

(2) *Physician or Surgeon, or otherwise as the case may be*

and being in actual practice as a (2) Physician & Surgeon

do hereby certify, on soul and conscience, that I have this day, at (3) 2 John Street, Langholm,

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Johnston 2 John St. Langholm,

(4) *Insert Designation and Residence, and if a Pauper, state so.*

and that the said Helen Johnston is a (5)

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She is restless and fidgetty. She says she is worried upon the right by some electrical or other vague power, and hears voices compelling her to parade the streets &c.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband Alexander Johnston 2 John St. Says she often has aspects of more or less violence full of fancies and delusions about people compelling her to do wrong things.

Name and Medical Designation, James Inglis Mason

Place of abode, Langholm

DATED this 20th day of July — One thousand nine ~~eight~~ hundred ~~and~~ years.

MEDICAL CERTIFICATE No. II.

I, the undersigned John Gill,

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

being a (1) Bachelor of Medicine of Edin.a University

(2) *Physician or Surgeon, or otherwise as the case may be.*

and being in actual practice as a (2) Physician & Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) 2 Langholm,

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Helen Johnstone 2 John St, Langholm,

(4) *Insert Designation and Residence, and if a Pauper, state so.*

and that the said Helen Johnstone is a (5)

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6)

She told me that it was put into her mind to go and wander up & down a certain street in Langholm and she comes do so, no longer. That there was machinery in the walls under the chairs being used to pump these ideas into her.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother Charles Paisley, Elizabeth St. generally corroborates the above, and says she gets restless moods with delusions.

Name and Medical Designation, John Gill M.B.,

Place of abode, Langholm

DATED this eighteenth day of July, — One thousand nine ~~eight~~ hundred ~~and~~ years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)

in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

DATED, this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address,

Date,

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~John Clerk Honorary~~ James Alexander Fleming, ~~Sheriff Substitute~~ of the ~~the County of~~ Dumfries and Galloway, ~~at Dumfries~~, having had produced to me, with a Petition at the instance of (1) Alexander Johnstone, 26 John Street, Langholm, Certificates under the hands of James Inglis Mason 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 (2) Helen Johnstone, 26 John Street, Langholm, (Petrs wife), and that the said Helen Johnstone, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Helen Johnstone as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Johnstone, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty-first day of July, — One thousand ~~eight hundred and nine~~ [illegible] years. - 4 words deleted. -

James A. Fleming.

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 8574

Name, Helen Johnstone

Date of Admission, 23 July 1900.

15288.

FORM B

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY FOR SCOTLAND 18 JUL 1898

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I the undersigned Henry Nixon Inspector of Poor Parl Glasgow being desirous to transfer Marion Crichton or Kelly at present a Patient in Greenock Parochial Asylum, and (1) a pauper lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Crichton Royal Institution Dumfries where she will remain as a private patient to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

(1) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

STATEMENT OF PARTICULARS.

Christian Name and Surname of Patient at length,	Marion Crichton Kelly
Sex and Age,	F. 44 years.
Married, Single, or Widowed,	Married.
Condition of Life, and Previous Occupation (if any),	Wife of Coal Merchant and was in fairly comfortable circumstances at one time
Religious Persuasion, so far as known,	Protestant.
Parish to which the Lunatic (if a Pauper) is Chargeable,	Became chargeable in Govan Parish and Parl Glasgow admitted claim
Christian Name 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,	Miss Jessie Kelly Student Bible Training Institute Bothwell St Glasgow sister

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(To be signed by the Applicant) Henry Nixon for

(2) Committee in charge of a fund collected for Mr Kelly formerly a Patient.

(2) State degree of Relationship, or other capacity in which to Patient.

DATED this 17th day of July One thousand eight nine hundred and years.

N.B.—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

Name Helen Jamieson No. 8514

Marion Crichton or Kelly

MEDICAL CERTIFICATE.

I, the undersigned James Wallace

(1) Name Asylum. hereby certify that I have this day at (1) Greenock Parochial A

personally examined Marion Crichton or Kelly who has been a

(2) Insert Date of Admission. Patient in said Asylum since (2) 16th August 1899 and I certify that

(3) Insert "is," or "is not," as the case may be. the said Patient is a person of unsound mind, (3) is epileptic, (3) is not suicidal,

(3) is not dangerous to others. I also certify, with respect to the Mental State of

(4) Describe Mental State. the Patient, that (4) she is affected with Epileptic

Insanity

(5) Describe Bodily State. and with respect to the Bodily State of the Patient, that (5) she is fairly

well but has enlarged glands on the

right side of the neck.

and that there is nothing in the Mental or Bodily State of the Patient to make removal

to the (1) Crichton Royal. Asylum inadvisable; and

(6) Insert "the following are," or "there are no," as the case may be. I further certify that (6) there are no facts known to me as to the past

history of the Patient, bearing upon risk of suicide or danger to others, which I think

ought to be brought under the notice of those who are to have charge of the Patient :—

(Name) James Wallace,

(Medical Qualification) M.B.

(Date) 16. 7. 1900.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer

of Maria Crichton or Kelly

from Greenock Parochial Asylum

to Crichton Royal Institution, Dumfries.

and the Board having considered such Application and the accompanying Medical

Certificate, do hereby authorize the transfer, at any time within fourteen days from the

date hereof, of the said patient as requested.

J W d Heuse

~~Commissioner.~~ Secretary.

DATED at Edinburgh, this 18th day of July One

thousand ~~eight hundred and~~ nine hundred.

No 8575
Marion Crichton or Kelly
Adm. 27 July 1900 -

Date of Sheriff's Order [*to be inserted at the Office of Board*].

17th August 1899.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~Steward~~ of ~~Kirkcudbright~~ Dumfries & Galloway, and his Substitutes,—

The Petition of James Oke Inspector of Poor, for the Parish of Minnigaff, Kirkcudbrightshire.

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Jane Donald Nelson or Jardine, Creebridge, Minnigaff, ~~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 Helen Jane Donald Nelson or Jardine, to the Crichton Royal Board Institution, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) James Oke

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirty first (4) day of July, One thousand nine hundred 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 Jane Donald Nelson or Jardine.
2. Sex and Age,	Female - 26 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,	Protestant.
6. Previous Place of Abode,	Creebridge Minnigaff.
7. Place where Found and Examined,	" "
8. Length of time Insane,	10 days.
9. Whether First Attack,	First.
10. Age (if known) on First Attack,	not known.
11. When and where previously under Examination and Treatment (5),	not known.
12. Duration of Existing Attack,	10 days.
13. Supposed Cause,	Puerperal.
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,	Minnigaff. Kirkcudbrightshire.
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,	John Jardine, (Husband) Reid Terrace, Creebridge Newton. Stewart.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) Patient has previously in an Asylum, state date of latest or approximate thereto. If previously under Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirty first day of July, One thousand nine hundred years.

(To be signed by the party applying) James Oke

T. & A. C.—Nov. 1892. P P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Mc Kelvie
being a (1) Bachelor in Medicine and Master in Surgery
of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) Reed Terrace
Coatbridge, Minnigaff,
Kirkcudbright, separately from any other Medical Practitioner,
visited and personally examined (4) Helen Jane Donald Nelson
or Jardine, Coatbridge Minnigaff
and that
the said Helen Jane Donald Nelson or Jardine is a (5) person
of unsound mind, and a proper Person to be detained
under Care and Treatment, 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 requested
informed me that she had committed a Criminal
She has told me that she has committed some serious Crime, indeed
she has tried to injure herself and child, her Children have
she formerly looked upon with affection, she now cannot bear

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She has attempted to throw herself over the Cliff
Patient. She has attempted to cut her throat,
has thrown her child out into the street, &c &c

Name and Medical Designation, William Mc Kelvie M.B.C.M.

Place of Abode Newton Terrace Coatbridge

DATED this 30th day of July, One thousand
Nine hundred 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,
do hereby certify, on soul and conscience, that I have this day, at (3) Reed Terrace
Coatbridge, Minnigaff,
Kirkcudbright, separately from any other Medical Practitioner,
visited and personally examined (4) Helen Jane Donald Nelson
or Jardine, Coatbridge Minnigaff
and that
the said Helen Jane Donald Nelson or Jardine is a (5) person of
unsound mind, and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Unnatural manner and appearance. Expresses suicidal intentions, and threatens lives of husband and children.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
John Jardine - her husband - states that her manner and behaviour have changed and that she has lost her affection for himself and the children. Two days ago took her infant babe by the legs and threw it violently several yards into the street.

Name and Medical Designation, James G. Dickson M.B.C.M.

Place of Abode Woodlea, Newton Terrace Coatbridge

DATED this thirtieth day of July, One thousand
Nine hundred 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 M'Wade, Bachelor in Medicine and Master in Surgery being (1) Registered Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (2) Mennigaff in the County of Kirkcudbright, seen and personally examined Helen Jane Donald Nelson or Jardine, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State Medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

William M'Wade

DATED this thirtieth day of July One thousand nine hundred and ten.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Helen Jane Donald Nelson or Jardine to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Insp of Poor

Signature and Address James Wilkie

Date 30th July 1910

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I George Lampson (4) Sheriff-Substitute of the Lothian and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (5) James Wilkie Inspector of Poor, Mennigaff Parochial Board Certificates under the hands of (6) William M'Wade and James Gelborne Dickson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (7) Helen Jane Donald Nelson or Jardine, Brabridge, Mennigaff (a pauper), and that the said Helen Jane Donald Nelson or Jardine is a (8) Patient of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Jane Donald Nelson or Jardine as a Patient into the (9) 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 Helen Jane Donald Nelson Jardine, which accompanied the said Petition.

(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.

DATED [at Dumfries] this second day of August, One thousand nine hundred and ten.

To the Superintendent of the (9) Public *Asylum of* Crichton Royal Institution Dumfries.

[*Signature*] Geo. Lampson

(9) Public, District, Parochial, or Private.

No 8570

Helen Jane Donald Nelson or Jardine

Admr 2nd

Adm. 31 July 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Sheriffdom or Stewartry.

Unto the Honourable the (1) Sheriff —— *of the* (1) ~~County~~ of Dumfries & Galloway *and his Substitutes, at Dumfries.*

The Petition of Oscar Richardson, Inspector of Poor, Middlebie, ——

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Dalrymple, Waterbeck, Ecclefechan, your Petitioner's (2) Pauper Lunatic ——

(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 Agnes Dalrymple —— to the Crieghton Royal Institution —— and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) Thomas Richardson

(3) The date of the Petition must be within fifteen clear days reckoning the dates of the Medical Certificates.

DATED this Second — (4) day of August — One thousand nine hundred ~~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,	Agnes Dalrymple
2. Sex and Age,	Female 34 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,	Protestant
6. Previous Place of Abode,	Lynnhall
7. Place where Found and Examined,	Waterbeck
8. Length of time Insane,	about four weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	——
11. When and where previously under Examination and Treatment (5)	——
12. Duration of Existing Attack,	
13. Supposed Cause,	General weakness and ill health
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Middlebie
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,	John Dalrymple Waterbeck her Father. none of the family have been 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

DATED this Second day of August —— One thousand nine hundred ~~eight hundred and~~

(*To be signed by the party applying*) Thomas Richardson Inspector of P. P. Poor

C.—March 1896.

No 8576
Helen Jane Donald Nelson or Jardine
Adm 31 July 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, being a (1) Bachelor of Medicine & Master of Surgery & Member and Licentiate of the Faculty of Physicians & Surgeons of and being in actual practice as a (2) Physician Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Waterbeck in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Dalrymple, Waterbeck Ecclefechan and that the said Agnes Dalrymple is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 she will never see her Child again (random incoherent) will ever any more. That she can't have any by medicine. Physical condition is poor Emaciation marked (from Abuntan)

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She says to her mother that she cured certain of her neighbours communicated by her mother

Name and Medical Designation, James Gilroy M.B. Ch.

Place of Abode, Waterbeck E. Eccle

DATED this 24th day of July — One thousand eight hundred and Twelve hundred.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, George Duncan Logan being a (1) Bachelor of Medicine & Master of Surgery & Sc and being in actual practice as a (2) physician and surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Waterbeck in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Dalrymple, pauper Waterbeck, Ecclefechan and that the said Agnes Dalrymple is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 will Medicine as she says it will poison her. She says we have opiates in it belonged to some other house. She cannot anything she goes to look for. She says she hears knocking at night all around her which wont the boy is not allowed to She says the nights do not feel longer than a moment

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother informs me that Agnes Dalrymple has taken a unaccountable kicking to some of the members of the house. That the family is going to be killed. That if she is prevented from having way she kicks & scratches & gets very angry.

Name and Medical Designation, George Duncan Logan

Place of Abode Ecclefechan

DATED this twenty fourth day of July — One thousand eight hundred and nine hundred.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I George Campion Sheriff-Substitute
of the Dumfries and Galloway at Dumfries, (1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
having had produced to me, with a Petition at the instance of (2) Thomas Richardson, Inspector of Poor, Middlebie, (2) State whether a County or Stewartry.
Certificates under the hands of James Gibson, (3) Insert Name and Designation.
and George Duncan Loggie, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Dalrymple, Waterbeck, Ecclefechan (a pauper) and that the said Agnes Dalrymple is a (5) person of unsound mind (4) Describe him, and if a Pauper, state
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to (5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
receive the said Agnes Dalrymple as a Patient into the
(6) Public — Asylum of Dumfries Royal Institution and I authorize (6) Public, District, Parochial, or Private.
her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Dalrymple which accompanied the said Petition.

DATED [at Dumfries] this second day of August,
One thousand ~~eight hundred and~~ one hundred years.

To the Superintendent of the (7) Public
Asylum of Dumfries Royal Institution,
Dumfries.

(7) Public, District, Parochial, or Private.

[Signature] Geo. Campion

No 8577

Agnes Dalrymple

Middleton

Adm. 2 August 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries & Galloway, *and his Substitutes,*— at Dumfries.

The Petition of Walter Maughan, South House, Holmfirth, Yorkshire,

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Maughan, Softley, Knaresdale, Northumberland your Petitioner's (2) 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 Ann Maughan, to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Walter Maughan

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Third — (3) day of August, — One thousand nine hundred 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 Maughan.
2. Sex and Age,	Female. Age 64 yrs
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Wife
5. Religious Persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	Softley Knaresdale Northd
7. Place where Found and Examined,	Softley.
8. Length of time Insane,	about Six weeks.
9. Whether First Attack,	No
10. Age (if known) on First Attack,	about 18 years ago.
11. When and where previously under Examination and Treatment (3)	Sedgefield Durham.
12. Duration of Existing Attack,	Six weeks.
13. Supposed Cause,	— Illness of husband.
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,	~~Haltwhistle~~
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,	Walter Maughan, South House Holmfirth Yorkshire West Riding - He is a Son. No.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(3) If Patient has previously in an Asylum, state date of latest admission or approximate date thereto. If previously under Examination or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third — day of August, One thousand nine hundred Years.

(To be signed by the party applying) Walter Maughan

T. & A. C.—Nov. 1899.

No. 8571

Agnes Dalrymple

Maidstone

Dr. August 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Stewart Carson,
being a (1) Bachelor of Medicine and Master in Surgery
and being in actual practice as a (2) Physician & Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) Softley —
Knaresdale, in the County of
Northumberland — separately from any other Medical Practitioner,
visited and personally examined (4) Ann Maughan —
and that
the said Ann Maughan, — is a (5) person of
unsound mind — and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She is depressed and suspicious said she was afraid that I was going to work her and that her son + daughter were putting something into her food

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She is suspicious. Was a constant fear she was badly treated. We were during night told so by (Velta Maughan + Wm Ann Softley, Knaresdale)

Name and Medical Designation, Stewart Carson MBCM

Place of Abode, Talvin Lodge Alston

DATED this 2nd day of August, — One thousand nine hundred 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 Glasgow University and Surgeon —
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution 2d House in the County of Dumfries — separately from any other Medical Practitioner
visited and personally examined (4) Ann Maughan —
Softley, Knaresdale. Northumberland, and that
the said Ann Maughan — is a (5) person
of unsound mind. and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a very depressed appearance, and can only be got to converse with difficulty. She says she is in fear of something, and that there are men going to injure her.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex Thomson MB

Place of Abode 27 Castle St, Dumfries

DATED this Third day of August. — One thousand nine hundred 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, Stewart Carson,
being (1) Bachelor of Medicine Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Sotley —
in the County of Northumberland, seen and personally examined Ann Maughan, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Stewart Carson

DATED this 2nd — day of August — One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Ann Maughan to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son.

Signature and Address Walter Maughan South House Holmfirth Yorks WR.

Date Aug: 3rd. 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion — (1) Sheriff-Substitute of (2) Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) Walter Maughan South House Holmfirth, Yorkshire Certificates under the hands of Stewart Carson — and Alexander Thomson, — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann Maughan, unmarried Domestic Servant, Sotley, Northumberland, and that the said Ann Maughan — is a (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 Maughan — as a Patient into the (6) Public — Asylum of Crichton Royal Institution, and I authorize you to make Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Maughan which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state and that the said so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries —] this Fourth day of August, One thousand nine hundred years.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(7) Public, District, Parochial, or Private.

[Signature] Geo: Campion

No 8578

Mrs Ann Maughan

Adm. 3 August 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 ~~Stewartry~~ and his Substitutes,—The Petition of John Gillespie L.D.S. Willowbank Irvine

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gillespie, Willowbank Irvine, your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Gillespie to the Crichton Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Jno Gillespie.

DATED this third (4) day of August One thousand nine hundred & 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,	James Gillespie
2. Sex and Age,	M. 63.
3. Married, Single, or Widowed,	M.
4. Condition of Life, and previous Occupation (if any),	Surgeon Dentist
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Irvine
7. Place where Found and Examined,	do
8. Length of time Insane,	3 mo
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	63
11. When and where previously under Examination and Treatment (5)	
12. Duration of Existing Attack,	3 mo
13. Supposed Cause,	Influenza
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes (threatened)
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Irvine not chargeable.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Gillespie L.D.S. Son. No neurotic trace.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If Patient has been previously in an Asylum, state date of latest admission or approximate date. If previously under Examination or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this third day of August One thousand nine hundred & two.

(*To be signed by the party applying*) Jno Gillespie

P.P.

T. & A. C.—Nov. 1899.

No 3518
Wm Anne Maughan
Adm 3 August 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Adam Paterson being a (1) Graduate of Glasgow University and being in actual practice as a (2) physician do hereby certify, on soul and conscience, that I have this day, at (3) Irvine in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) James Gillespies. Chemist & Mossbank. Irvine and that the said James Gillespie 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 melancholy has a first conviction that he is incapable of following his former employment, that he is therefore a burden to his family, & would be better away. He says he does not sleep at night and that he must act as directed by his doctors.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His son Edward Gillespie MB Glas. informs me that he is very restless & intolerant of restraint, that he sometimes uses language which formerly he gave great disapproval in disposition & manner & latterly changed during the past three months. The latter informs me that patient had a [illegible] and burst three days ago.

Name and Medical Designation, William Adam Paterson

Place of Abode, Irvine NB.

DATED this third day of August One thousand nine hundred & years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Thompson, being a (1) Doctor of Medicine of Glasgow University and Surgeon and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution – 2d House in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Gillespie – Dumfries. Inspr. Asylum – and that the said James Gillespie is a (5) Person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He appears melancholy and depressed; says he cannot sleep; feels very irritable, and as if impelled to do some one an injury; takes little interest in anything.

(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 27 Castle Street.

DATED this third day of August One thousand nine hundred & 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 Adam Patterson
being (1) physicians
hereby certify, on soul and conscience, that I have this day, at (2) Irvine
in the County of Ayr, seen and personally examined
James Gillespie, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Wm A Patterson

DATED this third day of August One thousand nine hundred & two.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein James Gillespie, Patient to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Jno Gillespie

Signature and Address Millbank Irvine

Date 3 August 1902

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Simpson, —— (1) Sheriff-Substitute of ~~Dumfries~~ Dumfries & Galloway at Dumfries, ——
having had produced to me, with a Petition at the instance of (2) John Gillespie, residing at Millbank Irvine, Certificates under the hands of William Adam Patterson, —— 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 (3) [illegible] and that the said James Gillespie, Patient, Millbank, Irvine, (Retired Father) is a (4) 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 Gillespie, as a Patient into the (5) Public Asylum of Crichton Royal Institution, and I authorize you to make Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Gillespie, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation. Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED [at Dumfries] this Fourth day of August, One thousand nine hundred & two. ~~years~~ ~~Two~~ ~~words deleted~~

To the Superintendent of the (1) Public *Asylum of* Crichton Royal Institution, Dumfries

(1) Public, District, Parochial, or Private.

[Signature] Geo: Simpson

No 8519

James Killespie

Adm. 3 August 1900.

[FORM A.]

35 and 36 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway
and his Substitutes,— at Dumfries

The Petition of John Bell Graham, farmer, Balstack, Lockerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jessie Jane Graham, spinster, Balstack, Lockerbie, your Petitioner's (1) sister, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Jessie Jane Graham to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) Degree of relationship or other capacity in which Petitioner is to Lunatic.

(To be signed by the Party applying) John B. Graham.

DATED this Fourth (2) day of August — One thousand ~~eight hundred and~~ nine hundred years.

(2) Date of the Petition to be a fourteen clear days from the dates of the Certificate.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Jessie Jane Graham
Stated Age,	Female - 36 years.
Married, Single, or Widowed,	Single
Occupation of Life, and previous Occupation (if any),	Farmer's daughter
Religious persuasion, so far as known,	Protestant
Previous Place of Abode,	Balstack, Lockerbie
Parish where Found and Examined,	Do Do
Length of Time Insane,	5 days
Whether First Attack,	Yes
Age (if known) on First Attack,	36 years
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of admission, or approximation thereto,	v
Duration of Existing Attack,	5 days
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,	Not chargeable
Risk 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 Janet Graham - mother - Balstack - Lockerbie
Special circumstances (if any) preventing the 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 August — One thousand ~~eight~~ nine hundred and

(To be signed by party applying) John B. Graham.

No 85-19
James Kilpatrick
Adm. 3 August 1900.

MEDICAL CERTIFICATE No. I.

I, the undersigned James Mackechnie
being a (1) Bachelor of Medicine & Master of Surgery
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3)
Balstack Lockerbie in the County of
Dumfries — separately from any other Medical Practitioner,
visited and personally examined (4) Jessie Jane Graham
Spinster Balstack and that
the said Jessie Jane Graham is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She was much depressed mentally stating
that she is without hope & miserable
but no command over herself & gets no sleep

2. Other facts (if any) indicating Insanity communicated to me by
others: (7)
Mr John Graham her brother, informed me that
gets into a state of great excitement at times that
to do harm to herself & also that she had done her
attempts here with a pair of scissors. I also the

Name and Medical Designation, James Mackechnie, M.B.
Place of abode, Lockerbie

DATED this second day of August One thousand
Nine ~~eight~~ hundred ~~and~~

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned J. J. Bell.
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)
Balstack, Lockerbie, in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jessie Jane Graham
Spinster, Balstack and that
the said Jessie Jane Graham is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Absolutely incoherent in speech, murmuring about
"Jain would not Jain, but I can't" and "I have deceived"
attempting to throw herself down on the floor. Strug
and Physically strong

2. Other facts (if any) indicating Insanity communicated to me by
others: (7) Her sister (Mrs Helen McCall) informs me
She attempted to throw herself out at the window
and that her whole conduct is that of
insane person

Name and Medical Designation, J. J. Bell M.B., C.M.
Place of abode, Lockerbie

DATED this fourth day of August One thousand
Nine ~~eight~~ hundred ~~and~~

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned James Maclachlan being (1) a Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Lochrie in the County of Dumfries — , seen and personally examined Jessie Jane Graham , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency, ~~in a asylum~~ she removed to ~~her~~ her own dwelling house ~~Dumfries~~ Balstack

(1) State medical qualification.

(2) State place of examination.

James Maclachlan

DATED, this 4th day of August One thousand ~~eight~~ hundred ~~and~~

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Jessie Jane Graham to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address, J. B. Graham Balstack

Date, 11th August 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Sheriff Substitute of ~~the Dn County of~~ Dumfries and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (1) John Bell Graham, Farmer, Balstack Lochrie, Certificates under the hands of James Maclachlan, — and R. J. Bell, — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Jessie Jane Graham, Balstack, Lochrie, (Petn's sister) — and that the said Jessie Jane Graham is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Jessie Jane Graham as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie Jane Graham, which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe him, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Seventh day of August One thousand ~~eight hundred and~~ nine hundred & years. Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8580

Name, Jessie Jane Graham

Date of Admission, 4 August 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., 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* Dumfries & Galloway *and his Substitutes,*— at Dumfries

The Petition of Mrs Helena Bingham, Widow, Waverley, Howth Road, Clontarf Co Dublin, ——

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Letitia Jane Bingham, Waverley, Howth Road, Clontarf, your Petitioner's (2) daughter, ——

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Letitia Jane Bingham —— to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Helena Bingham

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourth — (3) day of August —— One thousand nine hundred 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,	Letitia Jane Bingham
2. Sex and Age,	30
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Church of Ireland
6. Previous Place of Abode,	Clontarf Co Dublin
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	About six months
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	28
11. When and where previously under Examination and Treatment (3)	Murray Royal Asylum Perth
12. Duration of Existing Attack,	about six months
13. Supposed Cause,	Uterine derangement
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Helena Bingham Waverley Howth Road Clontarf Dublin mother No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	No.

(3) If Patient has previously in an Asylum, state date of latest admission or approximate date. If previously under Treatment or treated elsewhere, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth — day of August —— One thousand nine hundred years

(To be signed by the party applying) Helena Bingham

P P

T. & A. C.—Nov. 1869.

Name, Jessie Jane Graham

No. 8580

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of Glasgow University and Surgeon and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 27, Castle Street, Dumfries in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Letitia Jane Bingham, Spinster, Waverly, Howth Road, Clontarf Co Dublin and that the said Letitia Jane Bingham is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

Moves about the room in an aimless and listless manner: appears very nervous and depressed: does not enter into conversation.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Nurse Archer — who has been with her two months informs me that Miss Bingham frequently refuses food: refuses at times to be dressed; keeps asking What is going wrong? when there is nothing going wrong: thinks she is getting into difficulties (without cause) takes little interest in anything

Name and Medical Designation, Alex. Thomson M.D.

Place of Abode, 27 Castle Street, Dumfries

DATED this Fourth day of August One thousand nine hundred years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Peter Murray Kerr being a (1) Graduate in Medicine of the University of Edinburgh and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries — separately from any other Medical Practitioner visited and personally examined (4) Letitia Jane Bingham — Spinster, Waverley, Howth Road, Clontarf Co Dublin and that the said Letitia Jane Bingham is a (5) person of unsound mind and a proper person to be detained 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 and manner she is very excited, and restless moves about the room in an aimless way takes no interest in her surroundings & unable to enter into conversation.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode 27 Castle Street Dumfries

DATED this Fourth day of August One thousand nine hundred year

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson being (1) a Doctor of Medicine 27 Castle St hereby certify, on soul and conscience, that I have this day, at (2) in the County of Dumfries, seen and personally examined Letitia Jane Bingham, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson M.D.

DATED this Fourth day of August One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Letitia Jane Bingham to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address Helena Bingham Waverley Howth Road Clontarf Dublin

Date 4th August 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I George Campion (1) Sheriff-Substitute of the Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (2) Mrs Helena Bingham, Widow, Waverley, Howth Road, Clontarf, Dublin, Certificates under the hands of Alexander Thomson, and Peter Murray Leer, being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Letitia Jane Bingham, Waverley Howth Road, Clontarf, Dublin, Widow, Daughter and that the said Letitia Jane Bingham, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Letitia Jane Bingham 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 Letitia Jane Bingham, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Seventh day of August One thousand nine hundred years.

To the Superintendent of the (6) Public Asylum of Crichton Royal Institution Dumfries.

[Signature] Geo Campion

(6) Public, District, Parochial, or Private.

No 8581

Letitia Jane Bingham

Adm. 4 August 1900.

X

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict.*, *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 ~~Dumfries~~ and Galloway and his Substitutes,—

The Petition of John Laurie Inspector of Poor for the Parish of Inman—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Bell Shoemaker 21 Murray St. Inman, 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 William Bell —— to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(2) State degree of Relationship or other quality in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Laurie

DATED this Tenth (3) day of August — One thousand ~~eight hundred and~~ nine hundred.

(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,	William Bell. Shoemaker. 21 Murray Street. Inman.
2. Sex and Age,	Male. aged 38 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Shoemaker.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	21 Murray Street
7. Place where Found and Examined,	do.
8. Length of time Insane,	about one week
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5).	—
12. Duration of Existing Attack,	about one week
13. Supposed Cause,	Excessive use of alcohol.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Inman.
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,	Mrs Jane Mitchell or Bell. wife 21 Murray Street. Inman. no member of family known to have been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 10th day of August — One thousand ~~eight hundred and~~ nine hundred.

(To be signed by the party applying) John Laurie

P. p.

(5) If under treatment at present state latest previous has been in an Asylum.

1898 Vol

Petition form Bwgham Asm. 14 August 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gilroy King
being a (1) Bachelor of Medicine & Master in Surg. of Glasgow University Medical Practitioner
and being in actual practice as a (2)
do hereby certify, on soul and conscience, that I have this day, at (3) 21 Murray Annan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Bell, shoemaker, 21 Murray Street, Annan. (Pauper) and the said William Bell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 an eye look, & points to animals & devils around & mocking him, & not allowing him to for days.

(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 is reckless going & out the house at frequent intervals; & that he gets violent & has broken some furniture his wife says he accuses her of going with other

Name and Medical Designation, Charles Gilroy King M.B. Ch.

Place of Abode, Johnan House Annan

DATED this tenth day of August One thousand nine hundred and 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 Murdoch
being a (1) Doctor of Medicine of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 17 Port Street, Annan in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) William Bell, Shoemaker 21 Murray Street, Annan. (a Pauper) and the said William Bell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His manner is restless & excitable, speech jerky. has hallucinations of hearing - points to imaginary objects - says he hears "Lords" at night - memory defective. admits having suicidal thoughts at times.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He cannot control his appetite for alcohol in which he indulges to an extent to make him dangerous to himself & others. Has used violence to his mother & is communicated by his mother & others

Name and Medical Designation, Wm. Murdoch M.B.

Place of Abode 14 St. John's Road Annan

DATED this tenth day of August One thousand nine hundred and 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 Murdoch, being (1) a doctor of medicine of Edinburgh University, hereby certify, on soul and conscience, that I have this day, at (2) Port Mill in the County of Dumfries, seen and personally examined William Bell, Shoemaker 21 Murray St. Annan, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Jn. Murdoch M.D.

DATED this tenth day of August One thousand ~~eight~~ nine hundred and years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum to receive therein William Bell to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor.

Signature and Address Wm Laurie Annan

Date 10th August 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I John Clerk, Honorary, Sheriff Substitute of (1) Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (2) John Laurie, Inspector of Poor, Annan, Certificates under the hands of Charles Gibson King and William Murdoch, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Bell, Shoemaker, 21 Murray Street, Annan, (a pauper) and that the said William Bell, is a (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 Bell as a Patient into the (6) Public Asylum of Southern Counties at Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Bell which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this fifteenth day of August, One thousand ~~eight hundred and nine~~ hundred years.

To the Superintendent of the (7) Public *Asylum of* Southern Counties at Dumfries.

[Signature] Jn Clerk

(7) Public, District, Parochial, or Private.

No 8582

William Bell

aman

Adm. 10 August 1900

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.*

[Form A]

25 and 26 *Vict., Cap.* 54, *Sec.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of Miles M'Innes, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Elliot, Poorhouse, Dumfries, your Petitioner's Pauper is at present in a state of Mental Derangement, and a proper Person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Elliot to the Crichton Royal Institution at Dumfries, and to sanction Her admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Fourteenth (*) day of August One thousand eight hundred and ~~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 Elliot
2. Sex and age,	Female, 35 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Poorhouse, Dumfries
6. Previous place of abode,	do do
7. Place where found and examined,	a few weeks
8. Length of time Insane,	Yes
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Nowhere
12. Duration of Existing Attack,	a few weeks
13. Supposed Cause,	Not known
14. Whether Subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	15th Nov. 1888
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Relatives address 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 Thirteenth — day of August — ~~One thousand eight hundred~~ and Nineteen Hundred & Eighty

Miles Mc Innes

(To be signed by the party applying)

No 8582
William Bell
Solicitor
10 Queensberry Square

MEDICAL CERTIFICATE, NO. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Peter Murray Kerr
being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) Licensed Practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3) Poorhouse Dumfries in the County of Dumfries separately from any other Medical practitioner, visited and personally examined (4) Mary Elliot. pauper Poorhouse Dumfries and that the said Mary Elliott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 and manner
She is violent and unmanageable
~~Insane~~ She is an Epileptic

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode, 20 Castle Street Dumfries

DATED this Nineteenth day of August One thousand ~~eight~~ nine hundred and ~~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 Jupson
being a (1) Bachelor of Medicine of Edinburgh
and being in actual practice as a (2) Licensed Practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Elliott pauper from Dumfries Poorhouse and that the said Mary Elliott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 - Her violence & disorderly way of talking & answering questions. She is subject to epileptic fits & I have seen her when she was very noisy & boisterous

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas Jupson M.B.

Place of Abode, 16 Castle St Dumfries

DATED this fourteenth day of August One thousand nine hundred and ~~years~~

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff.)

I, the undersigned, Peter Murray Kerr
being (1) a Graduate in Medicine of the University of Edinburgh
hereby certify, on Soul and Conscience, that I have this day, at (2) Poorhouse
Dumfries
in the County of Dumfries, seen and personally examined
Mary Elliott, and that the said
Person is of unsound mind, and a proper Patient to be placed in an Asylum. *

(1) State Medical qualification.
(2) State place of Examination.

And I further certify that the case of the said person is one of Emergency.

* and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

Peter Murray Kerr.

Dated this fourteenth day of August, One thousand ~~eight~~ hundred and Ye ars.

(The following should be filled up in every case in which a Certificate of Emergency is noted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein Mary Elliot
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address, Giles Mc Innes 28 Irish St, Dumfries.

Date, 13 August 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, John Clerk, Honorary, Sheriff-Substitute
of ~~the County of~~ Dumfries and Galloway at Dumfries,
having had produced to me with a Petition at the instance of (1) J. Miles Mc Innes, (1) Insert Name and Designation.
Inspector of Poor, Dumfries,
Certificates under the hands of Peter Murray Kerr,
and Thomas Ferguson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Mary Elliot, Poorhouse, Dumfries. (A Pauper)
and that the said Mary Elliot is a (3) person of unsound mind,
and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Elliot, as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Mary Elliot, which accompanied the said Petition.

(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated this fourteenth day of August, One thousand ~~eight hundred and~~ nine hundred. Afterwards deleted.

Jno Clerk

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 6303

Name Mary Elliot

Date of Admission 13 August 1900

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway;

_____ *and his Substitutes,*— at Dumfries:

The Petition of Henry Pearson, _____

The Avenue, Willington Street, Kilmarnock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mrs Emily Margaret Pearson (née Harlam), The Avenue, Willington Street, Kilmarnock, wife, _____ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Mrs Emily Margaret Pearson (née Harlam) _____ to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution.

(1) degree of relationship or capacity in which applies to Lunatic.

(To be signed by the Party applying) Henry Pearson

(2) Date of the Petition not less than fourteen clear days from the dates of the Certificate.

DATED this twenty-third (2) day of August — One thousand nine ~~eight~~ hundred ~~and~~ 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,	Emily Margaret Pearson (née Harlam).
Sex and Age,	female - 47.
Married, Single, or Widowed,	married.
Condition of Life, and previous Occupation (if any),	housewife.
Religious persuasion, so far as known,	Church of England.
Previous Place of Abode,	The Avenue, Willington Street, Kilmarnock.
Place where Found and Examined,	
Length of Time Insane,	gradually developed during the last two years.
Whether First Attack,	yes.
Age (if known) on First Attack,	
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception or approximation thereto,	—
Duration of Existing Attack,	about two years.
Supposed Cause,	change of life.
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,	—
Liable of becoming Chargeable,	—
Christian Name and Surname, and place of abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been insane,	Rev Edgar Harlam, Rotherham Vicarage Northampton. (brother) another attempted to commit suicide.
Special circumstances (if any) preventing the 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 August, One thousand ~~eight~~ nine hundred ~~and~~ years.

(To be signed by party applying) Henry Pearson

Name of Asylum to which Patient is to be sent. Crichton Royal.

Date of Admission 23 August 1900

MEDICAL CERTIFICATE No. I.

I, the undersigned William Frew, being a (1) Doctor of Medicine of the University of Edinburgh and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) the avenue, Wellington St., Kilmarnock, — in the County of Ayr, separately from any other Medical Practitioner, visited and personally examined (4) Mrs Emily M. Pearson, the avenue Wellington St. Kilmarnock, and that the said Mrs Emily M. 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.:—

1. Facts indicating Insanity observed by myself: (6)
Very excited in manner. Rants against her husband & accuses him of preferring his own relatives to her which I know is not the case. Accuses me of taking her husband's part against her for the purpose of getting her put away. Which is not

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband Mr. J. Montgomerie Pearson tells me that she is to inexplicable outbreaks of temper, threatens to put an end to her life by poisoning herself, that twins left home without concealment.

Name and Medical Designation, William Frew M.D.
Place of abode, Kilmarnock.

DATED this twentieth day of August — One thousand nine ~~eight~~ hundred ~~and~~ years.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

MEDICAL CERTIFICATE No. II.

I, the undersigned Alexander Thomson being a (1) Doctor of Medicine of Glasgow University and Surgeon and being in actual practice as a (2) Physician & 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) Mrs Emily Margaret Haldane or Pearson, the avenue Wellington St. Kilmarnock and that the said Mrs Emily Margaret Haldane or 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.:—

1. Facts indicating Insanity observed by myself: (6) She is in a nervous excited condition: says she has so many troubles that she cannot sleep: thinks her husband & his relations have turned against her: and that she has many more troubles — more than she can bear.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex. Thomson M.D. &c.
Place of abode, 24 Castle Street, Dumfries.

DATED this Twenty-third day of August — One thousand ~~eight hundred and~~ nine hundred years.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned William Frew, ——————
being (1) Doctor of Medicine, Edin. University, —— (1) State medical qualification.
hereby certify, on soul and conscience, that I have this day, at (2) The Avenue Wellington St. Kilmarnock, —— (2) State place of examination.
in the County of Ayr, ——, seen and personally examined Mrs Emily M. 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.

William Frew. M.D. Edin

DATED, this twentieth day of August — One thousand ~~eight~~ Nine hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Mrs Emily Margaret Pearson ——
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband
Signature and Address, Emily. Pearson The Avenue, Kilmarnock.
Date, 20th August 1903.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clark, Honorary —————— Sheriff Substitute ~~of the the County~~ of Dumfries and Galloway, at Dumfries, (1) Insert Name & Designation
having had produced to me, with a Petition at the instance of (1) Jane Montgomerie Pearson, The Avenue, Wellington Street, Kilmarnock,
Certificates under the hands of William Frew, ——————
and Alexander Thomson ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Emily Margaret Pearson, The Avenue, Wellington Street, Kilmarnock, (Petr's Wife) and that the said Emily Margaret Pearson, is a (3) person of unsound mind — (2) Describe him, and if a Pauper, state so.
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Emily Margaret Pearson as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Emily Margaret Pearson, ——————
which accompanied the said Petition. (3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this ~~twenty fourth~~ third day of August, — One thousand ~~eight~~ hundred ~~and~~ years. Words deleted.

John Clerk

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No. 8584

Name, Emily Margaret Haelan or Pearson

Date of Admission, 20 August 1900

[1] This Form shall be kept by the Keeper of the Asylum under the order of the Sheriff

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway *and his Substitutes,*—at Dumfries.

The Petition of Wm Dickson Inspt of Poor Irnwald humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Petrie or Nelson Leightown Irnwald your Petitioner's (1) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Mary Petrie or Nelson to the Crichton Royal Institution at Dumfries, and and to Sanction Her admission into the said Institution.

(1) degree of relationship or capacity in which it stands to Lunatic.

(To be signed by the Party applying) Wm Dickson

DATED this 21st (2) day of August One thousand ~~eight hundred~~ and nine Hundred years

(2) date of the Petition to be this fourteen clear days after the dates of the medical certificate.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Petrie or Nelson
Sex and Age,	Female 59 years
Married, Single, or Widowed,	widowed
Condition of Life, and previous Occupation (if any),	Same tribe
Religious persuasion, so far as known,	Protestant
Previous Place of Abode,	Leightown Irnwald
Place where Found and Examined,	18 Castle street Dumfries & Crichton Institution
Length of Time Insane,	3 weeks
Whether First Attack,	no
Age (if known) on First Attack,	
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Crichton Royal Institution 3 weeks
Duration of Existing Attack,	Previous attack
Supposed Cause,	no
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Irnwald at present
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 Nelson 15 Glencairn street Motherwell
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of August One thousand ~~eight~~ nine hundred ~~and~~

(To be signed by party applying) William Dickson.

Name Donald Margaret Harkness or Pearson No. 8534

MEDICAL CERTIFICATE No. I.

I, the undersigned Hugh Cunningham ——— being a (1) Licentiate of the Royal College of Physicians in E… and M.D. Brussels and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle Street Dumfries ——— in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Mary Petrie or Nelson, Leightoun, Emrald, Dumfriesshire, Pauper, and that the said Mary Petrie or Nelson ——— is a (5) person of unsound mind ——— 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.*

She talks incoherently and her facial expression indicates mental disorder

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her son James Nelson informs me that she wandered on to the railway, and that she was in an asylum under treatment before

(7) *State the information and from whom derived.*

Name and Medical Designation, Hugh Cunningham M.C
Place of abode, 25 Castle Street Dumfries

DATED this twenty first day of August One thousand eight ~~hundred~~ and nine~~teen~~ hundred years.
H.C H.C

MEDICAL CERTIFICATE No. II.

I, the undersigned James Rutherford ——— being a (1) Doctor of Medicine of the University of Ed… and being in actual practice as a (2) Physician ——— hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries ——— in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Mary Petrie or Nelson, or Leighton Emerald, a pauper ——— and that the said Mary Petrie or Nelson ——— is a (5) person of unsound mind ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She is in a

(6) *State the facts*

state of Excitement and has delusions - states that she is the daughter of the Queen, and that she was born in Germany -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information and from whom derived.*

Name and Medical Designation, James Rutherford chm
Place of abode, Crichton House, Dumfries

DATED this twenty first day of August One thousand nine eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Hugh Cunningham being (1) M.D. Brussels, Lic. Rol. Col. Phys. Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 18 Castle Street Dumfries in the County of Dumfries, seen and personally examined Mary Petrie or Nelson, Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Hugh Cunningham M.D.

DATED, this 21st day of August One thousand ~~eight hundred~~ and nine~~ty~~ hundred years

HC

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Mary Petrie or Nelson to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address, William Dickson Kelltrueburn

Date, 21st August 1900 Amisfield R.S.O. Dumfries

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Alexander Fleming — Sheriff ~~Substitute of the County~~ of Dumfries and Galloway having had produced to me, with a Petition at the instance of (1) William Dickson, Inspector of Poor, Ecclefechan. Certificates under the hands of Hugh Cunningham 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 (2) Mary Petrie or Nelson Loughtown, Ecclefechan, Dumfriesshire (a pauper) and that the said Mary Petrie or Nelson is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Mary Petrie or Nelson — as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her — Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Petrie or Nelson which accompanied the said Petition.

(1) Insert Name & Designation

(2) Describe Sex, and if a Pauper, state so.

(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twenty second day of August, — One thousand ~~eight~~ nine hundred ~~and~~ years. Seven words deleted

James A. Fleming

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8585

Name, Mary Petrie or Nelson

Date of Admission, 21 August 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict.*, *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* ~~Dumfries-shire~~ Galloway, *and his Substitutes, at* Dumfries:

The Petition of John Lamyd Inspector of Poor for the Parish of Annan.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Steel or Ballantyne, 12 Murray Street, Annan, your Petitioner's (2) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Steel or Ballantyne to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(2) State degree of relationship or other locality in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Laurd

DATED this 21st.— (4) day of August,— One thousand ~~eight hundred and~~ nine hundred year.

(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 Steel or Ballantyne.
2. Sex and Age,	Sex Female - Age. 34.
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,	4 Green Serrall Hawick.
7. Place where Found and Examined,	12 murray Street - Annan.
8. Length of time Insane,	about eighteen months.
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	-
11. When and where previously under Examination and Treatment (5)	-
12. Duration of Existing Attack,	about eighteen months.
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan meantime.
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,	Andrew Ballantyne 4 Green Terrall. Hawick - Husband - no member of family known to have been insane. -
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st.— day of August,— One thousand ~~eight hundred and~~ nine hundred year.

(To be signed by the party applying) John Laurd

P. p.

Mary Petrie or Nelson
No. 8585

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Pickin Irvine, being a (1) Graduate of the University of Glasg and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 12 Murra Annan, in the County Dumfries, separately from any other Medical Practitione visited and personally examined (4) Agnes Steel or Ballan Pauper and the said Agnes Steel or Ballantine, is a (5) Lunatic and a proper Person to be detain under Care and Treatment, and that I have formed this opinion upon the followin grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Was pro to be has delusions of sins & the heard voi and sounds at night, incoherent in speech. And often refuses to sp

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Walker. (her sister) considered to be alone. suspicious of whispering and against her in the house.

Name and Medical Designation, John Pickin Irvine

Place of Abode, Annan

DATED this twentieth day of August, One thousand ei hundred ~~and~~ years.

Note -

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Lindsay Howie, being a (1) Bachelor of medicine & master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 12 Murray annan, in the County Dumfries, separately from any other Medical Practition visited and personally examined (4) Agnes Steel or Ballantine 12 Murray St. Annan, (a pauper) and th the said Agnes Steel or Ballantine, is a (5) Person o 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) Patient lies a listless way, with her eyes mostly closed & take little or no interest in anything when spok she occasionally answers in monosyllable & is fr unintelligible in her replies. She cannot be rou her lethargic condition

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she has been cha in her characteristics during the past eighte almost refuses to take food & takes n in affairs generally.

Name and Medical Designation, J. Lindsay Howie

Place of Abode Edwin House, Ann

DATED this twenty-first day of August, One thousand ei hundred and years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Lindsay Howie
being (1) an M.B. & C.M. of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Annan,
in the County of Dumfries, seen and personally examined
Agnes Steel or Ballantyne,
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

J. Lindsay Howie M.B. C.M.

DATED this twenty-first day of August, One thousand ~~eight~~ nine hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Agnes Steel or Ballantyne, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Thos. Aird Annan.

Date 21st. August 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clerk, Honorary Sheriff-Substitute of ~~of the~~ (1) Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (2) John Laurie, Inspector of Poor, Annan, Certificates under the hands of John Rickon Muir and John Lindsay Howie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Agnes Steel or Ballantyne, 12 Murray Street, Annan (Married) and that the said Agnes Steel or Ballantyne is a (4) 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 Agnes Steel or Ballantyne as a Patient into the (5) Public Asylum of Southern Counties and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Steel or Ballantyne, which accompanied the said Petition. Third.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

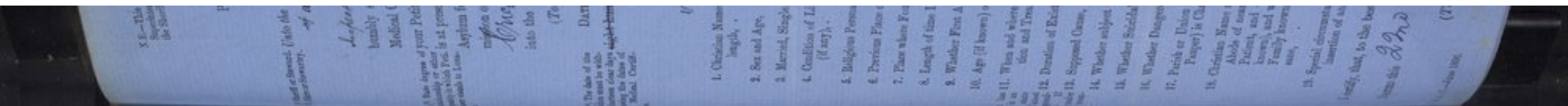
DATED [at Dumfries] this Twenty-fourth day of August. One thousand ~~eight hundred and~~ nine hundred years.

Four words deleted.

To the Superintendent of the (5) Public *Asylum of* Southern Counties, Dumfries.

(5) Public, District, Parochial, or Private.

[Signature] John Clerk



No 8586

Agnes Steel or Ballantyne

Adm. 21 August 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,—as Dumfries:

The Petition of William Kinnedy Holywood.
Inspector of Poor for the Parish of

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Milbourne

(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 Isabella Milbourne, to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) Wm Kinnedy

(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~~ nine hundred 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 Milbourne.
2. Sex and Age,	F. 38yrs 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,	Killylung Cottage Holywood.
7. Place where Found and Examined,	Killylung Cottage Holywood.
8. Length of time Insane,	21 days of.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (5)	
12. Duration of Existing Attack,	21 days.
13. Supposed Cause,	Hereditary.
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,	Holywood.
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,	John Milbourne, father, who has been insane for 30 years in Dumfries Asylum.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(5) If patient has previously in an Asylum, state date of latest admission or appointment thereto. If not previously under Examination or treatment, state the fact.

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~~ nine hundred years.

(*To be signed by the party applying*) Wm Kinnedy P. P.

T. & A. C.—June 1896.

No 8586
Agnes Steel or Ballantyne
Born 21st August 1900

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 Univ.
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Hilltylung Cottage, Holywood, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Isabella Millbourne Domestic Servant, Hilltylung Cottage, a Pauper, and that the said Isabella Millbourne, is a (5) Person of unsound mind, and a proper Person to be detained under Care and Treatment, 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 melancholy appearance and delusions. Tells me that she would drown herself if she had an opportunity as she is tired of life.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Mother informs me that she is at times very much excited and unmanageable. That she threatened to drown herself, and she has threatened violence to some of her household.

Name and Medical Designation, John Smith M.D.

Place of Abode, 44 Castle St., Dumfries

DATED this twenty second day of August, — One thousand eight hundred and — 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 Williamson Martin
being a (1) Fellow of the Royal College of Physicians Edinburgh,
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Hilltylung Holywood, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Isabella Millbourne, and that the said Isabella Millbourne, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She sits apart by herself and weeps at times. Says there is some cause of trouble. She refuses food she threatens to take her life saying "I will" She threatens others in the house.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The people of the house say they cannot trust her by herself, she might destroy herself or attack others.

Name and Medical Designation, James W. Martin M.D.

Place of Abode Burnfoot London Dumfries

DATED this 22nd day of August, One thousand eight hundred and nine hundred years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith, being (1) a Graduate in Medicine of Edinburgh University, hereby certify, on soul and conscience, that I have this day, at (2) Killylung Cottage in the County of Dumfries, , seen and personally examined Isabella Milbourne, , and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.

(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

(3) State place at which Asylum is situated.

John Smith M.D. V.C.

DATED this twenty second day of August One thousand ~~eight~~ nine hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Isabella Milbourne to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector

Signature and Address Wm Kennedy Cairnbank, Holywood,

Date August 22nd, 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clerk Honorary ~~Sheriff~~-Substitute of ~~the~~ (1) Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (2) William Kennedy, Inspector of Poor, Holywood, Certificates under the hands of John Smith and James Williamson Martin, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Milbourne, Killylung Cottage, Holywood, (a Pauper) and that the said Isabella Milbourne, is a (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 Milbourne, as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Milbourne, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Twenty fourth day of August, Nineteen ~~One thousand eight hundred~~ and years. Six words deleted.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(7) Public, District, Parochial, or Private.

[Signature] John Clerk

No 8587

Isabella Milbourne

Holywood

Adm. 22 August 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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, at Dumfries.*

The Petition of Charlotte Casement, Magherintemple, Ballycastle Co. Antrim

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charlotte Mary Casement, Magherintemple aforesaid

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Step grand daughter and 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 Charlotte Mary Casement to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Charlotte Casement

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (4) day of August — One thousand nine hundred.

STATEMENT.

If any 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 Mary Casement
2. Sex and Age,	Female. 19 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Country life - no occupation
5. Religious Persuasion, so far as known,	Church of Ireland
6. Previous Place of Abode,	Magherintemple. Ballycastle Co. Antrim
7. Place where Found and Examined,	Same address Ireland
8. Length of time Insane,	Between 3 & 4 weeks
9. Whether First Attack,	First
10. Age (if known) on First Attack,	19.
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	Between 3 & 4 weeks
13. Supposed Cause,	Chill
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charlotte Casement. Step. Grandmother & Guardian Ballycastle Co Antrim Ireland a Grand Aunt & a 2nd Cousin
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of August — One thousand nine hundred years.

(To be signed by the party applying) Charlotte Casement

P p

T. & A. C.—Nov. 1899.

No 8584
Isabella Millwaine
Irrigward
Adm. 22 August 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McThey
being a (1) Bachelor of Medicine and Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Mapherunterly Ballycastle in the County of Antrim
separately from any other Medical Practitioner,
visited and personally examined (4) Miss Charlotte Mary Casement Mapherintemple Ballycastle Co. Antrim
and that the said Miss Charlotte Mary Casement is a (5) person of unsound mind
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is constantly talking in an incoherent manner and complaining of imaginary ailments and manner is altogether different from what it when well. She is not as tidy in person as she to be

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Grandmother informs me that she gets up at night and went to go out with a candle to go flowers at 11 o'clock at night. She sometimes coming down stairs comes on the outside of the banister

Name and Medical Designation, James McThey M.B.I.

Place of Abode, Ballycastle Co. Antrim

DATED this twenty first day of August One thousand hundred

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wallace Beatty
being a (1) Doctor of Medicine of Trinity College Dublin & Fellow of the Royal College of Physicians
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Mapherunterly Ballycastle in the County of Antrim
separately from any other Medical Practitioner,
visited and personally examined (4) Miss Charlotte Mary Casement Mapherintemple. Ballycastle Co Antrim Ireland and that
the said Miss Charlotte Mary Casement is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, 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, at times without regard to propriety - on subject after another. Now & again throws himself on a sofa & buries her head in her hands. Talks contrary to her natural sum of modesty, about many subjects at times.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The nurse in attendance has informed me that She takes from one to two hours over her simple constantly talking & smiles. sings when during on the public roads. exceeding talkative & restless

Name and Medical Designation, Wallace Beatty M.

Place of Abode 38 Merrion Sq. Dublin

DATED this twenty first day of August One thousand hundred

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand hundred

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clerk (1) Honorary ~~Sheriff-Substitute~~ of Dumfries & Galloway, at Dumfries having had produced to me with a Petition at the instance of (2) Charlotte Casement, Magheintemple, Ballycastle, Co. Antrim Certificates under the hands of James Mc Ilroy and Wallace Beatty, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Charlotte Casement, Magheintemple aforesaid (Sister's Granddaughter of the said Charlotte Mary Casement) and that the said Charlotte Mary Casement 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 Charlotte Mary Casement as a Patient into the (5) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charlotte Mary Casement, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation. Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED [at Dumfries] this Twenty-third day of August One thousand nine hundred years.

To the Superintendent of the (5) Public, Asylum of Crichton Royal Institution Dumfries.

[Signature] John Clerk

(5) Public, District, Parochial, or Private.

No 8588

Charlotte Mary Basement

Adm. 25 August 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— of Dumfries Galloway, ——— of ——— *and his Substitutes,* —— at Dumfries.

The Petition of Mrs Margaret Stevenson 9 Kay Park Terrace, Kilmarnock;

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Pollock Stevenson, 9 Kay Park Terrace, Kilmarnock, 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 Agnes Pollock Stevenson, —— 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.

(To be signed by the Party applying) Margaret Stevenson

DATED this Thirtieth —(3) day of August, —— One thousand nine hundred years.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Pollock Stevenson.
2. Sex and Age,	Female - 31 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Cookery Teacher.
5. Religious Persuasion, so far as known,	Protestant (U.P. Church).
6. Previous Place of Abode,	——
7. Place where Found and Examined,	9 Kay Park Terrace, Kilmarnock
8. Length of time Insane,	Gradually been coming on for 5 or 6 years.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	——
11. When and where previously under Examination and Treatment (3)	——
12. Duration of Existing Attack,	been gradually advancing for 5 or 6 years.
13. Supposed Cause,	?
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	slightly so.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Mrs Margaret Stevenson (Mother) 9 Kay Park Terrace, Kilmarnock. No.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

(3) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or Treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of August —— One thousand nine hundred years.

(To be signed by the party applying) Margaret Stevenson

P.P.

T. & A. C.—Nov. 1899.

No 2858

Charlotte Mary Beaumont

Born 25 August 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Frew
being a (1) Doctor of Medicine of the University of Edinburgh,
and being in actual practice as a (2) general practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 9 Kay Park Terrace, Kilmarnock, in the County of Ayr, separately from any other Medical Practitioner, visited and personally examined (4) Agnes Pollock Stevenson, 9 Kay Park Terrace, Kilmarnock, and that the said Agnes Pollock 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)
1. She states that her mother has systematically ill treated her from childhood, has lied about her & misrepresented her to others, which are delusions.
2. Lies in bed, but complains of draughts from door & window & accuses her mother & sisters of causing them designedly, & is also
3. Quite very excited & threatening at her statements.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother informs me that she accuses her to her face. Writes letters to friends & acquaintances accusing her, & the Town Gang. That several times of late she has struck her & uttered insulting things to her. That she has also struck her sister Helen.

Name and Medical Designation, William Frew M.D.

Place of Abode Kilmarnock

DATED this 28th day of August, One thousand nine hundred 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 Glasgow University and Surgeon
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries, in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Pollock Stevenson Spinster, Cookery Teacher, 9 Kay Park Terrace, Kilmarnock and that the said Agnes Pollock 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) She is enfeebled mentally: takes a despondent view of things: and from her conversation seems to be under the delusion that her family have turned against her, and ill treat her without a cause.

(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 27 Castle Street, Dumfries

DATED this Thirtieth day of August, One thousand nine hundred 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 Frew,
being (1) a Doctor of Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 9 Kay Park Ter. Kilmarnock
in the County of Ayr, , seen and personally examined
Agnes Pollock Stevenson, , and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

William Frew M.D. Edin.

DATED this 28th day of August One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Agnes Pollock Stevenson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address Margaret Stevenson

Date 28th August, 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Geo. Campion, Sheriff Substitute of Dumfries ~~of the~~ (1) and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Mrs Margaret Stevenson, 9 Kay Park Terrace, Kilmarnock, Certificates under the hands of William Frew, 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) and that the said Agnes Pollock Stevenson, 9 Kay Park Terrace, Kilmarnock, was also examined by them, and that the said Agnes Pollock 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 Agnes Pollock Stevenson, as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize you to make Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Pollock Stevenson, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries,] this thirty-first day of August, One thousand nine hundred years. Three words deleted.

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

[Signature] Geo: Campion

(7) Public, District, Parochial, or Private.

No 8589

Agnes Pollock Stevenson

Adm. 28 August 1900

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries & Galloway,
and his Substitutes,— at Dumfries.

The Petition of William Clarke, Inspector of Poor Lochmaben,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Nelson Crosbie Wells,
your Petitioner's (1) Pauper, — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Elizabeth Nelson Crosbie Wells, — to the Crichton Royal Institution at Dumfries, and and to Sanction her admission into the said Institution. —

(1) The degree of relationship or other capacity in which petitioner stands to Lunatic.

(To be signed by the Party applying) William Clarke
Inspector of Poor Lochmaben

(2) The date of the Petition must be at least fourteen clear days between the dates of the Petition and Medical Certificate.

DATED this twenty ninth (2) day of August — One thousand nine ~~eight~~ hundred ~~and~~ 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 Nelson Crosbie Wells.
Sex and Age,	Female - 21.
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Labourer's daughter - no occupation.
Religious persuasion, so far as known,	Protestant.
Previous Place of Abode,	22 Princes st Lochmaben,
Place where Found and Examined,	do. do.
Length of Time Insane,	first.
Whether First Attack,	—
Age (if known) on First Attack,	—
When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception or approximation thereto,	—
Duration of Existing Attack,	—
Supposed Cause,	no.
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,	Lochmaben.
Date of becoming Chargeable,	—
Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been insane,	Elizabeth Nelson Wells, (Mother.) 22 Princes st. Lochmaben.
Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of August, — One thousand ~~eight hundred and~~ nine hundred years.

(To be signed by party applying) William Clarke
Inspector of Poor,

This Form shall be kept by the Clerk of the Asylum under the order of the Sheriff

Agnes Petrie Armament
No 8584

MEDICAL CERTIFICATE No. I.

I, the undersigned Norman Reid
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) 22
Princes Street, Lochmaben, in the County of
Dumfries — separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Nelson Crosbie Wells
22 Princes St. Lochmaben Pauper and that
the said Elizabeth Nelson Crosbie Wells is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She keeps constantly moving about, throwing herself on
into bed and shouting in a loud voice about — she thinks
an Mrs intimate any connection or unlawful agree, says they are
injure her which [illegible]
2. Other facts (if any) indicating Insanity communicated to me by
others: (7) Mary Wills her sister + Mrs Wells her sis
that they cannot restrain her and have to keep
with her. She kept shouting, singing and swearing
leaving her clothes.

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise as the case may be.*

(3) *Insert the Street, and number of the house, (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or 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, Norman Reid M.B.
Place of abode, Lochmaben

DATED this 29th day of August One thousand
~~eight hundred~~ and nine hundred years.

MEDICAL CERTIFICATE No. II.

I, the undersigned Bernard Stacey
being a (1) Bachelor of Medicine of the University of Edi
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Cri
Royal Institution, Dumfries, in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Nelson Crosbie Wells
22 Princes St., Lochmaben, Pauper, and that
the said Elizabeth Nelson Crosbie Wells is a (5)
person of unsound mind and a proper person to be
detained under Care and Treatment, and that I have formed this opinion
upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is restless
& tries to get out of bed, does not know where
she lives, or where her mother lives, uses obs
language when spoken to & cannot answer ques

2. Other facts (if any) indicating Insanity communicated to me by
others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the Certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) Lunatic, or an insane person, *or* an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information and from whom derived.*

Name and Medical Designation, Bernard Stacey M.B.
Place of abode, Crichton Royal Institution

DATED this 29th day of August One thousand
~~eight hundred~~ and nine hundred years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Norman Reid
being (1) a Doctor of Medicine of Glasgow University (1) State doctor's qualification.
hereby certify, on soul and conscience, that I have this day, at (2) 22 (2) State place of examination.
Princes Street, Lochmaben
in the County of Dumfries, seen and personally examined Elizabeth Nelson Crosbie Wells, ——— , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

Norman Reid. MD

DATED, this 29th day of August, One thousand ~~eight hundred~~ and nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Elizabeth Nelson Crosbie Wells, to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Parish of Chargeability
Signature and Address, William Clarke
Date, 29th August 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Crampsie ——— Sheriff Substitute ~~of the the County~~ of Dumfries and Galloway, at Dumfries, (1) Insert Name & Designation
having had produced to me, with a Petition at the instance of (1) ———, William Clarke, Inspector of Poor, Lochmaben,
Certificates under the hands of Thomas Reid ———
and Bernard Stracey ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Elizabeth Nelson Crosbie Wells (2) Describe him, and if a Pauper, state so.
22 Princes Street, Lochmaben (a Pauper), and that the said
Elizabeth Nelson Crosbie Wells, is a (3) person of unsound mind, (3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Elizabeth Nelson Crosbie Wells, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Nelson Crosbie Wells, ——— which accompanied the said Petition.

DATED this thirty-first day of August, — One thousand ~~eight~~ hundred ~~and~~ years, *this words delated.*

Geo Crampsie

To the Superintendent of the ———
Crichton Royal Institution for Lunatics, at Dumfries.

No. 8590

Name, Elizabeth Nelson Brodie Wells
Lachlan Alex

Date of Admission, 29 August 1900

BOARD OF LUNACY
2 AUG 1900
AND

15,343. [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 Isabella Morrow, Spinster, Knock, Belfast, Ireland, being desirous to transfer Robert Morrow, Gentleman, of Knock, Belfast, Ireland, at present a Patient in Mavisbank private Asylum, at Glen near Edinburgh and (1) detained at my instance from the said Asylum to the Crichton Royal Asylum, Dumfries.

(1) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

I beg to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	Robert Morrow.
2. Sex and Age,	Male, 48.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and Previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Protestant.
6. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
7. Christian Name 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,	Isabella Morrow Spinster Knock Belfast Ireland; Sister

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(Signature of Applicant) Isabella Morrow.

(2) Sister.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated this 29th day of August One thousand eight hundred and nine

N.B.—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

A. C.—July 1900.

Name, Elizabeth Nelson Brodie Wells
Residence
No. 8590

MEDICAL CERTIFICATE.

I, the undersigned William Mauk Alexander Smith

(1) Name Asylum.

hereby certify that I have this day at (1) Marisbank Asylum, Bolton, N.B.

personally examined Robert Morrow Gentleman of Knock, who has been

(2) Insert Date of Admission.

Patient in said Asylum since (2) the 4th day of May 1900 and I certify that

(3) Insert "is," or "is not," as the case may be.

the said Patient is a person of unsound mind, (3) is not epileptic, (3) is not suicidal

(3) is not dangerous to others. I also certify, with respect to the Mental State of

(4) Describe Mental State.

the Patient, that (4) He suffers from chronic mania with acute exacerbations in which he is

outbursts of violence & excitement in which he destroys many deliberate & mischievous acts. Between the periods of the acute attacks he shows marked Confusion and Perplexity of mind & general dementia.

(5) Describe Bodily State.

and with respect to the Bodily State of the Patient, that (5)

He suffers from a general malnutrition but from no apparent organic disease

and that there is nothing in the Mental or Bodily State of the Patient to make removal

to the (1) Crichton Royal Asylum inadvisable; and

(6) Insert "the following are," or "there are no," as the case may be.

I further certify that (6) there are no facts known to me as to the

history of the Patient, bearing upon risk of suicide or danger to others, which I think

ought to be brought under the notice of those who are to have charge of the Patient :—

(Signature) Wm A Smith

(Medical Qualification) M.B. Ch.B. MRCPS

(Date) 29 Aug: 1900.

No 8591
Robert Morrow
Adm. 1 September 1900

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff)

The foregoing Application having been made to the Board to authorize the transfer

of Robert Morrow,

from Marisbank Private Asylum,

to Crichton Royal Institution, Dumfries,

and the Board having considered such Application and the accompanying Medical

Certificate, do hereby authorize the transfer, at any time within fourteen days from the

date hereof, of the said patient as requested.

John Fraser Commissioner

DATED at Edinburgh, this 30th day of August one thousand ~~eight hundred and~~ nine hundred.

Date of Sheriff's Order [*to be inserted at the Office of Board*].

7th May 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,*—

The Petition of John Anderson,
28, Cassillis Road, Maybole

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Anderson your Petitioner's (3) Granddaughter is at present in a state of Mental Derangement, and 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 Anderson to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Anderson

DATED this Twelfth (4) day of September One thousand Nine hundred 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 Anderson,
2. Sex and Age,	Female; 22 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Maybole
7. Place where Found and Examined,	28, Cassillis Road, Maybole
8. Length of time Insane,	Four weeks
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	Four weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known 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 Anderson 28 Cassillis Road Maybole, grandfather. No member of the family have been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has previously in an Asylum, state date of latest Order or application thereto. If previously under Examination or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of September One thousand Nine hundred years

(To be signed by the party applying) John Anderson

P p

T. & A. C.—Nov. 1899.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Hugh Girvan
being a (1) Doctor of medicine

and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 28 Cassillis
Maybole, in the County of
Ayr, separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Anderson
and that
the said Margaret Anderson is a (5) Person of unsound
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is extremely
excited and noisy, incessantly talking to herself
near her, utter nonsense, & in words so disconnected
it is impossible to make any sense out of them. No
rational answer can be got to any questions put to

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Nurse Arnott, tells me that she is constantly speaking
about some plot a conspiracy to poison her and
says she is glued to the bed and cannot move

Name and Medical Designation, Hugh Girvan M.D.

Place of Abode, Maybole

DATED this ninth day of September One thousand
nine hundred 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,
being a (1)

and being in actual practice as a (2)
do hereby certify, on soul and conscience, that I have this day, at (3)
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4)
and that
the said is a (5)
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation,

Place of Abode

DATED this day of One thousand
hundred

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Hugh Girvan,
being (1) a Doctor of Medicine,
hereby certify, on soul and conscience, that I have this day, at (2) 28 Cassillis Road, Maybole,
in the County of Ayr, , seen and personally examined
Margaret Anderson, , and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries,
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Hugh Girvan M. D.

DATED this ninth day of September One thousand nine hundred years,

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Margaret Anderson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Grandfather

Signature and Address John Anderson 28, Cassillis Road Maybole

Date 10th September 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1)
of the (2) of
having had produced to me, with a Petition at the instance of (3)

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

Certificates under the hands of being two Medical Persons
and
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) and that the said is a (5)

(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said as a Patient into the (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.

(6) Public, District, Parochial, or Private.

DATED [at] this day of
One thousand hundred

To the Superintendent of the (7) Asylum of

(7) Public, District, Parochial, or Private.

[*Signature*]

No 8592.

Margaret Anderson.

Adm: 10 September 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sherifdom *of* Dumfries and Galloway *and his Substitutes,—*

The Petition of John M'Cay Inspector of Poor, Stoneykirk

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Kirkwood 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 Kirkwood to the Southern Counties Asylum, Glenpuce and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John M'Cay

(4) The date of the Petition must be within fourteen clear days ~~eight~~ following the dates of the Medical Certificates.

DATED this twelfth (4) day of September One thousand nine ~~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,	Alexander Kirkwood
2. Sex and Age,	75. Male
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,	Sandmill, Stoneykirk
7. Place where Found and Examined,	Sandmill
8. Length of time Insane,	a months
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (5)	Southern Counties Asylum
12. Duration of Existing Attack,	a month
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not now
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Old Luce
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,	Jno. Kirkwood
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) Insert date of last Admission only in an Asylum, state date of latest Admission or approximate date. If previously under Treatment or Treatment elsewhere.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twelfth day of September One thousand ~~eight~~ hundred and nine

(To be signed by the party applying) John M'Cay

P p.

T. & A. C.—March 1899.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McWilliam Lyndlie being a (1) Bachelor of Medicine & Master of Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Ashtown Sandwell Western Sandhead in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander Kirkwood, a pauper and that the said Alexander Kirkwood is 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) He tells in an incoh... says that he put the devil in prison for a thousand years. Sun... Institution. - He is at present busy surveying a new railway & D... his going over to America to open a new trunk railway. We gave... & discharged him up till. wild statements about that he is able to c...

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife says that he wanders about in front of the house all ni... shouting at the children he threatens to strangle in the fire...

Name and Medical Designation, Hugh McWilliam, MB CM.

Place of Abode, Castle Cottage Sandhead

DATED this 12th day of September One thousand eight hundred and

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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, David Duke Monro being a (1) Bachelor of Medicine & master of Surgery of Aberdeen University and being in actual practice as a (2) physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Sandwell Sandhead Western in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander Kirkwood Pauper and that the said Alexander Kirkwood is a (5) insane and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His actions talk are excited. He rambles a great... thinks he has plenty of money &c He... been in the asylum several times upon...

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife says he has been fro... getting worse for a month back. He... almt and threatened to strike his da...

Name and Medical Designation, D Duke Monro M...

Place of Abode Stranraer

DATED this 12th day of September One thousand eight hundred and 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, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualifications.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, ——————

Signature and Address ——————

Date ——————

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Crabb Greig (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 Craig
Inspector of Poor Stoneykirk
Certificates under the hands of Hugh M. Smellie M.B. C.M.
and David Duke Monro M.B C.M. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Alexander Kirkwood a pauper — and that the said
Alexander Kirkwood is a (5) insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Kirkwood — 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 Kirkwood which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Stranraer] this twelfth day of September
One thousand ~~eight hundred and~~ nine hundred & seven.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

[Signature] Thos. C. Greig

(7) Public, District, Parochial, or Private.

Alexander Kirkwood.

Adm: 13th Sept: 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., 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~~ (2) ——— *of* Dumfries & Galloway *and his Substitutes,*— at Dumfries.

The Petition of John Anderson, 28 Cassillis Road, Maybole:

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Anderson, ——— your Petitioner's (3) Grand-daughter, ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Anderson, —— to the Crichton Royal Asylum Dumfries sanction Her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Anderson

(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 nine hundred 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 Anderson.
2. Sex and Age,	Female. 22 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Housekeeper.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Maybole.
7. Place where Found and Examined,	28 Cassillis Road, Maybole.
8. Length of time Insane,	4 weeks.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	———
11. When and where previously under Examination and Treatment (2)	———
12. Duration of Existing Attack,	Four weeks.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Christian Name and Surname, and Place of Abode of nearest known 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 Anderson. 28 Cassillis Road. Maybole. — Grandfather. No member of the family has been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(2) Patient has previously in an Asylum, state name of latest Asylum, approximate date of admission thereto. If previously under Medical Treatment or treatment.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourteenth day of September, One thousand nine hundred years.

(To be signed by the party applying) John Anderson

P. P.

T. & A. C.—Nov. 1899.

Admr. 18th Jan. 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Peter Murray Kerr
being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh, Licensed Practitioner
and being in actual practice as a (2) ——
do hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle Street, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Margaret Anderson, Plumber, 28 Cassilis Road, Maryhole and that the said Margaret Anderson is a (5) person of unsound mind — and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Her insane appearance and manner. She is incoherent in speech. Talks continually. Has delusions of sight and hearing. Believes that she is acted upon

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Kerr
Place of Abode, 27 Castle Street Dumfries
DATED this Fourteenth day of September, One thousand nine hundred and seven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of Glasgow University, and Surgeon
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) No 27 Castle Street, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Margaret Anderson Plumber, 28 Cassilis Road, Maryhole and that the said Margaret Anderson is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks very incoherently: has delusions about people plotting against her: Cannot engage in rational 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, Alex. Thomson M.B.
Place of Abode 27 Castle Street, Dumfries
DATED this Fourteenth day of September, One thousand nine hundred and seven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Rutherford, being (1) a Fellow of the Royal College of Physicians of Edin. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries — in the County of Dumfries —, seen and personally examined Margaret Anderson —, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries. —

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

James Rutherford M.D. F.R.C.P.E.

DATED this Thirteenth day of September —One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Dumfries, Asylum to receive therein Margaret Anderson — to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Grandfather.

Signature and Address John Anderson

Date 13th. September, 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Geo Lampson — (1) Sheriff-Substitute of the Counties and Stewartry at Dumfries — having had produced to me, with a Petition at the instance of (2) John Anderson 28 Fassilis Road Maybole — Certificates under the hands of Felix Murray Kerr — and Alexander Turnbull — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Anderson 28 Fassilis Road Maybole Grandfather and that the said Margaret Anderson, — is a (5) Lunatic Person of unsound mind — and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Anderson, as a Patient into the (6) Public — Asylum of Crichton Royal Institution, and I authorize you to make Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Anderson, which accompanied the said Petition. —

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, or if a Female, state

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED [at Dumfries,] this Fifteenth day of September, — One thousand nine hundred years.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

[*Signature*] Geo. Lampson

(7) Public, District, Parochial, or Private.

Margaret Anderson.

Adm: 13 September 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Robert Jamieson, 59 Campbell Street, Riccarton, Kilmarnock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Jamieson your Petitioner's (3) father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Jamieson to the Crichton Royal Institution Dumfries and to sanction the admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Robert Jamieson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14th (4) day of September One thousand nine 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,	Robert Jamieson
2. Sex and Age,	Male. Abt 76.
3. Married, Single, or Widowed,	Widower.
4. Condition of Life, and previous Occupation (if any),	Weaver.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	34 George St Ayr.
7. Place where Found and Examined,	34 George St Ayr.
8. Length of time Insane,	Year.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	75.
11. When and where previously under Examination and Treatment (5)	Has been treated before
12. Duration of Existing Attack,	Year.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Robert Jamieson 59 Campbell St Another died Riccarton in the Crichton Kilmarnock Institution Dumfries.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest admission, or approximate date. If previously under Treatment, or treatment not a fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of September One thousand nine hundred ~~and~~

(To be signed by the party applying) Robert Jamieson

P. p.

T. & A. C.—Mch. 1895.

Discharged Under Order Adm. 13 September 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Ralston. M.D. Glasgow University

and being in actual practice as a (2) general practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 34 George Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Robert Jamieson 34 George St Ayr and that the said Robert 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) He delusions that the fairies visit him at night. Do anything that anybody is attempting to do him harm. Memory defective

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His son, Robert Jamieson told me he tried to take him to his home, but only for about a fortnight as his conduct was so

Name and Medical Designation, Ralston MD

Place of Abode, Netherton Ayr.

DATED this 16th day of Sept. One thousand ~~eight~~ hundred ~~and~~ Nine Hundred.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Feyen McKenna being a (1) Bachelor of Medicine & Master in Surgery Glasgow University and being in actual practice as a (2) Medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 34 George Street Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Robert Jamieson. Weaver 34 George Street Ayr and that the said Robert 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) On putting questions to him he gives many answers. Is able neither to spell or read. States that he is being watched & that someone is to steal his money.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has Mr Morrogan states that he goes out in the early morning on the streets with only his Shirt & drawers on. One night broke open the door with hatchet. Threatened to burn house. Threw pennies in fireplace.

Name and Medical Designation, Feyen McKenna. MD

Place of Abode Randolph Place Ayr

DATED this 13th day of Sept. One thousand ~~eight~~ hundred ~~and~~ Nine Hundred

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, }

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Macrone, (1) Sheriff-Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) Robert Jamieson, 69 Campbell St Ayr Certificates under the hands of R. A. Morton M.D and Eugene McKenna M.B.Ch.B., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Jamieson, weaver, 34 Carpet St Ayr and that the said Robert Jamieson is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Jamieson, weaver, as a Patient into the (6) Auchinlon Royal ~~Asylum of~~ Institution 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 Robert Jamieson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this 14th day of September One thousand ~~eight~~ nine hundred ~~and~~

William Macrone

To the Superintendent of the (7) Auchinlon
~~Asylum of~~
Royal Institution Dumfries

(7) Public, District, Parochial, or Private.

Robert Jamieson.

Adm: 15 September 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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, at Dumfries

The Petition of Catherwood Browne Farmer Herdstown Donaghadee

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Browne Excise Officer, Brother,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Browne to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) Catherwood Brown

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 18th (4) day of September One thousand nine hundred 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 Browne
2. Sex and Age,	Male 40 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Excise officer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Brierly Hill Staffordshire
7. Place where Found and Examined,	~~St~~ Belfast
8. Length of time Insane,	Two months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	Forty years
11. When and where previously under Examination and Treatment (5)	
12. Duration of Existing Attack,	Two months
13. Supposed Cause,	Nervousness
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,	Brother
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,	Catherwood Brown Herdstown Donaghadee No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If Patient has already been under Treatment, state Asylum, and date of latest Admission or Appointment thereto. If previously under Treatment, but not on or treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 18th day of September One thousand Nine hundred Years

(*To be signed by the party applying*) Catherwood Browne

P P

T. & A. C.—Nov. 1899.

Robert Simpson Adm: 18 September 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John M. Macbormac
being a (1) Doctor of Medicine of the University of Durham
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 31, Great-Victoria Street, Belfast in the County of Antrim separately from any other Medical Practitioner, visited and personally examined (4) John Browne Excise Officer, Herdstocker, Donaghadee, Ireland and that the said John Browne is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 unfitted to take food, medicine can do him no good, as he can never get better, and must He is obstinate & cannot be induced to act naturally

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife and his sister and brother have told me that he has threatened to drown himself. He has a razor to cut his head off with.

Name and Medical Designation, John M. Macbormac

Place of Abode, 31, Gt. Victoria St., Bel

DATED this 18th day of September One thousand nine hundred 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 Glasgow University and Surgeon
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution – 2nd House in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Browne Excise Officer Brierley Hill, Staffordshire ~~Belfast~~ and that the said John Browne is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Dejected appearance can be got to answer questions with difficulty and then only in a confused manner cannot remember when he arrived here thinks the time much longer than it really is.

(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 27 Castle Street, Dumfries

DATED this Twenty first day of September One thousand nine hundred 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 M. Macbormac being (1) a Doctor of Medicine of Durham University hereby certify, on soul and conscience, that I have this day, at (2) Belfast in the County of Antrim, seen and personally examined John Browne, , and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

John M. Macbormac, M.D.

DATED this 18th day of September One thousand nine hundred years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution. at Dumfries, Asylum to receive therein John Browne, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address Catherwood Browne. Derrystown. Donaghadee

Date 18th September. 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clerk, Honorary (1) Sheriff-Substitute of ~~the~~ Dumfries and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (2) Catherwood Browne, Farmer, Derrystown, Donaghadee Certificates under the hands of John M. Macbormac 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) him and that the said ~~Catherwood Browne, Farmer, Derrystown, Donaghadee~~ Brother) and that the said John Browne, is a (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 Browne, as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Browne, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this twenty first day of September, One thousand nine hundred years. Three words deleted.

To the Superintendent of the (6) Public Asylum of Crichton Royal Institution, Dumfries.

[*Signature*] John Clerk

(6) Public, District, Parochial, or Private.

No. 8596
John Browne
Adm: 18 September 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,*— at Dumfries:
The Petition of Joseph Watson c/o Mrs Tremble, Elm Terrace, Penrith.
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anne Mary Watson,—
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 Anne Mary Watson— to the Crichton Royal Institution and to sanction Her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Joseph Watson

DATED this Eighteenth (4) day of September, - One thousand nine hundred 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,	Anne Mary Watson.
2. Sex and Age,	Female - 32 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Good - County Council Lecturer.
5. Religious Persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	Penrith
7. Place where Found and Examined,	Penrith.
8. Length of time Insane,	Two months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	32 yrs.
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	Two months.
13. Supposed Cause,	Worry.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Probably.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joseph Watson, c/o Mrs Tremble, Elm Terrace Penrith (Brother) Mother deceased.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or Treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of September, - One thousand nine hundred years.

(To be signed by the party applying) Joseph Watson

T. & A. C.—Nov. 1899.

P p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gibson Pearce Thomson, being a (1) Doctor of medicine, and being in actual practice as a (2) Physician & Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) Elm Terrace Penrith in the County of Cumberland, separately from any other Medical Practitioner, visited and personally examined (4) Anne Mary Watson residing with Mrs Semble - Elm Terrace, Penrith, and that the said Anne 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) She states that she has committed an unpardonable sin; that her sin is a sin against the Holy Ghost; that she sees people & things all over the house; that everything in the house has an indescribably horrid smell.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From the brother, That she has fixed ideas that she has committed a sin against the Holy Ghost. that she is unreasonably ~~[illegible]~~ & is the subject of illusions.

Name and Medical Designation, D.G. Pearce Thomson M.

Place of Abode, Bishopyards, Penrith

DATED this 18th day of September — One thousand — hundred years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Joseph Edward Bowser being a (1) Bachelor of Medicine and master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician Surgeon, do hereby certify, on soul and conscience, that I have this day, at (3) Elm Terrace Penrith in the County of Cumberland, separately from any other Medical Practitioner, visited and personally examined (4) Anne Mary Watson, and that the said Anne 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) Miss Watson states that she is in a supernatural state, and has committed an indescribable sin, and undergoes supernatural experiences which she attempts to describe with great volubility.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Joseph Watson, Elm Terrace, Penrith, states that on Sunday last, September 16th, she declared it to be her duty to make away with herself.

Name and Medical Designation, Joseph E. Bowser, M.B.

Place of Abode, Bishopyard Hall Penrith

DATED this Eighteenth day of September, One thousand — hundred years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Joseph Edward Bowes
being (1) Bachelor of Medicine and Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Penrith
in the County of Cumberland, ——, seen and personally examined
Anne Mary Watson, ——, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Joseph E. Bowes

DATED this Eighteenth day of September — One thousand nine —— hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Dumfries. Asylum to receive therein Anne Mary Watson, —— to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Brother

Signature and Address Joseph Watson C/o Mrs Tremble. Elm Terrace, Penrith.

Date 18 September 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clerk, Honorary Sheriff-Substitute — of ~~the~~ (1) Dumfries and Galloway, at Dumfries, — having had produced to me, with a Petition at the instance of (2) Joseph Watson, C/o Mrs Tremble, Elm Terrace, Penrith, —— Certificates under the hands of Daniel Gibson Pearce Thomson, and Joseph Edward Bowes, —— being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Anne Mary Watson, C/o Mrs Tremble, Elm Terrace, Penrith (Pauper) and that the said Anne 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 Anne 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 Anne Mary Watson, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries, —] this Twenty-first day of September, — One thousand nine hundred years. Two words deleted.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

[*Signature*] John Clerk

(7) Public, District, Parochial, or Private.

No. 8597

Anne Mary Watson.

Adm: 18 September 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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, at Dumfries.

The Petition of James Laurie, Inspector of Poor, Dunscore,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Hyslop, Dinning, Dunscore, your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Samuel Hyslop to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) James Laurie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twentieth (4) day of September One thousand ~~Eight hundred and~~ nine hundred 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 Hyslop
2. Sex and Age,	male 22 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Blacksmith
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dinning
7. Place where Found and Examined,	Dumfries.
8. Length of time Insane,	Symptoms a few days
9. Whether First Attack,	Second Attack
10. Age (if known) on First Attack,	20 years
11. When and where previously under Examination and Treatment (5)	Crichton Royal Institution
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dunscore
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,	Margaret Hyslop (Mother) Dinning Dunscore
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an Asylum, state date of latest admission or approximate date. If previously under Examination or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of September One thousand nine hundred ~~and~~ years.

(To be signed by the party applying) James Laurie

P. p.

T. & A. C.—Nov. 1896

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Welsh Smith
being a (1) Graduate in Medicine 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) Burgh Police Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Samuel Hyslop, Pauper Dunning, Dunscore and that the said Samuel Hyslop is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane appearance and actions excited conversation tells me that the world is practising deception upon him that his Make has enabled him to abore it. He is muddled in his head about cheese and religion.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother Alexander tells me that he could get him to return to his home last night and he wanted to go to the water to drown himself.

Name and Medical Designation, J. W. Smith M.

Place of Abode, Dunscore

DATED this twentieth day of September One thousand ~~eight hundred and~~ nine hundred.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh University in Medicine
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Police Office Buchanan St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Samuel Hyslop, Dunning Dunscore a Pauper and that the said Samuel 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) His insane & incoherent conversation and delusions Tells me that Ministers are using deception & [illegible] that he left home as prone to the worst that he was in Kept.

(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, ~~47 G~~ John Smith

Place of Abode 47 Buchanan St Dumfries

DATED this twentieth day of September One thousand ~~eight hundred and~~ nine hundred

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Welch Smith being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Burgh Police Office in the County of Dumfries, seen and personally examined Samuel Hyslop, Pauper, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

J W Smith M.B.C.M.

DATED this twentieth day of September One thousand ~~eight~~ hundred and nine Hundred.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Dumfries, Asylum to receive therein Samuel Hyslop. to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Inspector of Poor

Signature and Address James Laurie

Date 20th September 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Welch, Esquire, Honorary (4) Sheriff-Substitute of ~~the~~ (5) Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (6) James Laurie, Inspector of Poor, Dunscore, Certificates under the hands of John Welch Smith, 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 (7) Samuel Hyslop, Dinning, Dunscore, (a Pauper) and that the said Samuel Hyslop is a (8) Lunatic, a person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Samuel Hyslop as a Patient into the (9) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Samuel Hyslop, which accompanied the said Petition.

(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.

DATED [at Dumfries] this Twentieth day of September One thousand ~~eight hundred and~~ nine hundred years. Two words deleted.

To the Superintendent of the (9) Public *Asylum of* Crichton Royal Institution Dumfries

[*Signature*] Inv Clerk

(9) Public, District, Parochial, or Private.

No 8598.

Samuel Stylop.

Dunscore.

Adm. 20 Sept. 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff~~ ——— of ~~the~~ (2) ~~Kirkcudbright~~ Stewartry Dumfries and Galloway; ~~of Kirkcudbright~~ and his Substitutes, at Dumfries:

The Petition of Augusta Ellen Bryant Dunbar Machermore Castle, Newton Stewart, N.B.

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Annette Roberta Bryant Dunbar your Petitioner's (2) second daughter, ———

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Annette R. Bryant Dunbar to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(To be signed by the Party applying) A. R. Bryant Dunbar

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty sixth (3) day of September, ——— One thousand nine hundred 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,	Annette R. Bryant Dunbar.
2. Sex and Age,	Female æt 39½ years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Lady Artist.
5. Religious Persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	London principally till 1886,
7. Place where Found and Examined,	Machermore Castle, Newton Stewart;
8. Length of time Insane,	———
9. Whether First Attack,	Yes. Some time, not so acute.
10. Age (if known) on First Attack,	———
11. When and where previously under Examination and Treatment (5)	Not previously under treatment
12. Duration of Existing Attack,	About seven years
13. Supposed Cause,	Suppression—Hysteria?
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Bryant Dunbar (Mother) Machermore Castle Newton Stewart. No.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	———

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or Treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty sixth day of September ——— One thousand nine hundred years

(To be signed by the party applying) A. R. Bryant Dunbar

P p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Glas
and being in actual practice as a (2) Doctor of medicine
do hereby certify, on soul and conscience, that I have this day, at (3) Machermore in the parish of Munnigaff, in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Annette R. Nugent Dunbar Machermore Castle, Munnigaff and that the said Annette R. Nugent Dunbar is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4)
Her manner and conduct entirely changed. She secluded herself in her own room for about two years refusing to see anybody. Under the influence of some delusions.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother { Laciturn. Shuns society especially relations: but her mother and outside persons conspire to injure. Other delusions. Occasionally goes through the house and locks all the doors. Has to be asleep from the rooms and escorted home.

Name and Medical Designation, James G. Dickson. M.

Place of Abode, Woodlea, Kenton, Newcastle

DATED this twenty fifth day of September — One thousand nine hundred & zero.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Glasgow University, and Surgeon
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Annette R. Nugent Dunbar Lady Artist - Machermore Castle, Newton Stewart and that the said Annette Nugent Dunbar is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4) Manners question in a confused manner: at one time saying she is able to go about and attend to her duties, and again that she is unable to leave her room: appears forgetful and seems to have little idea of where she is or what she has been doing: altogether she is in a very depressed and feeble state mentally.

(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 27 Castle Street, Dumfries

DATED this Twenty Sixth day of September One thousand nine hundred & 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 Gibbons Dickson
being (1) a Doctor of Medicine - University of Glasgow
hereby certify, on soul and conscience, that I have this day, at (2) Machermore Castle
in the County of Kirkcudbright, seen and personally examined
Annette R. Nugent Dunbar, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

James G. Dickson. M.D.

DATED this twenty fifth day of September, — One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution
Asylum to receive therein Annette R. Nugent Dunbar
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address A R Nugent Dunbar

Date 25th September, 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, James Alexander Fleming Sheriff ~~Substitute~~ of ~~Lanark~~ Dumfries and Galloway
having had produced to me, with a Petition at the instance of (1) Annette Ellen Nugent
Dunbar. Machermore Castle Newton-Stewart
Certificates under the hands of James G. Dickson, —
and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Annette
Roberta Nugent Dunbar, Machermore Castle, Newton-Stewart, (Only daughter)
and that the said Annette Roberta Nugent Dunbar is a (3) person of
unsound mind
and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annette Roberta Nugent Dunbar, as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Annette Roberta Nugent Dunbar — which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state the fact.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty-seventh day of September, — One thousand ~~eight hundred and~~ nine hundred years. 1. seven printed words deleted.-

James A Fleming

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No 8599

Annette Roberta Nugent Dunbar

Adm. 25 September 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Wigtown and his Substitute.

The Petition of Alexander Melville Inspector of Poor Leswalt Parish Stranraer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Susan Rimer or Godfrey your Petitioner's (3) Pauper Lunatic 13 Chuchan Buildings 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 Jane Susan Rimer or Godfrey to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Alexr Melville

DATED this twenty fifth day of September One thousand nine hundred and ~~nine~~ years

(4) The date of the Petition must be within fourteen clear days ~~eight~~ following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Susan Rimer or Godfrey
2. Sex and Age,	32 Years
3. Married, Single, or Widowed,	Married. 12 years
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	13 Chuchan Buildings Stranraer
7. Place where Found and Examined,	do
8. Length of time Insane,	4 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	28
11. When and where previously under Examination and Treatment (5)	
12. Duration of Existing Attack,	Several weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No. Sometimes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Leswalt Parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husband:- John Godfrey 13 Chuchan Buildings Stranraer. Her mother died in Dumfries Asylum
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has previously in an Asylum, state date of latest or approximate date. If previously under Care or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fifth day of September One thousand nine hundred and ~~nine~~ years

(*To be signed by the party applying*) Alexr Melville

P p.

T. & A. C.—March 1899.

No 8599
Annette Roberta Nugent Dunbar
Adm. 25 September 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned,
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) physician
do hereby certify, on soul and conscience, that I have this day, at (3) 12 Shenachan Buildings, Stranraer, Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Jane Susan Rimer or Godfrey Housewife, 12 Shenachan Buildings, Stranraer, Wigtown and that
the said Mrs Jane Susan Rimer or Godfrey is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

1. The above Mrs Jane Godfrey suffers from delusions (a) that her
[illegible] have been shifted from their places: (b) that her nose is stuffed so that she cannot breathe
(c) That her eyes are closed so that she cannot see. 2. She has much motor restlessness
and muscular tremor. 3. She has marked glances. 4. She has mental weakness
[illegible], pigmentation of skin etc.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

By John Godfrey, husband of above Mrs Jane Godfrey. 1. She is very much excited at times, some nights sleeping none at all, but talking & shouting
2. She is always pulling at her mouth and tongue and if not restrained would
hurt herself. 3. She thinks she is blind and that her ears are not in their proper
4. She is unmanageable.

Name and Medical Designation, John Alexander Anderson M.B.

Place of Abode, 21 Lewis Street, Stranraer

DATED this twenty third day of September One thousand ~~eight~~ hundred ~~and~~ years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned,
being a (1) Bachelor of Medicine & Master of Surgery
Aberdeen University
and being in actual practice as a (2) Female Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 12 Shenachan Buildings Stranraer Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Jane Susan Rimer or Godfrey 12 Shenachan Buildings Stranraer and that
the said Mrs Jane Susan Rimer or Godfrey is a (5) person of
Unsound mind and a proper person to be detained
under Care and Treatment, 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 above Jane
Susan Rimer delusions such as her eyes are closed
and are shifted from their natural positions
that she has lost her teeth & tongue is coming out
mouth. She is restless at times violent & requires [illegible]

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Sarah Evening [illegible] the above Aunt: informs me
is very violent and unmanageable and that she
her face and her mouth. She requires to be fed
but at times will take no food and that she sleeps
at night ~~and is~~ very restless then [illegible]

Name and Medical Designation, Thomas Harper

Place of Abode Harbour House Stranraer

DATED this twenty third day of September One thousand ~~eight~~ hundred ~~and~~ 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 Doctor of Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Stranraer
in the County of Wigtown, seen and personally examined
Mrs Jane Susan Rimer or Godfrey, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John Alexander Anderson M.D.

DATED this twenty-third day of September One thousand ~~eight~~ nine hundred ~~and~~ Years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on)

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Jane Susan Rimer or Godfrey to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address M'Gyllicuddy

Date 25th September 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Cameron. (1) Honorary Sheriff Substitute
of the (2) Sheriffdom of Dumfries and Galloway
having had produced to me, with a Petition at the instance of (3) Alexander Rimer. Inspector of Poor. Leonard
Certificates under the hands of John Alexander Anderson M.D.
and Thomas Harper 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 Jane Susan Rimer or Godfrey a pauper and that the said Mrs Jane Susan Rimer or Godfrey is a (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 Susan Rimer or Godfrey 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 Jane Susan Rimer or Godfrey which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Stranraer] this twenty-sixth day of September One thousand ~~eight hundred and~~ nine hundred (Three words deleted)

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

(7) Public, District, Parochial, or Private.

[*Signature*] John Cameron

No 8000

Jane Susan Rimer or Godfrey

Lunacy

Adm. 25 September 1900.

N.B.—*This Form shall be in the keeping of the Superintendent of the Asylum, or the Order of the Sheriff obtained.*

[FORM A]

25 and 26 *Vict., Cap.* 54, *Sec.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Morton, 37 Queen Street, Dumfries, your Petitioner's Pauper is at present in a state of Mental Derangement, and a proper Person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Morton ——— to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty eighth — (*) day of September, — One thousand ~~eight~~ nine hundred ~~and~~ 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 Morton.
2. Sex and age,	Male, 50.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Weaver.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	37 Queen Street.
7. Place where found and examined,	37 Queen Street.
8. Length of time Insane,	few weeks.
9. Whether First Attack,	Second attack.
10. Age (if known) on First Attack,	50.
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	was in Larbert Asylum. 6 weeks, discharged a fortnight ago.
12. Duration of Existing Attack,	Not known.
13. Supposed Cause,	not known
14. Whether Subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
18. Date of becoming Chargeable,	28th September 1900.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Morrison Morton, (wife,) 37 Queen Street 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 Twentyeighth — day of September, — One thousand ~~eight~~ nine hundred and years.

(To be signed by the party applying) Miles Mc Innes

Dumfries Lunacy Records

No 8000

MEDICAL CERTIFICATE, NO. I.

(*) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(*) Physician or Surgeon, *or otherwise, as the case may be.*

(*) *Insert the Street, and number of the house (if any), or other like particulars.*

(*) *Insert Designation and Residence, and if a Pauper state so.*

(*) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Peter Murray Keir
being a (*) Graduate in Medicine of the University of Edinburgh,
and being in actual practice as a (*) General Practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (*) 37 Queen's Street, Dumfries, in the County of Dumfries separately from any other Medical practitioner, visited and personally examined (*) John Morton, pauper, 37 Queen's Street, Dumfries, and that the said John Morton 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.:—

(*) *State the facts.*

1. Facts indicating Insanity observed by myself: (*)
His insane appearance and manner.
He is restless and excited.
He is incoherent in speech.
Believes that he is being watched by people he does not know.

(*) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (*)
His wife, Elizabeth Morrison, informs me that he wanders about the room all night and that he wanders about into people's houses.

Name and Medical Designation, Peter Murray Keir M.B.

Place of Abode, 20 Castle Street Dumfries

DATED this twenty-eighth day of September, — One thousand nine hundred and — years.

MEDICAL CERTIFICATE, NO. II.

(*) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(*) Physician or Surgeon, *or otherwise, as the case may be.*

(*) *Insert the Street, and number of the house (if any), or other like particulars.*

(*) *Insert Designation and Residence, and if a Pauper state so.*

(*) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith,
being a (*) Graduate in Medicine of Edinburgh University
and being in actual practice as a (*) Physician and Surgeon
do hereby certify, on Soul and Conscience, that I have this day, at (*) The Crichton Royal Institution Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (*) John Morton, 37 Queen's Street Dumfries a pauper, and that the said John Morton, 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.:—

(*) *State the facts.*

1. Facts indicating Insanity observed by myself: (*) His insane appearance confused incoherent conversation and delusion that people are constantly watching him which makes him restless. He is also suspicious that something is persecuting his mind.

(*) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (*)

Name and Medical Designation, John Smith M.B.

Place of Abode, 37 Castle St Dumfries

DATED this twenty ninth day of September — One thousand nine hundred and — years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff.)

I, the undersigned, Peter Murray Kerr,
being (1) Graduate in Medicine,
hereby certify, on Soul and Conscience, that I have this day, at (2) 37 Loreburn Street Dumfries,
in the County of Dumfries, seen and personally examined John Morton, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum. *

(1) State Medical qualification.
(2) State place of Examination.

And I further certify that the case of the said person is one of Emergency.

*and is in a sufficiently good state of bodily health at this date, to be removed to the Asylum at Dumfries.

Peter Murray Kerr.

Dated this twenty-ninth day of September, One thousand ~~eight~~ nine hundred and ~~]~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein John Morton,
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. Inspector of Poor Dumfries

Signature and Address, Miles Mc Innes

Date, 28th Sept 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, Johnstone Clerk, Honorary Sheriff-Substitute of ~~the County of~~ Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles Mc Innes, Inspector of Poor, Dumfries, Certificates under the hands of Peter Murray Kerr, and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) John Morton, 37 Queen Street, Dumfries (aged 55) and that the said John Morton, is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Morton, as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize ~~you~~ his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said John Morton, which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated this Twenty-ninth day of September One thousand ~~eight hundred and~~ nine hundred years. Sic printed words deleted.

Johnstone Clerk

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 6604

Name. John Morton
Dumfries

Date of Admission. 28 September 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries Galloway *and his Substitutes,* at Dumfries

The Petition of Margaret Jackson.

Penrytti Villa, Belmont Park, Belfast

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert John Jackson, Penrytti Villa, Belmont Park, Belfast

(1) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (1) husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it, therefore please your Lordship to authorize the transmission of the said Robert John Jackson to the Belfast District Asylum and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Margaret Jackson.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this first (4) day of October One thousand nine hundred 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 John Jackson.
2. Sex and Age,	54 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Commercial Traveller.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous Place of Abode,	Penrytti Villa, Belmont Park, Belfast.
7. Place where Found and Examined,	
8. Length of time Insane,	12 months.
9. Whether First Attack,	No. third
10. Age (if known) on First Attack,	51 years.
11. When and where previously under Examination and Treatment (5)	Has been under treatment before.
12. Duration of Existing Attack,	12 months
13. Supposed Cause,	Business worries.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest Order or appended hereto. If previously under Certificate or treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first day of October One thousand nine hundred years.

(To be signed by the party applying) Margaret Jackson

P p

T. & A. C.—Nov. 1899.

Name John Morton
Dumfries
Date of Admission 28 September 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Whytlock Leslie
being a (1) Medical Doctor MD
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Belmont
Strandtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Robert John Jackson
and that
the said Robert John 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)
He is under the impression he is Christ, he abstains
refuses to take food which has to be forcibly administered

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He imagines he is unable to walk

Name and Medical Designation, Richard Whytlock Leslie
Place of Abode, St. Helier's Strandtown
DATED this 28th day of September One thousand
hundred 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, Frederick Hugh Clarke
being a (1) Physician and Surgeon - (Bachelor of Medicine
and Master in Surgery of Glasgow University)
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton
Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Robert John Jackson (of
Traveller, Fernyhirst Villa, Belmont Park Belfast and that
the said Robert John 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) He is depressed
shows an almost complete want of memory
says he cannot speak and has the delusion

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fred Hugh Clarke M.B.
Place of Abode Charlotte Street Dumfries
DATED this first day of October One thousand
hundred 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 Whytock Leslie
being (1) M.D. Edinb. M.R.C.S.
hereby certify, on soul and conscience, that I have this day, at (2) Belmont Park
in the County of Down, seen and personally examined
Robert John Jackson, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) The Crichton Institute Dumfries
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Richard W. Leslie

DATED this 29th day of September 1900

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Robert John Jackson
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Wife
Signature and Address, Margaret Jackson Ponyth Villa Belmont Park Belfast
Date, 29th September 1900

Date 30th Sept 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Alexander Homeyer, Sheriff of ~~of the~~ (2) Dumfries and Galloway
having had produced to me, with a Petition at the instance of (3) Margaret Jackson Ponyth Villa, Belmont Park, Belfast
Certificates under the hands of Richard Whytock Leslie
and Frederick Hugh Clarke being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert John Jackson Ponyth Villa, Belmont Park, Belfast (Date Recorded) and that the said Robert John Jackson is a (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 John Jackson as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert John Jackson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this First day of October
One thousand nine hundred years.

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(7) Public, District, Parochial, or Private.

[Signature] James A. Finnemey

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Wigtoft Leslie
being a (1) Medical Doctor. MD
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Belmont Rd Strandtown in the County of Down separately from any other Medical Practitioner, visited and personally examined (4) Robert John Jackson and that the said Robert John 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)
He is under the impression he is Clothing. He absolutely refuses to take food which has to be forcibly administered.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information and from whom derived.*

Name and Medical Designation,
Place of abode,

DATED this day of One thousand eight hundred and

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Frederick Hugh Clarke
being a (1) Physician and Surgeon - (Bachelor of Medicine and Bachelor in Surgery of Glasgow University)
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Trinketo Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert John Jackson (Commercial Traveller. Penryth Villa. Belmont Park Belfast and that the said Robert John 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) He is depressed. Shows an almost Complete want of memory. Says he cannot speak and has the delusion

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fred Hugh Clarke M.B.
Place of Abode Charlotte Street Dumfries

DATED this first day of October One thousand nine hundred 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 Whytock Leslie
being (1) M.D. Queen's U.I.
hereby certify, on soul and conscience, that I have this day, at (2) Belmont Park
in the County of Down, seen and personally examined
Robert John Jackson, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) The Crichton Institute Dumfries
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Richard W. Leslie

DATED this 28th day of September One thousand nine hundred and seven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, }

Signature and Address

Date 30th Sept 1907

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Alexander Homer, Sheriff of
of the (1) Dumfries and Galloway
having had produced to me, with a Petition at the instance of (2) Margaret Jackson Forsyth Villa, Belmont Park, Belfast
Certificates under the hands of Richard Whytock Leslie
and Frederick Hugh Clarke, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Robert John Jackson, Forsyth Villa, Belmont Park, Belfast (Date Examined), and that the said Robert John Jackson 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 Robert John Jackson as a Patient into the (5) Public Asylum of Crichton Royal Institution and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert John Jackson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this First day of October
One thousand nine hundred and seven.

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dalbeth

(7) Public, District, Parochial, or Private.

[Signature] James A. Finnemy

No 8602

Robert John Jackson

Adm. 29 September 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— *of the* Dumfries & Galloway, of —— *and his Substitutes*— at Dumfries:

The Petition of Henry Salomon, Bootmaker, 8 Castle Terrace, Edinburgh, ——

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Frederick Samuel Salomon, 8 Castle Terrace, Edinburgh your Petitioner's (2) Son, ——

(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 Frederick Samuel Salomon, —— to the Crichton Royal Institution, Dumfries and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Henry Salomon

DATED this Third — (3) day of October, —— One thousand nine hundred years.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Frederick Samuel Salomon.
2. Sex and Age,	Male. 22.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Apprentice Draper.
5. Religious Persuasion, so far as known,	Jew.
6. Previous Place of Abode,	8 Castle Terrace. Edinburgh.
7. Place where Found and Examined,	Dumfries.
8. Length of time Insane,	Two weeks.
9. Whether First Attack,	Second.
10. Age (if known) on First Attack.	21.
11. When and where previously under Examination and Treatment (3)	Crichton Royal Institution, 30 May 1899.
12. Duration of Existing Attack,	Two weeks.
13. Supposed Cause,	Congenital defect.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Henry Salomon - Father - 8 Castle Terrace. Edinburgh.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

(3) If patient has previously in an Asylum, state the date of latest admission or approximate thereto. If previously under Examination or Treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third — day of October, —— One thousand nine hundred years.

(To be signed by the party applying) Henry Salomon

T. & A. C.—Nov. 1899.

Pp

Robert Adams Jackson
No 8002

MEDICAL CERTIFICATE, No I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Glasgow University and Surgeon
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 27, Castle Street, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Frederick Samuel Solomon, apprentice draper, 8 Castle Terrace, Edinburgh and that the said Frederick Samuel Solomon is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 of feeble intellect: talks about moving around the County without any definite object in view, and in a way that can only be called erratic and irrational.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by Meyer Salomon – his father – that he appears incapable to follow any occupation; has tried a number of things but soon gives them up, or does something peculiar, and is not longer wanted.

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, 27 Castle Street, Dumfries

DATED this Second day of October, One thousand nine hundred 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 Keay,
being a (1) Fellow of the Royal College of Physicians of Edinburgh,
and being in actual practice as a (2) Physician,
do hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Frederick Samuel Salomon apprentice draper, from 8 Castle Terrace, Edinburgh and that the said Frederick Samuel Salomon, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, 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, appearance, and conversation are those of a feeble minded person. He tells me he felt depressed and unable to occupy himself in any way, so much so that he has come back to the Asylum of his own accord.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Robert McOdir, Head Attendant, Crichton Institution tells me that Mr F. S. Salomon cannot employ himself in an insane way. That he cannot settle to anything. That he has been running about the country in an aimless way, and that he is unable to take care of himself.

Name and Medical Designation, John Keay M.D. F.R.C.P.E.

Place of Abode District Asylum, Dumfries

DATED this Third day of October One thousand nine hundred 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.
in the County of Dumfries, seen and personally examined Frederick Samuel Salomon, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Alex Thomson MD.

DATED this Second day of October, One thousand nine hundred years.—

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Frederick Samuel Salomon to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address Henry Salomon

Date 2nd October 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Simpson, (1) Sheriff-Substitute of the (2) Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (3) Henry Salomon, Bootmaker, 8 Castle Terrace, Edinburgh, Certificates under the hands of Alexander Thomson, and John Keay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Frederick Samuel Salomon, Apprentice Draper, Castle Terrace Edinburgh, and that the said Frederick Samuel Salomon, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE YOU to receive the said Frederick Samuel Salomon, 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 Frederick Samuel Salomon, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries,] this Fourth day of October, One thousand nine hundred years.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

[*Signature*] Geo Simpson

(7) Public, District, Parochial, or Private.

No 8603

Frederick Samuel Salomon

Adm. 2 October 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* Dumfries & Galloway *and his Substitutes,—*

The Petition of Alexander Kirkland, 8 Sandyford Place, Glasgow, at Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine McLaren Scotland or Kirkland, 8 Sandyford Place Glasgow your Petitioner's (2) 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 McLaren Scotland or Kirkland to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Alex Kirkland

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of October One thousand nine hundred 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,	Catherine McLaren Scotland or Kirkland
2. Sex and Age,	Female. Sixty four
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Housekeeper.
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	8 Sandyford Place, Glasgow
7. Place where Found and Examined,	Four Months
8. Length of time Insane,	First
9. Whether First Attack,	
10. Age (if known) on First Attack,	Four months.
11. When and where previously under Examination and Treatment (3)	Lactation + domestic strain
12. Duration of Existing Attack,	no
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	Sometimes Violent
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Jessie Scotland, 8 Franklin Ter. Glasgow (mother) Aunt of Patient
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(3) If patient has been previously in an Asylum or Hospital, state the date of latest admission or approximate date thereto. If patient has been previously under medical observation or treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twelfth day of October One thousand nine hundred

(To be signed by the party applying) Alex Kirkland

P p

T. & A. C.—Nov. 1890.

No 8002
Frederick Samuel Salaman
Dated 2 October 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 London Reid
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 8 Sandyford Place, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Catherine Mc Laren Scotland or Kirkland, 8 Sandyford Pl. Glasgow and that the said Catherine Mc. Laren Kirkland or Kirkland is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 suspicious of her relatives wishing to do her harm. She tells me that her soul is lost and that the house (her husbands house) is closing in to crush her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband, Mr Kirkland tells me that she is often violent, has called him Satan and has attempted to do him bodily injury.

Name and Medical Designation, William L. Reid M.D.

Place of Abode, 7 Royal Crescent Glas

DATED this twelfth day of October One thousand nine hundred.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Holmes
being a (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh.
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 8 Sandyford Place, Glasgow in the County of City of Glasgow. separately from any other Medical Practitioner, visited and personally examined (4) Catherine Mc Laren Scotland or Kirkland 8 Sandyford Pl. Glasgow and that the said Cath. Mc L. Scotland or Kirkland is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 suffering from delusions as that she is a "lost soul", also that other persons in the house are Satan. She is very excitable in her manner.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Kirkland informs me that she has told him that he could burn with two or three people. Also that she was at times very violent.

Name and Medical Designation, Thomas Holmes L.R.C.P.

Place of Abode 6 Derby Ter Glas

DATED this 12th day of October One thousand nine hundred 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 Holmes
being (1) Licentiate of the Royal College of Physicians & Surgeons Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) 8 Sandyford Pl. Glasgow
in the County of City of Glasgow, seen and personally examined
Catherine McLaren Scotland or Kirkland, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton, Dumfries
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Thomas Holmes

DATED this twelfth day of October One thousand nine hundred & two.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Catherine Mc Laren Scotland or Kirkland to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address Alex McClelland, 8 Sandyford Place, Glasgow

Date twelfth October 1902.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Alexander Fleming (1) Sheriff of ~~the (2)~~ Dumfries and Galloway, having had produced to me, with a Petition at the instance of (3) Alexander Kirkland 8 Sandyford Place, Glasgow, Certificates under the hands of William London Reid, and Thomas Holmes, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mc Laren Scotland or Kirkland 8 Sandyford Place, Glasgow, and that the said Catherine McLaren Scotland or Kirkland is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine McLaren Scotland or Kirkland 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 Catherine McLaren Scotland or Kirkland, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Authorities to describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries, ——] this fifteenth day of October, —— One thousand nine hundred years. Two words deleted.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(7) Public, District, Parochial, or Private.

[Signature] James A. Fleming

No 81004

Catherine McLaren Scotland or Kirkcaldy

Adm. 12 October 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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,—at* Dumfries.

The Petition of Sarah ann Irving, Globe Court, High Street, Annan,

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that George Irving Globe Close, High Street Annan, 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 George Irving, to the Royal Crichton Asylum, and to sanction his admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Sarah Ann Irving.

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twelfth – (4) day of October, — One thousand ~~eight~~ nine hundred ~~and~~ years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Irving.
2. Sex and Age,	male. 59 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Labourer,
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	—
7. Place where Found and Examined,	Globe Close, High St. Annan.
8. Length of time Insane,	ten days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	Ten days.
13. Supposed Cause,	Fright.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
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,	Sarah ann Irving, Globe Court High St. Annan, – his sister. – none.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If has been in an asylum state latest previously under treatment.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12th day of October — One thousand ~~eight~~ nine hundred ~~and~~ years.

(*To be signed by the party applying*) Sarah Ann Irving

P. p.

T. A. C.—March 1896.

No 81014
Bank of Scotland by Kirkcaldy
Annan 12 October 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Victoria University and being in actual practice as a (2) Genral Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Globe Close, High Street, Annan, in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) George Irving, and that the said George Irving, is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His look & manner completely altered, not once declare Idiocy, He was from birth always more or less an Imbecile.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sleepless, restless, unmanageable, but harmless. - Refuses food, suspicion of everything & everybody.

Name and Medical Designation, D. Mackenzie, M.B. V.C.M.

Place of Abode, 19 Scott St. Annan.

DATED this 12th day of October, One thousand eight hundred and 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 Lindsay Howie being a (2) Bachelor of Medicine & master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Globe Close, High St. Annan, in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) George Irving, High St. Annan, and that the said George 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) He is in an excited tremulous state, & has an aspect of great anxiety. His face is void of intelligence, he refuses to take food evidently cannot be at rest.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His sister, Miss Irving, states that he has always been of weak mind, but of late he has become very excitable, is subject to delusions, refuses to take food, & sleeps very little.

Name and Medical Designation, J. Lindsay Howie, M.B.

Place of Abode Eduan House, Annan

DATED this twelfth day of October, One thousand eight hundred and years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Lindsay Howie
being (1) a MB & Ch of Glasgow Univ
hereby certify, on soul and conscience, that I have this day, at (2) Annan,
in the County of Dumfries, , seen and personally examined
George Irving, , and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

I hereby request the Superintendent of the Crichton Royal
Asylum to receive therein George Irving
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Sister

Signature and Address Sarah Ann Irving

Date 12th October 1900

to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Alexander Hornyng, Sheriff of
~~of the~~ (2) Dumfries and Galloway,
having had produced to me, with a Petition at the instance of (3) Sarah
Ann Irving Hole Court High Street Annan
Certificates under the hands of Daniel Mackenzie
and John Lindsay Howie, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
George Irving Hole Bloe High Street Annan (Sole Brother)
and that the said
George Irving, is a (5) Lunatic, a person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Irving, as a Patient into the (6) Public Asylum of Crichton Royal Institution 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 George Irving, which accompanied the said Petition.

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries this Fifteenth day of October,
~~One thousand eight~~ hundred ~~and~~ years. Five words deleted.

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

[*Signature*] James A. Hornyng

(7) Public, District, Parochial, or Private.

No 8005

George Irving

Adm. 12 October 1900.

15,383. [FORM B.]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY SCOTLAND 12 DEC 1903

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned John Laurie Inspector of Poor Annan being desirous to transfer Thomas M'Kellar at present a Patient in Melrose District 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 near Dumfries, do submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

(1) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	Thomas M'Kellar
2. Sex and Age,	Male age 64 years.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and Previous Occupation (if any),	Clerk.
5. Religious Persuasion, so far as known,	Protestant.
6. Parish to which the Lunatic (if a Pauper) is Chargeable,	Annan
7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of the Family known to be, or to have been Insane,	Mrs Ann Leckie 136 High Street Annan Sister. No member of family known to have been insane so far as known.

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(Signature of Applicant) John Laurie

(2) Inspector of Poor

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED this Tenth day of October One thousand ~~eight hundred and~~ nine hundred years.

N.B.—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned John Carlyle Johnstone

(1) Name Asylum. hereby certify that I have this day at (1) Roxburgh District Asylum personally examined Thomas McLellan who has been

(2) Insert Date of Admission. Patient in said Asylum since (2) 8 October 1900 and I certify that

(3) Insert "is," or "is not," as the case may be. the said Patient is a person of unsound mind, (3) is not epileptic, (3) is not suicidal,

(4) Describe Mental State. (3) is not dangerous to others. I also certify, with respect to the Mental State of the Patient, that (4)

He is enfeebled and confused and suffers from impairment of memory, and he labours under the delusions that his relatives in collusion with a firm of lawyers in Dumfries have set rumours spread defamatory statements about him, succeeded in keeping him out of property which an uncle left him.

(5) Describe Bodily State. and with respect to the Bodily State of the Patient, that (5)

It is feeble and prematurely aged.

and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Crichton Royal Institution Asylum inadvisable; and

(6) Insert "the following are," or "there are no," as the case may be. I further certify that (6) there are no facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient:—

(Signature) John Carlyle Johnstone.

(Medical Qualification) M.D.

(Date) 11 October 1900.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Thomas McLellan,
from Roxburgh District Asylum,
to Crichton Royal Institution, Dumfries,
and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

J. W. d Heriot Secretary

DATED at Edinburgh, this 12th day of October (1900) thousand ~~eight hundred and~~ nine hundred.

Date of Sheriff's Order [*to be inserted at the Office of Board*]

10th October 1900.

No 8000
Thomas McLellan
Roxburgh
Adm. 8 October 1900

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.*

[Form A]

25 and 26 *Vict., Cap.* 54, *Sec.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes—at Dumfries,

The Petition of Miles M'Innes, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Agnes Paterson or M^c^Kay 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 Agnes Paterson or M^c^Kay to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(To be signed by the Party applying) (S)....Miles M^c^Innes.....

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Sixteenth (*) day of October One thousand ~~eight~~ nine hundred ~~and~~ 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 Paterson or M^c^Kay
2. Sex and age,	Female — 62 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Nurse
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	34 Church Crescent Dumfries
7. Place where found and examined,	Do Do
8. Length of time Insane,	about a week
9. Whether First Attack,	No — Third
10. Age (if known) on First Attack,	40 years
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Crichton Royal Institution Dumfries about a year ago.
12. Duration of Existing Attack,	not known
13. Supposed Cause,	Depression
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,	16th October 9no.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	M^c^ Martin, Tailor + Clothier, Church Crescent Dumfries, 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 Sixteenth day of October One thousand ~~eight~~ nine hundred and years.

(To be signed by the party applying).....Miles M^c^ Innes.....

MEDICAL CERTIFICATE, NO. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Peter Murray Kerr

being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh

and being in actual practice as a (2) General Practitioner

do hereby certify, on Soul and Conscience, that I have this day, at (3) 34 Church Crescent Dumfries in the County of Dumfries separately from any other Medical practitioner, visited and personally examined (4) Agnes Paterson a McKay pauper 34 Church Crescent Dumfries and that the said Agnes Paterson 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)

An insane appearance and manner she is incoherent in speech: talks continuously to herself. complains of sleeplessness. She wanders about in a very aimless

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Andrew Martin. her brother-in-law, informs me that she mutters and talks all night. seems sleeps and that she is worse still a

Name and Medical Designation, Peter Murray Kerr M

Place of Abode, 30 Castle Street Dumfries

DATED this sixteenth day of October One thousand ~~nine~~ hundred and year.

MEDICAL CERTIFICATE, NO. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, George R. Livingston

being a (1) Bachelor of Medicine & Master of Surgery of Edinburgh University

and being in actual practice as a (2) Physician & Surgeon

do hereby certify, on Soul and Conscience, that I have this day, at (3) Crichton Royal Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Paterson a McKay Pauper and that the said Agnes Paterson 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)

Her insane appearance Rambling incoherent conversation. Answers all questions by saying she is greatly depressed, and that her affairs are in a dreadful state

(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, George R Livingston M.B. C.M.

Place of Abode, 38 George St Dumfries

DATED this nine day of October One thousand ~~eight~~ hundred and Forty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff.)

I, the undersigned, Peter Murray Kerr
being (1) Graduate of Medicine
hereby certify, on Soul and Conscience, that I have this day, at (2) 34 Church Crescent Dumfries
in the County of Dumfries, seen and personally examined Agnes Paterson or McKay, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State Medical qualification.
(2) State place of Examination.

And I further certify that the case of the said person is one of Emergency.

* and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

Peter Murray Kerr

Dated this sixteenth day of October One thousand ~~eight~~ nine hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein Agnes Paterson or McKay, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor Dumfries

Signature and Address, Miles Mc Innes 25 Queen St

Date, 16th Oct 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, George Sampson, Sheriff-Substitute of ~~the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles Mc Innes, Inspector of Poor, Dumfries, Certificates under the hands of Peter Murray Kerr, and George B Livingston, being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Agnes Paterson or McKay, 34 Church Crescent Dumfries (a Pauper) and that the said Agnes Paterson or McKay is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Paterson or McKay, as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Agnes Paterson or McKay which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated this Seventeenth day of October One thousand ~~eight hundred and~~ nine hundred years. Six words deleted

Geo: Sampson

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8007

Name Agnes Paterson or McHarg
Dumfries

Date of Admission 16 October 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the Dumfries Galloway, of _____ *and his Substitutes,* at Dumfries:

The Petition of James Marshall, Wright, Cambridge Villa, 26 Kelvinside Gardens, Glasgow:

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Rachel Barclay Marshall, 26 Kelvinside Gardens, Glasgow, 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 Rachel Barclay Marshall to the Royal Crichton Institution, and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying.) James Marshall

DATED this Seventeenth day of October, One thousand nine hundred and twenty-six.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rachel ~~Baldwin~~ Barclay Marshall.
2. Sex and Age,	Female - 42 -
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,	26 Kelvinside Gardens West.
7. Place where Found and Examined,	do
8. Length of time Insane,	More than 12 months.
9. Whether First Attack,	First.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (3)	—
12. Duration of Existing Attack,	More than 12 months.
13. Supposed Cause,	Unascertainable.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Marshall 26 Kelvinside Gardens West. Sister. (Brother)
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(3) If patient has previously been under treatment, state date of latest admission or approximate thereto. If not previously under examination or treatment state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventeenth day of October One thousand nine hundred and twenty-six.

(To be signed by the party applying.) James Marshall

T. & A. C.—Nov. 1899.

Name Agnes Paterson or Mr. Ross
Dumfries
10 October 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Henry Yarrett Wilson, ——————
being a (1) Graduate in Medicine (M.B. Edin.) Edinburgh University, ——————
and being in actual practice as a (2) Physician, ——————
do hereby certify, on soul and conscience, that I have this day, at (3) 26 Kelvinside Gardens, Glasgow, ——————
in the County of ~~the City of Glasgow~~, separately from any other Medical Practitioner, visited and personally examined (4) Rachel Barclay Marshall, presently residing at 26 Kelvinside Gardens, Glasgow, —— and that the said Rachel Barclay Marshall, —— is a (5) person of unsound mind, ——————
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She states that she is without love in this world & she must & is condemned to eternal punishment. She says that she has fainting ~~and~~ on the way Home & hear to pass pr - whereas there are no grounds for such statements. Had fainting being true she says she can do no work - whereas she is a good needlewoman. Her appearance and manner are unsatisfactory & depressed.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) As well as she is constantly hopeless about her spiritual condition. Frequently communicates with him to her visits for spending money. She says on the way Home. -

Name and Medical Designation, Henry Yarrett Wilson. M.B. C.

Place of Abode, 5 St James Terrace. Glasgow.

DATED this Seventh —— day of October, —— One thousand nine hundred 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 Fraser Macdonald ——————
being a (1) Bachelor of Medicine & Master in Surgery University of Edinburgh, ——————
and being in actual practice as a (2) Physician, ——————
do hereby certify, on soul and conscience, that I have this day, at (3) 26 Kelvinside Gardens, Glasgow, ——————
in the County of ~~the City of Glasgow~~, separately from any other Medical Practitioner, visited and personally examined (4) Rachel Barclay Marshall, presently residing at 26 Kelvinside Gardens, Glasgow, and that the said Rachel Barclay Marshall, — is a (5) person of unsound mind, ——————
and a proper person to be detained under Care and Treatment, 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 cheerless: depressed: has delusions that she is unable to walk: can stand: that she is unable to take food, and that it cannot do her any good: that she is lost and unfit to live

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Miss Marshall (sister) says for more than a year she has been depressed: that she has had delusions: that she could not walk & do anything: that she had no desire to live hoping an untimely death: she has a great repugnance to see anyone

Name and Medical Designation, William Fraser Macdonald

Place of Abode 16 Buckingham Terrace. G.

DATED this Eighth day of — October, — One thousand nine hundred 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 Lang Macdonald, —— being (1) Bachelor of Medicine Master in Surgery, Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 26 Kelvinside Gardens in the County of Lanark, seen and personally examined Rachel Barclay Marshall, ——, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton Royal Institution Dumfries. —

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

W. J. Macdonald M.B. Ch.B.

DATED this Eighteenth day of —— October, —— One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Rachel Barclay Marshall —— to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature and Address Agnes Marshall Cambridge Villa 26 Kelvinside Gardens Glasgow.

Date 17th October 1902.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute of Dumfries ~~of the~~ (1) and Galloway, at Dumfries, —— having had produced to me, with a Petition at the instance of (2) James Marshall, Wright, Cambridge Villa, 26 Kelvinside Gardens, Glasgow, Certificates under the hands of Henry Garnett Wilson, —— and William Laver 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 (3) Rachel Barclay Marshall, 26 Kelvinside Gardens Glasgow, and that the said Rachel Barclay Marshall, 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 Rachel Barclay Marshall, as a Patient into the (5) Public —— Asylum of Crichton Royal Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Rachel Barclay Marshall, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(5) Public, District, Parochial, or Private.

DATED [at Dumfries, —] this Nineteenth day of October, — One thousand nine hundred years. Two words deleted

To the Superintendent of the (5) Public *Asylum of* Crichton Royal Institution, Dumfries.

(5) Public, District, Parochial, or Private.

[Signature] Geo. Campion

No 8608

Rachel Barclay Marshall

Adm 17 October 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) ~~Shire~~ *of* Dumfries ~~Galloway~~ *and his Substitutes*, — at Dumfries

The Petition of Robert Park, Inspector of Poor, Hoddom;

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Halliday,

(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 Halliday, — to the Crichton Royal Institution — and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Robt Park

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 17th (4) day of October, — One thousand ~~eight hundred and~~ nine hundred.

STATEMENT.

If any 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 Halliday.
2. Sex and Age,	Female - 18 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,	Annan.
7. Place where Found and Examined,	Ecclefechan.
8. Length of time Insane,	Three days.
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	18 years.
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	Three days.
13. Supposed Cause,	not known.
14. Whether subject to Epilepsy,	not.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Hoddom Parish.
18. Date of becoming Chargeable,	17th October, 1900.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Halliday - Ecclefechan - (Father),
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If not previously under observation or treatment, state the fact.

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 nine hundred.

(To be signed by the party applying) Robt Park P. p.

T. & A. C.—Mch. 1895.

No 8008
Rachel Barclay Murchison
Date 1st October 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Stevenson, being a (1) Bachelor of Medicine & Bachelor of Surg[illegible] the University of Glasgow, and being in actual practice as a (2) Physician Cloffes, do hereby certify, on soul and conscience, that I have this day, at (3) Ecclefechan, in the County of Dumfriesshire, separately from any other Medical Practitioner, visited and personally examined (4) Lizzie Halliday, Pauper, Cloffes Ecclefechan and that the said Lizzie Halliday, is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Talks incoherently
Hates Stones in hands
Refuses to take food or medicine
She says is poisoned. She is Mania

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has been ailing for some time
and has written incoherently
letters.

Name and Medical Designation, James Stevenson M.B.C.

Place of Abode, 4 & 5 Lower Ecclefechan (acting

DATED this 16th day of October, One thousand eight hundred and .

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gilroy, being a (1) Bachelor of Medicine & Master of Surgery of the Uni[illegible] Surgeon, and being in actual practice as a (2) Physician Surgeon, Ecclefechan in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Lizzie Halliday, Pauper, Cloffes Ecclefechan and that the said Lizzie Halliday is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6).
She is in a state of acute Mania raving and delirious muttering incoherent sentences such as that the doctors are haunting her and wish to poison her.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother Mrs Halliday tells me that she spoke to her that Mr Peebles the Minister Cumnock preached about her.

Name and Medical Designation, James Gilroy M.B. C.M.

Place of Abode Waterbeck Ecclefechan

DATED this 16th day of October, One thousand eight hundred and .

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Francis Stevenson,
being (1) Bachelor of Medicine & Bachelor of Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Closeburn, Ecclefechan,
in the County of Dumfries, seen and personally examined Lizzie Halliday, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualifications.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency: and in a suspected good state of bodily health & to be removed to the asylum at Dumfries.

Francis Stevenson M.B.C.M.

DATED this 16th day of October One thousand ~~eight~~ nine hundred ~~and~~

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Elizabeth Halliday to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Robt Park. Ecclefechan

Date 17th October 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(Form 3.)

I, George Campion, (1) Sheriff Substitute, of ~~the~~ (2) Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (3) Robt Park, Inspector of Poor, Haddom, Certificates under the hands of Francis Stevenson, and James Grieve, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Halliday, Domestic Servant, Ecclefechan, and that the said Elizabeth Halliday, is a (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 Halliday, as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Halliday, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Nineteenth day of October, One thousand ~~eight hundred and~~ nine hundred years. Two words deleted.

Geo. Campion

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(7) Public, District, Parochial, or Private.

No 8609

Elizabeth Halliday

Hoddesdon

Admn 14 October 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER 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 James Menzies Austin, Inspector of Poor of the Parish of Urr, Dalbeattie;

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that John Hume, Labourer, Haugh of Urr, 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 Hume to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) J. M. Austin

(3) The date of the Petition must be within fourteen clear days ~~eight hundred and~~ following the dates of the Medical Certificates.

DATED this nineteenth (3) day of October, One thousand ~~eight hundred and~~ nine hundred 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 Hume.
2. Sex and Age,	male. 60.
3. Married, Single, or Widowed,	widowed.
4. Condition of Life, and previous Occupation (if any),	Labourer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Haugh of Urr.
7. Place where Found and Examined,	Haugh of Urr.
8. Length of time Insane,	supposed a week or so.
9. Whether First Attack,	Yes. as far as I can ascertain.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (4)	—
12. Duration of Existing Attack,	about a week.
13. Supposed Cause,	cant tell.
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,	Urr.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs Mary Jane Hoey, Dunrod Crossing Crossmichael — a daughter. no.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(4) If Patient has previously in an Asylum, state date of latest or approximate thereto. If previously under Medical or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this nineteenth day of October One thousand ~~eight hundred and~~ nine hundred Years.

(*To be signed by the party applying*) J. M. Austin.

T. & A. C.—Oct. 1898.

T p.

Elizabeth Holliday No 8609

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Samuel Archibald David Gillespie ——
being a (1) Bachelor of Medicine & Master in Surgery (Univ
and being in actual practice as a (2) General practitioner,
do hereby certify, on soul and conscience, that I have this day, at (3) Haugh of
——— By Dalbeattie ———— in the County of
Kirkcudbright, ——, separately from any other Medical Practitioner,
visited and personally examined (4) John Hume, Labourer,
Haugh of Urr, ———— and that
the said John Hume ——— is a (5) person of
unsound mind, ——— and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Say everybody is persecuting him - is very morose & melancholy - has two superficial cuts on neck probably due to knife. Does not think he is in his own house.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Elizabeth McCormick & John Riddick. Both guild Johnson running about looking for ~~knife~~ knives & bottles containing poison. Saw him make the cut on his neck with a pen knife. Not noticed deep enough he was found later in day sharpening it - not slept for some nights. Won't eat anything.

Name and Medical Designation, } D. A. D Gillespie
M B & Ch Edin
Place of Abode, Alma, Dalbeattie

DATED this eighteenth day of October, One thousand ~~eight hundred and~~ nine hundred 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, Alford William Anderson ——
being a (1) Bachelor of Medicine Master in Surgery (Univ
and being in actual practice as a (2) General practitioner ——
do hereby certify, on soul and conscience, that I have this day, at (3) Haugh of
Kirkcudbright, —— in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Hume, Labourer ——
Haugh of Urr, pauper, ———— and that
the said ——— John Hume, ——— is a (5) person of
unsound mind ——— and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Labours under the insane delusions that something dreadful is happening to him - says he is for ever ill. He is nervous & excitable at times - at other times dull and apathetic.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Elizabeth McCormick - says he is dangerous to others when he gets excited. threatened to cut her throat & did her - attempted to cut his own throat but was with difficulty restrained.

Name and Medical Designation, } A W Anderson
Place of Abode Craigland Dalbeattie

DATED this Nineteenth day of October One thousand ~~eight hundred and~~ nine hundred 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, Alford William Anderson
being (1) Bachelor of Medicine & Master of Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Haugh of Urr
in the County of Kirkcudbright, seen and personally examined
John Hume, Labourer, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

A W Anderson

DATED this 19th day of October One thousand ~~eight hundred and~~ nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution
~~Asylum~~ to receive therein John Hume
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address J Maustin. Dalbeattie.

Date 19 Sept 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clark, Honorary Sheriff Substitute of
~~of the~~ (1) Dumfries and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (2) James Monyeo
Austin, Inspector of Poor, Dn. Dalbeattie
Certificates under the hands of Samuel Archibald David Gillespie,
and Alford William Anderson being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John Hume, Labourer, Haugh of Urr, (a Pauper) and that the said
is a (5) John Hume, person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Hume, as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize you to Transmission to the said Asylum accordingly; and I transmit to you herewith the said Medical Certificates, and a Statement regarding the said John Hume, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries,] this twentieth day of October, One thousand ~~eight hundred and~~ nine hundred years. This words deleted

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

[*Signature*] John Clark

(7) Public, District, Parochial, or Private.

No 8010

John Rowe

Admr. 19 October 1900.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of ~~Dumfries~~ and his Substitutes,—The Petition of Alexander Sinclair Nicol Inspector of Poor in the parish of Cummertrees;

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Wightman, a pauper, your Petitioner's (3) residing at Powfoot, in said Parish, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Wightman to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A. Sinclair Nicol

(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 October — One thousand eight hundred and Nine hundred ~~and~~ 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 Wightman
2. Sex and Age,	Female - 70 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Pauper.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Powfoot.
7. Place where Found and Examined,	Powfoot
8. Length of time Insane,	
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	70.
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	over 20 years
13. Supposed Cause,	Laudanum drinking.
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,	Cummertrees.
18. Date of becoming Chargeable,	14 June, 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,	James Wightman Kelhead, Cummertrees. Brother - Not known.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an Asylum, state date of latest admission, or approximate thereto. If previously under Certification or treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Nineteenth day of October One thousand ~~eight~~ Nine hundred and ~~years~~

(To be signed by the party applying) A. Sinclair Nicol

P. P.

T. & A. C.—Mch. 1895.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Crawford Blair Lucas
being a (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow & Edinburgh,
and being in actual practice as a (2) Surgeon,
do hereby certify, on soul and conscience, that I have this day, at (3) Powfoot Cummertrees, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Jane Wightman, residing at Powfoot a Pauper, and that the said Jane Wightman, is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She rambles in her speech, violent sometimes, loss of memory, has been addicted to take opium as much as 2 ounces at once.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) since she has had her nightgown on fire is at certain times unmanageable.

Name and Medical Designation, C B Lucas L R C P & S E.

Place of Abode, Park House Annan

DATED this eighteenth day of October — One thousand ~~eight~~ hundred ~~and~~ 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 Murdoch
being a (1) Doctor of Medicine of Edinburgh University
and being in actual practice as a (2) physician and surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Powfoot, Cummertrees, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Wightman residing at Powfoot a Pauper and that the said Jane Wightman, is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is much enfeebled memory is superficial & is often rambling & incoherent in conversation. She rambled incessantly about there being a man in her bed which was not the case. I have known her for years as a confirmed tendencies drinker.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her neighbours say that she is often violent & smashes furniture & other things about her rooms. She is getting quite unmanageable.

Name and Medical Designation, Wm Murdoch M. D.

Place of Abode 14 St. Johns Road Annan

DATED this seventeenth day of October, — One thousand ~~eight~~ hundred ~~and~~ 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, Crawford Blair Lucas
being (1) Licentiate of the Faculty of Physicians Surgeons of Glasgow & Edinburgh,
hereby certify, on soul and conscience, that I have this day, at (2) Powfoot
in the County of Dumfries, , seen and personally examined
Jane Weightman, , and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency: Dept
the patient is in a sufficiently good state of bodily health
to be removed to C.R. Lucas
the Crichton mutual Dumfries.

DATED this eighteenth day of October, One thousand ~~eight~~ nine
hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal
Asylum to receive therein Jane Weightman
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Alexander Sinclair Nicol, Cummertrees Mains

Date 19 Oct. 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clark Honorary Sheriff-Substitute
of ~~the~~ (3) Dumfries and Galloway, at Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander
Sinclair Nicol Inspector of Poor, Cummertrees
Certificates under the hands of Crawford Blair Lucas
and William Murdoch, , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Weightman Powfoot, Cummertrees (a Pauper) and that the said
Jane Weightman, is a (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 Weightman as a Patient into the
(6) Public Asylum of Crichton Royal Institution and I authorize you
to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Weightman,
which accompanied the said Petition.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Twentieth day of October, Nineteen One thousand eight
hundred ~~and~~ years. Six words deleted.

John Clark

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

(7) Public, District, Parochial, or Private.

No 8011

Jane Wightman

Commentaries

Adm. 19 October 1900

[Form A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway

and his Substitutes,— at Dumfries:

The Petition of Mrs Marion Paterson, 5 Cornwall Mansions, Cornwall Gardens, London;

Humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Catherine Winslow Paterson, 5 Cornwall Mansions, Cornwall Gardens, London, your Petitioner's (1) daughter, ——— is at present in a state of Mental Derangement, and a proper Person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine Winslow Paterson, — to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(1) State Degree of Relation, or other capacity in which Petitioner stands hereto.

(To be signed by the Party applying) Marion Paterson

Dated this Twenty second — (2) day of October, ——

One thousand nine hundred and years.

(2) The date of the Petition must be within four-teen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Catherine winslow Paterson.
Sex and age,	Female. 32.
Married, Single, or Widowed,	Single.
Condition of Life, and previous Occupation (if any),	Artist.
Religious Persuasion, so far as known,	Presbyterian.
Previous place of abode,	Lived at 5 Cornwall Mansions for about 3 months & at London & Dumfries about 4 months.
Place where found and examined,	
Length of time Insane,	9 yrs.
Whether First Attack,	31.
Age (if known) on First Attack,	
When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Voluntary patient in Crichton Royal Institution from 5th October 1900.
Duration of Existing Attack,	about 9 months.
Supposed Cause,	
Whether subject to Epilepsy,	No
Whether Suicidal,	might be.
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,	Marion Paterson, 5 Cornwall Mansions, Cornwall Gardens London. Mother. 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.

Dated this Twenty second day of October, —— One thousand nine hundred years

(To be signed by the Party applying) Marion Paterson

June Wightman
Examiner
No 8011

MEDICAL CERTIFICATE, No. I.

I, the undersigned, George E. Savage, Royal College of Physicians Edin
being a (1) Bach. of Medicine & Master in Surgery of the University of Edinburgh & Member of the Royal College of Physicians Lond
and being in actual practice as a (2) Physician,
do hereby certify, on Soul and Conscience, that I have this day, at (3) 3 Hamilton Place, Covendish Square (Portland Place)
London, in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Miss Catherine Winslow Paterson,
Cornwall Gardens, London, S.W., and that the said Miss Catherine Winslow Paterson, is a (5) Person of unsound mind
and a proper Person to be detained 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 complained of constant noises in her head. Was frightened in from working on the
& she was persuaded that some one
who visited a among [illegible] her.
She could not be made to understand that
2. Other facts (if any) indicating Insanity communicated to me by others: (7) are the
brain

Name and Medical Designation, Geo E Savage M.D.

Place of Abode, 3 Hamilton Place

DATED this 20 day of October One thousand eight hundred and [illegible] and years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Peter Murray Kerr,
being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) Registered Practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3) 20 Castle Street
Dumfries, in the County of
Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Catherine Winslow Paterson,
spinster, Cornwall Gardens London S.W. and that
the said Catherine Winslow Paterson, is a (5) person of
unsound mind and a proper Person to be detained 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 and manner
She complains of hearing voices constantly
calling at her, she is restless and sleepless
She believes that people speak about her
[illegible] she says she hears them especially during the
2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode, 20 Castle Street Dumfries

DATED this twenty second day of October One thousand eight hundred and nine years.

(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, Peter Murray Kerr
being (1) Graduate in Medicine of the University of Edinburgh
hereby certify on Soul and Conscience, that I have this day, at (2) 2 Harley St, Dumfries
in the County of Dumfries, seen and personally examined Catherine Winslow Paterson, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said Person is one of Emergency. Whether she is in a sufficiently good state of bodily health at this date to be removed to the asylum at Dumfries.

Peter Murray Kerr M.B.C.M.

DATED this twenty second day of October, — One thousand ~~eight~~ nine hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein Catherine Winslow Paterson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address Marion Paterson. 5, Cornwall Mansions Sale Gardens London S.W.

Date, October 24th 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Advocate — Sheriff-Substitute of ~~the County~~ Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (3) Mrs Marion Paterson, 5 Cornwall Mansions Cornwall Gardens London, Certificates under the hands of George H. Savage and Peter Murray Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine Winslow Paterson 5 Cornwall Mansions Cornwall Gardens London (Patient's domicile) and that the said Catherine Winslow 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 Catherine Winslow Paterson as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Winslow Paterson, which accompanied the said Petition.

(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty fifth day of October — One thousand ~~eight hundred and~~ nine hundred years. Three words deleted.

Geo: Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8612

Name, Catherine Winslow Paterson

Date of Admission, 22 October 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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, at Dumfries:

The Petition of John Maxwell. Insp: of Poor.

for the Parish of Troqueer:—

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Anthony Gallagher, Tobinnyhill, Troqueer, 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 Anthony Gallagher to the Southern Counties asylum, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John Maxwell.

DATED this 22nd/11 (4) day of October, One thousand nine hundred 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,	Anthony Gallagher.
2. Sex and Age,	Male. aged 48 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	working class.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	Tobinnyhill. Troqueer.
7. Place where Found and Examined,	Same place.
8. Length of time Insane,	about 22 years.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	26 years.
11. When and where previously under Examination and Treatment (5)	Never before. Lately in Maxwell, used to visit him.
12. Duration of Existing Attack,	about 22 years
13. Supposed Cause,	Inflammation after bathing.
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.
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,	Several brothers & sisters. Helen servant at Kirkconnell. none of the family Insane before.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	none.

(5) If Patient has previously in an Asylum, state Date of latest Admission approximately thereto. If previously under Medical or Treatment out of Asylum, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd/11 day of October — One thousand nine hundred years.

(*To be signed by the party applying*) John Maxwell
Insp. of Poor. Troqueer, P P

Name Catherine Winslow Paterson No. 8612

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Murray ——
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician, ——
do hereby certify, on soul and conscience, that I have this day, at (3) Whinny-hill Drogheda ——
separately from any other Medical Practitioner, in the County of Kells
visited and personally examined (4) Anthony Gallagher, Pauper Whinny-hill, Drogheda ——
and that the said Anthony Gallagher is a (5) person of unsound mind, ——
and a proper Person to be detained 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 unwell for 2 2 years; has been in bed for 2 years seldom out of it, for more than 2 weeks asked, why he does not rise, he replied refused to speak to Mr Mahon Inspector

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His sister informed me that he had been and present in bed for 2 years
His sister is getting a pauper allowance for him

Name and Medical Designation, P. Murray M. D.

Place of Abode, Castle Street Drogheda

Dated this 16 day of October, One thousand nine hundred 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 Dewar Robertson ——
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician, ——
do hereby certify, on soul and conscience, that I have this day, at (3) Whinny hill Drogheda ——
separately from any other Medical Practitioner, in the County of Kells
visited and personally examined (4) Anthony Gallagher, Pauper Whinny hill, Drogheda ——
and that the said Anthony Gallagher — is a (5) person of unsound mind, ——
and a proper person to be detained 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 lies curled upon bed, his eyes shut, and absolutely refuses to speak or answer questions, although perfectly conscious. He is evidently malingering to a great extent.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He has been in bed for years now, from physical defect. For 2 years he has been partially weak, and can't work. Latterly he has been getting quarrelsome & forgetful of his duties. He is able to get up when he wishes himself, but goes back to bed again immediately.

Name and Medical Designation, J Dewar Robertson M

Place of Abode Drogheda St Margaret's

Dated this 19th — day of October, One thousand nine hundred 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, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

Dated this day of One thousand nine hundred

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, }

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Clerk — (1) Honorary Sheriff-Substitute, of ~~the County~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (2) John M'Farrell, Inspector of Poor, Dumfries. Certificates under the hands of Patrick Murray, and John Dewar Robson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Anthony Gallagher, Johnnyhill, Troqueer. (a Pauper) and that the said Anthony Gallagher 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 Anthony Gallagher, as a patient into the (5) 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 Anthony Gallagher, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(3) Describe him, and if a Pauper, state so.

(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(5) Public, District, Parochial, or Private.

Dated [at Dumfries] this Twenty-second day of October, One thousand nine hundred and [illegible].

To the Superintendent of the (6) Public
Asylum of ~~Carlton Road Institution~~ Southern Counties, Dumfries.

[Signature] John Clerk

(6) Public, District, Parochial, or Private.

No 8013

Anthony Gallagher

Surgeon

Adm. 24 October 1900

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.*

[Form A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of Miles M'Innes, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Paisley 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 Paisley to the Crichton Royal Institution at Dumfries, and to sanction His admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty Seventh (*) day of October One thousand ~~eight~~ nine hundred and 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 Paisley
2. Sex and age,	Male, 26
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Soldier
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	27 English Street
7. Place where found and examined,	27 English Street
8. Length of time Insane,	a few days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	26
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	No where
12. Duration of Existing Attack,	not known
13. Supposed Cause,	not known
14. Whether Subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	26th October 1900.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Marion Thomson Pool, Grandmother 27 English Street, 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 sixth day of October One thousand ~~eight~~ nine hundred ~~and~~ years. *Amended, deletes.*

(To be signed by the party applying) Miles Mc Innes

Dumfries Museum 1980.13

MEDICAL CERTIFICATE, NO. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, *as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Peter Murray Kerr
being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do ~~hereby~~ certify, on Soul and Conscience, that I have this day, at (3) 27 English Street Dumfries
in the County of Dumfries separately from any other Medical practitioner, visited and personally examined (4) James Paisley. Pauper 27 English Street Dumfries and that the said James Paisley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 and manner. He is restless and excited. He says that ~~his delusions~~ friends are trying to poison him. He says his food is poisoned. At night he hears voices declaring that they will do for him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Kerr MB

Place of Abode, 20 Castle Street Dumfries

DATED this twenty-sixth day of October One thousand ~~eight~~ nine hundred ~~and~~ 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 Ball Macdonald
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3) 27 English Street Dumfries
in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Paisley Pauper 27 English St Dumfries and that the said James Paisley is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 an insane appearance and has delusions that he is being poisoned and will not take food at times on that account. He roams through the house at nights

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Wife tells me he has had delusions. Mentions his grandmother that she has lived in Lunacy

Name and Medical Designation, A B Macdonald

Place of Abode, 18 Castle St Dumfries

DATED this twenty-sixth day of October One thousand ~~eight hundred and~~ nine hundred

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff.)

I, the undersigned, Peter Murray Kerr
being (1) Graduate of Medicine
hereby certify, on Soul and Conscience, that I have this day, at (2) 27 English Street Dumfries
in the County of Dumfries, seen and personally examined James Paisley, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. *

And I further certify that the case of the said person is one of Emergency.

* and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

Peter Murray Kerr

DATED this twenty-sixth day of October One thousand ~~eight~~ nine hundred and 1902 years.

(1) State Medical qualification.
(2) State place of Examination.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein James Paisley to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor Dumfries

Signature and Address, Miles Mc Innes 28 Queen St

Date, 26th Oct 1902

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute of ~~the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles Mc Innes, Inspector of Poor, Dumfries, Certificates under the hands of Peter Murray Kerr, and Alexander Pall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) James Paisley, 2, 4 English Street, Dumfries, (A Pauper.) and that the said James Paisley is a (3) person of unsound mind, and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Paisley, as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said James Paisley, which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Twenty seventh day of October, One thousand ~~eight hundred and~~ nine hundred years - Six words deleted.

Geo. Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8014

Name James Paisley
Dumfries

Date of Admission 20 October 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Samuel Rigg Inspector of Poor of the parish 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.

(To be signed by the Party applying) Samuel Rigg

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (4) day of October One thousand nine hundred 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 Comline
2. Sex and Age,	Male - 70
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Otler
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Academy St Castle Douglas
7. Place where Found and Examined,	Academy St Castle Douglas
8. Length of time Insane,	Nearly a week
9. Whether First Attack,	No
10. Age (if known) on First Attack,	56
11. When and where previously under Examination and Treatment (5)	Southern counties asylum
12. Duration of Existing Attack,	About a week
13. Supposed Cause,	Tendency to insanity
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,	Kelton
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,	Mary Comline, Academy St Castle Douglas, Wife
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state the date of latest admission or approximate thereto. If previously under Examination or Treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of October One thousand nine hundred years

(To be signed by the party applying) Samuel Rigg

P.P.

T. & A. C.—April 1900.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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. Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Medicine do hereby certify, on soul and conscience, that I have this day, at (3) Academy Street Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Conline pauper and that the said James Conline is a (5) person of unsound mind and a proper Person to be detained 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 violent. Waving his arms about and hitting his head and chest. Shouts at the top of his voice and talks rapidly and incessantly. Has delusions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His wife says he has been queer for a week. Silent & morose. Has been violent breaking furniture in the house. Has gone out for hrs to Kells churchyard and returned.

Name and Medical Designation, Robert B. Lorraine M.B., C.M. Edin.

Place of Abode, Castle Douglas

DATED this 28th day of October One thousand nine hundred.—

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, Edward Bateman Hector being a (1) Bachelor of Medicine and Master in Surgery of the University and being in actual practice as a (2) Surgeon & Physician do hereby certify, on soul and conscience, that I have this day, at (3) Academy Street Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Conline, Academy Street Castle Douglas — a pauper and that the said James Conline is a (5) person of unsound mind and a proper person to be detained 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 shouts at the top of his voice: he talks incessantly and incoherently — he shakes his fist at those about him, and throws his arms about

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mary Conline. Academy Street. Castle Douglas. — his wife informed me that he leaves the house without any indication, his whereabouts, — and wandering aimlessly the country muttering his words — that he is obscene & violent when asked about him — that he has destroyed the furniture in the house

Name and Medical Designation, Edward B. Hector, M.B.

Place of Abode Castle Douglas —

DATED this twenty eighth day of October One thousand nine hundred

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, ———

Signature and Address ———

Date ———

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Dalling Lyell Esqre. Sheriff Substitute
of ~~the~~ (1) Dumfries and Galloway
having had produced to me, with a Petition at the instance of (2) James Rig
Certificates under the hands of Robert B. Lorraine
and Edward B Steeter being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3)
James Coulthie, Pauper, and that the said
James Coulthie is a (4) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Coulthie as a patient into the Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Coulthie which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED [at Kirkcudbright] this 29th day of October
One thousand nine hundred 9 years

To the Superintendent of the (5) Southern Counties
Asylum of Dumfries.

(5) Public, District, Parochial, or Private.

[Signature] William Dalling Lyell

No 8615

James Bomeine

Kelm

Adm. 29 October 1900.

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum for the Order of the Sheriff obtained.*

[Form A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Charles Moffat 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 Charles Moffat to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirtieth (*) day of October One thousand ~~eight~~ nine hundred and Years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Charles Moffat
2. Sex and age,	Male, 30.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Van Driver
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	16 Brooke Street
7. Place where found and examined,	16 Brooke Street
8. Length of time Insane,	a few ~~months~~
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	30
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	No where
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	Not known
14. Whether Subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	30th October 1900
19. Christian Name and Surname, and Place of Abode of nearest known 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 or Moffat his mother residing at 16 Brooke St.
20. Special Circumstances (if any) preventing the insertion of any of the above particulars,	No / None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of October — One thousand ~~eight~~ nine hundred and years.

(To be signed by the party applying) Miles Mc Innes

James Romine
No 3015
Male

MEDICAL CERTIFICATE, NO. I.

I, the undersigned, Peter Murray Kerr

being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner do hereby certify, on Soul and Conscience, that I have this day, at (3) 16 Brooke Street Dumfries in the County of Dumfries separately from any other Medical practitioner, visited and personally examined (4) Charles Moffat Pauper 16 Brooke Street Dumfries and that the said Charles Moffat is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself : (6)
His insane appearance and manner. He sits staring vacantly and smiles silly. He has delusions of sight and hearing. At night he sees shadows beckoning him. He hears voices always speaking about him.

2. Other facts (if any) indicating Insanity communicated to me by others : (7)
Agnes Nicholson a Moffat, his mother informs me that he says he can't get employment in Dumfries because his hearing is so acute.

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode, 20 Castle Street Dumfries

DATED this thirtieth day of October One thousand nine hundred and 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, George Robert Livingston

being a (1) Bachelor of Medicine & Master in Surgery of Edin University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on Soul and Conscience, that I have this day, at (3) 16 Brooke Street Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Charles Moffat Pauper 16 Brooke Street Dumfries and that the said Charles Moffat is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself : (6)
Patient's insane appearance and conduct. He has delusions of sight and hears voices speaking about him mostly in an uncomplimentary manner.

2. Other facts (if any) indicating Insanity communicated to me by others : (7)

Name and Medical Designation, George R. Livingston M.B.

Place of Abode, 35 George Street Dumfries

DATED this thirtieth day of October One thousand nine hundred and 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 an order by the Sheriff.)

I, the undersigned, Peter Murray Kerr
being (1) Graduate of Medicine
hereby certify, on Soul and Conscience, that I have this day, at (2) 16 Brooke Street Dumfries
in the County of Dumfries, seen and personally examined Charles Moffat, and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum. *

And I further certify that the case of the said person is one of Emergency.

* and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

Peter Murray Kerr

Dated this thirtieth day of October One thousand ~~eight~~ nine hundred and ~~and~~ years.

(1) State Medical qualification.
(2) State place of Examination.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein Charles Moffat
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor Dumfries

Signature and Address, Miles McJames 28 Queen St

Date, 30th Oct 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, George Campion Sheriff-Substitute
of ~~the County of~~ Dumfries and Galloway, at Dumfries
having had produced to me, with a Petition at the instance of (1) Miles McJames, Inspector of Poor Dumfries
Certificates under the hands of Peter Murray Kerr, being two Medical Persons and George Robert Livingston, duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Charles Moffat, Van Bruce, 16 Brooke Street, Dumfries, (A pauper) and that the said Charles Moffat is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Moffat, as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Charles Moffat, which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated this thirty-first day of October, One thousand ~~eight hundred and~~ nine hundred years. Two words deleted

Geo: Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8010

Name. Charles Moffat

Surgeon

Date of Admission. 30th October 1900

N.B.—This Form shall remain in the keeping of the Superintendant of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Jardine Dunlop Inspector of Poor for the Parish of Mochrum Wigtownshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Crawley, (Little Kellantrae) 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 Crawley to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John J Dunlop

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 30th (4) day of October One thousand nine hundred

STATEMENT.

If any 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 Crawley.
2. Sex and Age,	male 38 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Agricultural Worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Little Kellantrae
7. Place where Found and Examined,	Little Kellantrae
8. Length of time Insane,	a fortnight
9. Whether First Attack,	to
10. Age (if known) on First Attack,	37 years.
11. When and where previously under Examination and Treatment (5)	Confined and treated in this Southern Counties Asylum Dumfries from Feb. 28th to April 3rd 1900.
12. Duration of Existing Attack,	a fortnight
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Tried to stab himself in the chest Has not threatened, or molested
16. Whether Dangerous to others,	any person.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Mochrum Parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Crawley, Little Kellantrae. His father — no member of family insane, or known to have been so.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	— None —

(5) If patient has previously in an Asylum, state date of latest or approximate thereto. If previously under Medicine or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 30th day of October One thousand nine hundred

(To be signed by the party applying) John J Dunlop

P p.

T. & A. C.—April 1900.

Name Rhoderick Murray
Address
Date of Admission 30th October 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Bird Selley being a (1) Doctor of Medicine and licentiate of the Royal Coll Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Little Killan Parish of Monkturnus Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Crawley Pauper and that the said James Crawley is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Complains that peop are constantly shouting & abusing him through his bedroom w Tried to stab himself in the left side of his chest thro with a pen knife, the wound was through the skin & about of an inch in length.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Hig stated to me that his son seemed afraid of people being sent for him also said his neighbour Tom. Dalrymple had hypothecated everything about the that the policeman had come the other night & handcuffed him

Name and Medical Designation, Robert B. Selley

Place of Abode, Portwilliam

DATED this 29th day of October One thousand nine hundred

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *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 Fleming Smith being a (1) Bachelor of Medicine & Master of Surgery Edinburgh University & Consul Medical Practition and being in actual practice as a (2) do hereby certify, on soul and conscience, that I have this day, at (3) Little Killant Parish of Inochrum Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Crawley Pauper and that the said James Crawley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He has a wild confused look, says that he is pursued by policemen & that he has stabbed himself in the chest

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother Mrs Josephine Nicholson or Crawley informs me that he lives in constant dread & at times takes to the fields to escape from imaginary wounds

Name and Medical Designation, James F Smith M.B. C.M.

Place of Abode Whithorn big townhead

DATED this 30th day of October One thousand nine hundred

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William mackie Honorary (1) Sheriff Substitute
of the (2) ~~County~~ Sheriffdom of Dumfries & Wigtown and Galloway
having had produced to me, with a Petition at the instance of (3) John Gardiner Dunlop Inspector of Poor for the Parish of Moderum Wigtownshire and
Certificates under the hands of Robert Reid Kelly M.D. Portwilliam
and James Fleming Smith M.B. & M. Whithorn being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Crawley Pauper
and that the said James Crawley is a (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 Crawley as a patient into the (6) Southern Counties' Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Crawley which accompanied the said Petition.

DATED [at Wigtown] this thirtieth day of October One thousand nine hundred

To the Superintendent of the (7) Southern Counties' *Asylum of* Dumfries

[Signature] Jno Mackie

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 8617

James Brawley

Mechanic

Adm. 31 October 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Stewartry of Kirkcudbright *and his Substitutes,—*

The Petition of Samuel Carter
of Glen Stell Hill

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Carter 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 Mary Carter to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) S Carter

DATED this Second (4) day of November One thousand ~~eight hundred and~~ nine hundred 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 Carter
2. Sex and Age,	73 years of age - Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	none. Protestant. Tongland Village Tongland Village Works. Four Shillings per week.
5. Religious Persuasion, so far as known,	not known.
6. Previous Place of Abode,	The Asylum - Dumfries - 17 June 1862
7. Place where Found and Examined,	
8. Length of time Insane,	not known.
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	no.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	within - Tongland Parish 2 Nov. 1900.
12. Duration of Existing Attack,	John Carter - Carpenter.
13. Supposed Cause,	no.
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 2 day of Nov. 1900. ~~One thousand eight hundred and~~

(To be signed by the party applying) S Carter

P. p.

Names & Addresses
Jan 1901

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, Wm Johnstone being a (1) M. D. of the University of Edinburgh and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Oakley Kirkcaldy in the County of Fife separately from any other Medical Practitioner, visited and personally examined (4) Mary Carter 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.:—

(6) *State the facts.*

1 Facts indicating Insanity observed by myself: (6) Constantly raving from me entirely to and the deprived. Lives her neighbours a figure hurt. & has been in an Asylum three

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her neighbours state that she is frequently interfering with them.

Name and Medical Designation, Wm Johnstone M.

Place of Abode, Oakley Kirkcaldy

DATED this 2d day of November ~~One thousand eight hundred and~~

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, 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 Johnston Shaw Reid being a (1) graduate in medicine of Edinburgh and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Oakley England in the County of Kirkcaldy separately from any other Medical Practitioner, visited and personally examined (4) Mary Carter. 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is constantly talking very unconnected & she is certain her neighbours are watching some mischief she connects with her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She is always in an excited state & quarrelling with her neighbours when she [illegible] told me by Miss McCaffrey—Inglis

Name and Medical Designation, W S Reid—Hon.

Place of Abode Oakley—Kirkcaldy

DATED this second day of November One thousand eight hundred and nine hundred

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~Mary Edmond Paterson~~ Robert Francis Duncan KW. (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Daniel Carles
Certificates under the hands of William Johnstone M.D.
and William Swanston Spence Reid M.D. (4) bearing two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Mary Carles — pauper and that the said Mary Carles 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 Carles as a Patient into the (7) 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 Mary Carles which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(5) Describe him, and if a Pauper, state so.

(6) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(7) Public, District, Parochial, or Private.

DATED this Second day of November One thousand ~~eight hundred and~~ nine hundred years

Rob. F. Duncan J. S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(7) Public, District, Parochial, or Private.

No 8018

Mary Carter

Adm. 2 November 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 the Lothians and Peebles and his Substitutes,—

The Petition of Miss Isobel Thomson, Professional Nurse, Bank Villa Peebles humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Marshall your Petitioner's (3) Patient is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Marshall to the Royal Asylum, Dumfries ~~District Asylum of Midlothian and Haddington~~ and to sanction her admission into the said Asylum. Six words delete

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Isobel Thomson

DATED this Sixth (4) day of November One thousand nine hundred Years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Marshall
2. Sex and Age,	Female, 31
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	School-teacher
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Cawdor
7. Place where Found and Examined,	Peebles
8. Length of time Insane,	over a year
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	30
11. When and where previously under Examination and Treatment (5)	~
12. Duration of Existing Attack,	about a year
13. Supposed Cause,	Hereditary
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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 Family known to be or to have been Insane,	Mrs Revie, step-sister, India mother & aunt died insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an asylum, state name of date of latest admission or approximate thereto. If previously under examination or treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of November One thousand nine hundred Years

(*To be signed by the party applying*) Isobel Thomson

P P

T. & A. C.—Nov. 1899.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Connel
being a (1) Doctor of Medicine & Fellow of the Roy[al Colle]ge of Physicians
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Bank [illegible] Peebles in the County of Peebles separately from any other Medical Practitioner, visited and personally examined (4) Isabella Marshall and that the said Isabella Marshall is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 & [illegible] increasing signs of melancholia during her [illegible] under observation

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She refuses food & has threatened [illegible] her & feed her forcibly for months

Name and Medical Designation, John Connel M.D. F.R.

Place of Abode, Peebles

DATED this 6th day of November One thousand hundred .

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alex[r] Kirkwood
being a (1) Bachelor of Medicine and Master in Surgery
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Bank Villa Hawkscroft, Peebles in the County of Peebles separately from any other Medical Practitioner, visited and personally examined (4) Isabella Marshall and that the said Isabella Marshall is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 reticent & refuses to speak and answer questions. Looks Melancholy

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Miss Thomson (her guardian) tells me she refuses food & she has attempted [illegible]

Name and Medical Designation, Alex[r] Kirkwood M.B.

Place of Abode Peebles

DATED this 6th day of November One thousand hundred

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand hundred

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address Deign Rose

Date Do not date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Lindsay (1) Sheriff substitute
of the (2) County of Peebles
having had produced to me, with a Petition at the instance of (3) Miss Isobel Thomson, Professional Nurse, Bank Villa, Peebles
Certificates under the hands of John Couch
and Alexander Kirkwood being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Marshall and that the said Isabella Marshall is a (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 Marshall as a Patient into the (6) ~~District Asylum of Midlothian & Peebles~~ X and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Marshall which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Peebles] this Sixth day of November
One thousand nine hundred Years

To the Superintendent of the (7) ~~District~~ Crichton Royal
~~Asylum of Midlothian & Peebles~~ Dumfries

[Signature] Rob^t Lindsay

(7) Public, District, Parochial, or Private.

No 8619.

Isabella Marshall

Adm. 7 November 1900

[FORM A]

N.—*This Form shall be in the keeping of the Superintendent of the Asylum for an Order of the Sheriff signed.*

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway *and his Substitutes at* Dumfries

The Petition of Matthew Edgar, Sculptor, Rae Street, Dumfries;

Humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mrs Janet Robson or Edgar, 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 Janet Robson or Edgar, to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(1) State Degree of Relationship, or other capacity in which Petitioner stands to Patient.

(To be signed by the Party applying) Matthew Edgar

DATED this Sixth (2) day of November, One thousand ~~eight hundred and~~ nine hundred.

(2) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Janet Robson or Edgar.
Sex and age,	Female – 47.
Married, Single, or Widowed,	married.
Condition of Life, and previous Occupation (if any),	Wife of Matthew Edgar, Sculptor. formal, Domestic Servant.
Religious Persuasion, so far as known,	Protestant.
Previous place of abode,	Kirkcowan Street, Millisamhead.
Place where found and examined,	
Length of time Insane,	
Whether First Attack,	First attack nine years ago when she was with child.
Age (if known) on First Attack,	31
When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	Crichton Royal Instn. 24 June 87.
Duration of Existing Attack,	Has never been same since.
Supposed Cause,	—
Whether subject to Epilepsy,	—
Whether Suicidal,	—
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 her Family known to be or to have been Insane,	Matthew Edgar, - Husband. - above designed. Father believed to have been a little deranged before his death too.
Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this sixth day of November, One thousand ~~eight~~ nine hundred and

(To be signed by the Party applying) Matthew Edgar

No 8019
Isabella Marshall

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 in medicine MB of Edinburgh [illegible] and being in actual practice as a (2) general practitioner, do hereby certify, on Soul and Conscience, that I have this day, at (3) County Buildings Buccleuch St: Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mrs Janet Robson or Edgar, wife of Matthew Edgar 14 Kirkpatrick ~~Terrace Dumfries~~ Dumfries — and that the said Janet Robson or Edgar, — is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She says that her neighbours keep above her [illegible] machine by which they know her thoughts — and that she feels the wires pinching her body.—

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

By her husband. That she has been confined in an asylum

Name and Medical Designation, Thomas Ferguson MB

Place of Abode, 16 Castle St Dumfries

DATED this 26th day of November, One thousand ~~eight hundred~~ and nine hundred.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 and M.D. Brussels and being in actual practice as a (2) physician and surgeon do hereby certify, on Soul and Conscience, that I have this day, at (3) County Buildings Buccleuch Street, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mrs Janet Robson or Edgar, wife of Matthew Edgar, 14 Kirkpatrick St Dumfries, and that the said Mrs Janet Robson or Edgar, is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Her facial expression indicates mental disorder, she hears voices, and imagines that machines are speaking to her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her husband, Matthew Edgar, informs me that she was in an asylum before under treatment.

Name and Medical Designation, Hugh Cunningham M.B.

Place of Abode, 25 Castle Street. Dumfries

DATED this sixth day of November, One thousand ~~eight hundred and~~ nine hundred.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on Soul and Conscience, that I have this day, at (2)

(1) State medical qualification.
(2) State place of examination.

in the County of , seen and personally examined , and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said Person is one of Emergency.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address,

Date,

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute of ~~the County of~~ Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (1) Matthew Edgar, Sculptor, Rae Stock, Dumfries, Certificates under the hands of Thomas Ferguson, and Hugh Cunningham, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Mrs Janet Robson or Edgar, 11 Kirkcarswell Street, Milldamhead, Dumfries, Retired Wife, and that the said Janet Robson or Edgar is a (3) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Robson or Edgar, as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Robson or Edgar, which accompanied the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Sixth day of November, One thousand ~~eight hundred and~~ nine hundred years. Two words deleted.

Geo: Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8020

Name, Mrs Janet Robson or Edgar

Date of Admission, 8 November 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— of Dumfries Galloway, ——— and his Substitutes,— at Dumfries.

The Petition of Frank Merriman, Church House, Kuntsford, Cheshire: on behalf of his

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Alfred Black Pringle Boyd, Buenos Aires, your Petitioner's (2) Brother-in-Law,

(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 Alfred Black Pringle Boyd, ——— to the Crichton Royal Institution Dumfries, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Frank Merriman

(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 November, ——— One thousand nine hundred & 1900.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alfred Black Pringle Boyd.
2. Sex and Age,	male. 38.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	merchant in Buenos Aires.
5. Religious Persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	Buenos Aires.
7. Place where Found and Examined,	~~Buenos Aires~~ Station Hotel, Dumfries.
8. Length of time Insane,	I am informed by George Crane of Toso Crane & Co Buenos Aires that the patient was examined by Dr. Cabred of Buenos Aires who certified that the patient is suffering from "alcoholic Dementia". The ~~Certificate~~ was given in September 1900.
9. Whether First Attack,	Do not think so. Nervous in earlier life
10. Age (if known) on First Attack,	No information on hand.
11. When and where previously under Examination and Treatment (5)	15. & 16.
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. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Patient's only brother-in-law Frank Merriman Church House, Kuntsford is the person nearest at hand. No member of patient's family known to have been Insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	I can only state what has been reported to me from Buenos Aires.

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Observation or Treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirteenth day of November, — One thousand nine hundred & Years.

(To be signed by the party applying) Frank Merriman

T. & A. C.—April 1900.

P p.

No. 8020 Name Alfred Robert Black Boyd

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Peter Murray Kerr
being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Station Hotel Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Alfred Black Pringle Boyd, Merchant, Buenos-Aires, and that the said Alfred Black Pringle Boyd, is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
He is suffering from alcoholic dementia. He is mildly depressed, restless. He is facile, emotional and mentally enfeebled. His memory is deficient.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Kerr M.B.
Place of Abode, 20 Castle Street Dumfries

DATED this Eleventh day of November, One thousand nine hundred years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of Glasgow University & Surgeon
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Alfred Pringle Black Pringle Boyd, Merchant, Buenos Aires, South America, and that the said Alfred Black Pringle Boyd is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
He is suffering from mental deterioration and loss of self control, the result of alcoholic excesses: says he has tried to drown care.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex Thomson M.B.
Place of Abode 27 Castle Street, Dumfries

DATED this Thirteenth day of November, One thousand nine hundred years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Peter Murray Kerr
being (1) Graduate in Medicine, Station Hotel, Dumfries,
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries,
in the County of Dumfries, seen and personally examined
Alfred Black Pringle Boyd, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical Qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Peter Murray Kerr.

DATED this Eleventh day of November, One thousand nine hundred & years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal
Asylum to receive therein Alfred Black Pringle Boyd
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother in law

Signature and Address Frank Merriman - Church House - Knutsford

Date 11th November 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-(1) Substitute of Dumfries ~~of the (1)~~ and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (2) Frank Merriman
Church House, Knutsford, Cheshire,
Certificates under the hands of Peter Murray Kerr,
and Alexander Thomson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alfred Black Pringle Boyd, Merchant, Buenos Aires, and that the said Alfred Black Pringle Boyd, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alfred Black Pringle Boyd, as a patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alfred Black Pringle Boyd, which accompanied the said Petition.

DATED [at Dumfries] this Fourteenth day of November, One thousand nine hundred years. *Two words deleted*

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

[Signature] Geo: Campion

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No 8021

Alfred Black Pringle Boyd

Adm. 11 November 1900

15,445.

[FORM B²]

GENERAL BOARD OF LUNACY
17 NOV 1900
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 John Macintosh, Architect, Strath Cottage, Galston being desirous to transfer Margaret Macintosh at present a Patient in Ayr District Asylum, a pauper lunatic of the Parish of Galston, and (¹) from the said Asylum to the Crichton Royal Institution, Dumfries as a private patient.

(¹) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

beg to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	Margaret M^c Intosh.
2. Sex and Age,	41 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	"House worker"
5. Religious Persuasion, so far as known,	Protestant
6. Parish to which the Lunatic (if a Pauper) is Chargeable,	Galston Parish
7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of the Family known to be, or to have been Insane,	Mother M^rs Macintosh, Strath Cottage, Galston. Brother Robert was in Ayr District Asylum from 30/1/1900 till 4/4/1900

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(*To be signed by the Applicant*) John Macintosh

(²) Brother

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated this 16th day of November One thousand ~~eight~~ nine hundred and years.

N.B.—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

T. & A. C.—January 1899.

No 8102
Alfred Black Fringe Boyd

MEDICAL CERTIFICATE.

(1) Name Asylum.

(2) Insert Date of Admission.

(3) Insert "is," or "is not," as the case may be.

(4) Describe Mental State.

(5) Describe Bodily State.

(6) Insert "the following are," or "there are no," as the case may be.

I, the undersigned Charles H. Mac hereby certify that I have this day at (1) Cyr. District Asylum personally examined Margaret McIntosh who has been a Patient in said Asylum since (2) 30th January 1900. and I certify that the said Patient is a person of unsound mind, (3) is epileptic, (3) is suicidal, (3) is not dangerous to others. I also certify, with respect to the Mental State of the Patient, that (4) She labours under delusions - such that she has committed the "unpardonable Sin" that she is responsible for, and will suffer for the sins and with respect to the Bodily State of the Patient, that (5) She is subject to Epileptic fits, otherwise it is (Other the last, — N.B. She has had no Epileptic fit since Feb- and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Southern Counties Asylum inadvisable; and I further certify that (6) the following are facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient:—

On frequent occasions during her stay in this Asylum she has said that she regrets not having drowned herself in the Mill-Lade that passes near her home. She has repeatedly said that she wished she were dead.

(Name) Charles H. Mac

November 13th (Medical Qualification) M.D., L.R.C.S.

(Date) ~~21st September~~ 1900

A.S.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Margaret McIntosh, from Cyr District Asylum to Crichton Royal Institution, Dumfries, and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

J. W. d. Secretary.

DATED at Edinburgh, this 14th day of November One thousand ~~eight hundred and~~ nine hundred.

No 8022
Margaret McIntosh
Adm. 24 November 1900

Date of Sheriff's Order *(to be inserted at the Office of Board).*

1st February 1900.

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

[FORM A]

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.~~

Crichton Royal Institution.

Unto the Honourable the (1) Sheriff of Dumfries & Galloway, and his Substitutes,— at Dumfries;

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of (3) Henry Relton

(3) Insert Name and Designation

Underfell, Saltwell, Gateshead-on-Tyne, Gentleman;

humbly showeth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (4) wife, Helen Eliza Relton, Underfell, Saltwell, Gateshead on Tyne

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Helen Eliza Relton, to the ~~Royal Edinburgh Asylum~~ Crichton Royal Institution, Dumfries for the Insane, and to sanction her admission into the said Asylum.

Hy Relton

DATED this 23rd (5) day of November One thousand ~~eight hundred and~~ nine hundred.

(5) 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 Eliza Relton.
2. Sex and Age,	Female. 48.
3. Married, Single, or Widowed,	married.
4. Condition of life, and previous Occupation (if any),	Lady.
5. Religious Persuasion, so far as known,	Church of England.
6. Previous Place of Abode,	Low Fell
7. Place where Found and Examined,	Do.
8. Length of Time Insane,	Gradually coming on for several years.
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and Where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	alcohol.
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	Becoming so.
16. Whether Dangerous to Others,	~~—~~
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Henry Relton, Husband, Underfell Saltwell, Gateshead-on-Tyne.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23rd day of November, One thousand ~~eight hundred and~~ nine hundred.

Hy Relton

(To be signed by the Party applying)

ADDITIONAL STATEMENT.

For the Information of the Physician.

1. Birthplace, ... Clifton, Bristol.
2. Character of Education, ... at Queen's College London.
3. Is the natural disposition cheerful ~~or melancholy~~ reserved or frank? . . . . . Neither steady nor industrious.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? . . . . Up to three years ago was very intem-
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? . . . . since which time so far as we know has had no alcohol, but at the
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? . . do not know has been exceedingly difficult to
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? . . . . . Father & Mother old age.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? . . . . She ceased menstruating three months since which she has been more unmanag
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? . . . . . and more excitable. Wanders about clad in dressing gown and bare fe
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct of disposition, elevation, depression, fancies, &c.? . Ever since the birth of her first ch (twins) 24 years ago her disposition gradually changed.
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.? . . . . . Has been in her bedroom for last 3 y mostly in her bed, & has become emaciated
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? . but now of late taken to wander about
13. What changes have taken place in his bodily symptoms? . . . . . singing, laughing & throwing articles
14. Is he dirty, destructive, untidy, or obscene? . Is Dirty, untidy and uses low language
15. Has he threatened or attempted violence to himself? If so, in what way? . . . . . Not suicidal,
16. Has he threatened or attempted violence to others? If so, in what way? . . . . . Put Housemaid on bed, & Knelt on her Housemaid promised to convey a letter

‡ oedema of legs last few days.
no albumen in urine.
takes frequent doses of castor oil for constip. & obesity.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Hindhaugh
being (1) a doctor of Medicine
hereby certify, on soul and conscience, that I have this day at (2) Underfell, Low
in the County of Durham , seen and personally examined
Helen Eliza Relton, , and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a
sufficiently good state of bodily health at this date to be removed to the Asylum at (3)
Crichton Royal Institution, Dumfries,

And I further certify that the case of the said person is one of emergency.

James Hindhaugh M.
DATED this 23rd day of November 1900

(1) State Medical qualification.
(2) State Place of examination.
(3) State place at which Asylum is situated.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the ~~Royal Edinburgh Asylum~~ Crichton Royal Institution for the Insane to receive therein Helen Eliza Relton,
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address, Hy Relton

‡ *Date,* 23rd Nov 1900 Underfell Low

† Postal address Underfell Saltwell Rd Low Fell. W. Gateshead

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, being a (1) James Hindhaugh, Doctor of Medicine of Durham University

and being in actual practice as a (2) Surgeon, hereby certify, on soul and conscience, that I have this day at (3) Underfell, Low Fell, Durham in the County of separately from any other Medical Practitioner, visited and personally examined (4) Helen Relton and that the said Eliza Helen Relton is of (5) unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the Street, and Number of the House (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper, state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

1. Facts indicating Insanity observed by myself: (6) great excitement disjointed and incoherent conversation; a delusion that she has messages from Heaven, Suspicions of those around her, Violent conduct to those around her.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Husband, Mr Henry Relton that she has thrown her food at him, accused her Nurse of stealing. Is excitable & unmanageable.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Hindhaugh M.D.

Place of Abode, 116 Elsewick Road, Newcastle on Tyne.

DATED this 21st day of November ~~One thousand eight hundred and~~ 1900

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, being a (1) David Drummond Doctor of Medicine. M.D. Physician

and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day at (3) Underfell Low Fell - Co Durham in the County of separately from any other Medical Practitioner, visited and personally examined (4) Helen Relton and that the said Helen Relton is a (5) person of unsound mind 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) excited and incoherent talkative. Passing rapidly from one topic to another. Irritable when spoken to. Violent when approached.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Husband Henry Relton. Delusions as to visions from Heaven: accused those about her of immoral actions.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, David Drummond

Place of Abode, 6 Saville Place Newcastle on Tyne

DATED this 21 day of Nov. One thousand eight hundred and 1900.

N.B. As this is the only form that I, James Hendhaugh M.D. have found, I have been obliged to alter the words Royal Edinburgh to Mr Crichton Royal Institution.
J.H.

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 ~~of the~~ Stewartry.
(3) *Insert Name and Designation*

I, George Campion, Sheriff-Substitute of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (3) Henry Belton, Underfell, Saltwell, Gateshead-on-Tyne, Certificates under the hands of James Hendhaugh, and David Drummond, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helon Eliza Belton, Underfell, Saltwell, Gateshead-on-Tyne, Petitioner and that the said Helon Eliza Belton, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helon Eliza Belton, as a Patient into the ~~Royal Edinburgh Asylum~~ for the Insane, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates and a statement regarding the said Helon Eliza Belton, 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.

Crichton Royal Institution Dumfries

DATED [at Dumfries] this Twenty-sixth day of November One thousand ~~eight hundred and~~ nine hundred and eight words deleted.

To the Medical Superintendent of the ~~Royal Edinburgh Asylum~~ for the Insane.

Crichton Royal Institution Dumfries.

Geo. Campion

Name, Helon Eliza Belton

Date of Admission, 24 November 1900

No. 8023

LETTER OF OBLIGATION FOR PAYMENT OF BOARD.

_____ 18

GENTLEMEN,

As you have agreed to admit Crichton Royal Institution 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.

Date the letter

To the Managers of the Royal Edinburgh Asylum for the Insane.

6d. stamp.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER 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 of and his Substitutes,—

The Petition of George Dickson Baillie Inspector of Poor of the Parish of Urrawar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret McCracken 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 McCracken to the ~~Southern Counties Asylum Dumfries~~ and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Geo. D. Baillie

(4) The date of the Petition must be within fourteen clear days ~~eight~~ following the dates of the Medical Certificates.

, DATED this twenty sixth (4) day of November One thousand ~~nine~~ 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,	Margaret McCracken
2. Sex and Age,	Female 62 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Weaver
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Millhill St. Urrawar
7. Place where Found and Examined,	do do
8. Length of time Insane,	a day or two
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (5)	~
12. Duration of Existing Attack,	~
13. Supposed Cause,	~
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Somewhat, She bit a policeman
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Urrawar
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,	None Known. All her relatives are believed to be dead
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has previously in an Asylum, state date of latest or approximate thereto. If previously under Examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty sixth day of November One thousand nine ~~eight~~ hundred ~~and~~

(To be signed by the party applying) Geo. D. Baillie

T. & A. C.—March 1889. P p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Andrew Blackie Bachelor of Medicine etc &c

and being in actual practice as a (2) physician & Surgeon

do hereby certify, on soul and conscience, that I have this day, at (3) Millhill Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret M'Cracken and that the said Margaret M'Cracken is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 is very restless & excited her language and gestures are violent & rude. She answers questions in an incoherent fashion.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Neighbours tell me that she was violence towards them without cause that she walks through the house the greater part of the night shouting & singing

Name and Medical Designation, Andw Blackie

Place of Abode George St Stran

DATED this 25th day of November One thousand ~~eight~~ hundred ~~and~~

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Alexander Anderson being a (1) Doctor of Medicine of Glasgow University

and being in actual practice as a (2) physician

do hereby certify, on soul and conscience, that I have this day, at (3) the house of Hugh Fitzsimmons, Retired Constable 13 Charlotte Street in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret McCracken residing at Millhill Street, Stranraer, (Pauper) and that the said Margaret McCracken is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) (1) Manner at times agitated and restless and fidgety, at others apathetic. (2) Using abusive language regarding superiors, especially those with titles (3) Foolish talk regarding heaven, going up in a balloon &c with attempt to express herself in rhyme. (4) Incoherent.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Hugh Fitzsimmons (above mentioned) informs me that the said Margt McCracken goes wandering about the streets, that there is no sense in her talk & that since coming to him home she has been very noisy and abusive and would hit me with whatever weapon was convenient.

Name and Medical Designation, J. A. Anderson. M.D.

Place of Abode Stranraer

DATED this twenty fifth day of November One thousand ~~eight~~ hundred ~~and~~ 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, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, }

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Cameron Esquire Advocate (1) Sheriff Substitute
of the (2) Shiffdom of Dumfries & Galloway
having had produced to me, with a Petition at the instance of (3) George Aitken
Bailie Inspector of Poor of the Parish of Stranraer
Certificates under the hands of Andrew Clueckie
and John Alexander Anderson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret McCracken (Pauper) residing at Hillhead Stranraer and that the said Margaret McCracken is a (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 McCracken 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 McCracken which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Stranraer] this 26th day of November
One thousand ~~eight hundred and~~ nine hundred years

To the Superintendent of the (7)
Counties Asylum of Dumfries

(7) Public, District, Parochial, or Private.

[*Signature*] Jn Cameron

No 81074

Margaret McCracken

Admn. 26 November 1900.

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.*

[Form A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries;—

Humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Eliza Muir, 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 Eliza Muir, to the Crichton Royal Institution at Dumfries, and to sanction her admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty seventh (*) day of November, One thousand ~~eight~~ nine hundred ~~and~~ 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,	Eliza Muir.
2. Sex and age,	Female, 70.
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,	Dumfries Poorhouse.
7. Place where found and examined,	Dumfries Poorhouse.
8. Length of time Insane,	a few days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	70.
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	No where.
12. Duration of Existing Attack,	Not known.
13. Supposed Cause,	Not known.
14. Whether Subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
18. Date of becoming Chargeable,	26th November, 1900.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Relatives not known. Not known.
20. Special Circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty sixth day of November, One thousand ~~eight~~ nine hundred ~~and~~ years.

(To be signed by the party applying) Miles Mc Innes

Monday Oct. 22. Breakers
No 81624

MEDICAL CERTIFICATE, NO. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Peter Murray Kerr, being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh, and being in actual practice as a (2) General Practitioner do hereby certify, on Soul and Conscience, that I have this day, at (3) Poorhouse Dumfries, in the County of Dumfries, separately from any other Medical practitioner, visited and personally examined (4) Eliza Muir, Pauper, Poorhouse, Dumfries, and that the said Eliza 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) Her insane appearance and manner. She is restless; is constantly taking off and putting on her clothes. Does not sleep at night but wanders about the room. Her habits are filthy. She has great loss of memory.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Kerr MB

Place of Abode, 29 Castle Street Dumfries

Dated this twenty-sixth day of November, One thousand ~~eight~~ nine hundred and 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, George R. Livingston, being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University, and being in actual practice as a (2) Physician & Surgeon do hereby certify, on Soul and Conscience, that I have this day, at (3) Poorhouse, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Eliza Muir, Pauper, and that the said Eliza 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) Her insane appearance restless manner, unconventional conduct. Taking off her clothing. Has loss of memory & confuses identity 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)

Name and Medical Designation, George R. Livingston

Place of Abode, 35 George Street Dumfries

Dated this 26th day of November, One thousand ~~eight hundred~~ nine and Years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff.)

I, the undersigned, Peter Murray Kerr
being (1) Bachelor of Medicine and Master in Surgery, (1) State Medical qualification.
hereby certify, on Soul and Conscience, that I have this day, at (2) Poorhouse, (2) State place of Examination.
Dumfries
in the County of Dumfries, seen and personally examined
Eliza Muir, and that the said
Person is of unsound mind, and a proper Patient to be placed in an Asylum. *

And I further certify that the case of the said person is one of Emergency.

* and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

Peter Murray Kerr

Dated this twenty-ninth day of November One thousand ~~eight~~ nine hundred and ~~year~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein Eliza Muir
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor Dumfries

Signature and Address, Miles McJones 28 Queen St.

Date, 26th Nov: 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff-Substitute
of the ~~County~~ Dumfries and Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (1) Miles McJones, (1) Insert Name and Designation.
Inspector of Poor, Dumfries,
Certificates under the hands of Peter Murray Kerr,
and George R. Livingston, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Eliza (2) Describe him, and if a Pauper, state so.
Muir, Poorhouse, Dumfries, (A Pauper),
and that the said Eliza Muir, is a (3) person of unsound (3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
mind,
and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Eliza Muir, as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize her Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Eliza Muir, which accompanied the said Petition.

Dated this Twenty-seventh day of November, One thousand ~~eight hundred and~~ nine hundred years. - Six words deleted.

Geo: Campion

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8625

Name. Eliza Muir

Dumfries

Date of Admission. 26 November 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,— at Dumfries

The Petition of Geo McFarlan Insp of Poor Closeburn, Dumfriesshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Kintoul Dressertland Closeburn, 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 Agnes Kintoul to the Royal Institution Dumfries and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) Geo McFarlan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th — (4) day of November — One thousand nine hundred 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 Kintoul
2. Sex and Age,	Female — 64 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper — Householder
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dressertland
8. Length of time Insane,	5 weeks
9. Whether First Attack,	first
10. Age (if known) on First Attack,	64.
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	5 weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No, occasionally violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Undecided — meantime Closeburn
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,	Janet Kintoul — McNay Dressertland Closeburn Sister — None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Care or Treatment as a Lunatic, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of November — One thousand nine hundred

(*To be signed by the party applying*) Geo McFarlan

T. & A. C.—Jan. 1900.

P P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Mungo Byson
being a (1) Bachelor of Medicine and Master in Surgery of Glasgow University
and being in actual practice as a (2) Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Dissertan parish of Closeburn, Dumfries
in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Rintoul pauper
the said Agnes Rintoul 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) Her She does not know where she is — look on for a totally different person believes that people are conspiring against her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) is violent occasionally — breaks furniture — has tried to get out of the window — is filthy in her habits — Information derived from her books &c

Name and Medical Designation, Mungo Byson M.B. C.

Place of Abode, Thornhill

DATED this twenty seventh day of November One thousand nine hundred 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 Dunlop,
being a (1) Bachelor of Medicine & Master in Surg Glasgow University (1882)
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Dissertan Closeburn Dumfries, — in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Rentoul, Pauper.
and that the said Agnes Rentoul is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, 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 general appearance indicative of mental aberration. Answers questions monosyllables and wanders from the sub

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs M'Nay. Dissertland. informs me she will sit for hours staring at vac threatens to strike her, and is of a disposition.

Name and Medical Designation, Thomas Dunlop M

Place of Abode Thornhill. Dumfries

DATED this twenty-ninth day of November One thousand nine hundred 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, Mungo Bryson being (1) a Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Dossenland in the County of Dumfries, seen and personally examined Agnes Rintoul pauper, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Mungo Bryson

DATED this twenty seventh day of November One thousand nine hundred and years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Royal Crichton Dumfries Asylum to receive therein Agnes Rintoul to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Guardian

Signature and Address Geo. McFarlan. Insp. of Poor

Date 29th Nov 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff ~~of the~~ (4) Substitute of Dumfries and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (5) ~~Henry~~ George McFarlan Inspector of Poor, Blackburn Certificates under the hands of Mungo Bryson M.B. C.M. and Thomas Dunlop being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Rintoul, Drossertland, Blackburn (alias Ross) and that the said Agnes Rintoul is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Rintoul 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 Agnes Rintoul which accompanied the said Petition.

(4) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(5) 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.

DATED [at Dumfries] this First day of December One thousand nine hundred and years Four words deleted.

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries

[Signature] Geo: Campion

(8) Public, District, Parochial, or Private.

No 8020

Agnes Rintoul

Admn 30 November 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER 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, at Dumfries

The Petition of James Morrison, Inspector of Poor of Dryfesdale,

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that John Carson, 32 Bridge st Lockerbie, 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 Carson to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) James Morrison

DATED this Sixth (4) day of December — One thousand nine hundred years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Carson.
2. Sex and Age,	Male - 38 years.
3. Married, Single, or Widowed,	Married (separated).
4. Condition of Life, and previous Occupation (if any),	Cattle Dealer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	32 Bridge st. Lockerbie.
7. Place where Found and Examined,	Dumfries.
8. Length of time Insane,	—
9. Whether First Attack,	1st attack.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	Since 5th December, Current.
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	Said to be.
15. Whether Suicidal,	Not known.
16. Whether Dangerous to others,	Said to be.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dryfesdale.
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,	His mother - Mary Carson resides at 32 Bridge st. Lockerbie. So far as known no relative has ever been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has been previously in an Asylum, state name and date of latest admission or application thereto. If not previously under Examination or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of December, One thousand nine hundred years.

(*To be signed by the party applying*) James Morrison

P p

T. & A. C.—Nov. 1869.

No 8626
Agnes Rintoul

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Thomson —
being a (1) Doctor of Medicine & Surgeon
University & Surgeon
and being in actual practice as a (2) Physician & Surgeon, the
do hereby certify, on soul and conscience, that I have this day, at (3) Police Office, Dumfries, — in the County of
Dumfries, — separately from any other Medical Practitioner,
visited and personally examined (4) John Carson, Cattle-
dealer Lochrerbie, Dumfries-shire and that
the said John Carson — is a (5) person —
of unsound mind, — and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4) He is in a state
of acute mania: violent, dangerous
shouting and talking most incoherent

(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, 27 Castle Street, Dum

DATED this Fifth — day of December One thousand
nine hundred & fours —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Rutherford Gilmour
being a (1) Bachelor of medicine of Edinburgh
University;
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution, Dumfries, — in the County of
Dumfries, — separately from any other Medical Practitioner,
visited and personally examined (4) John Carson, cattleman
from Lochrerbie, (a pauper) — and that
the said John Carson — is a (5) person
of unsound mind, and a proper person to be detained
under Care and Treatment, 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 noisy & excited — Thinks he is
herding his cattle & shouts to them — Looks
under his bed to see who is talking to him,
& threatens to let his blood out if he catches him.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J. R. Gilmour M.D.

Place of Abode Crichton Royal Institution - D

DATED this 26th — day of December — One thousand
nine hundred & fours.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Alexander Thomson,
being (1) a Doctor of medicine,
hereby certify, on soul and conscience, that I have this day, at (2) the Police Office,
in the County of Dumfries, —, seen and personally examined John Carson, —, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Alex. Thomson M.D.

DATED this Fifth day of December, One thousand nine hundred & fours.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution.
~~Asylum~~ to receive therein John Carson
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Inspector of Poor

Signature and Address James Morrison

Date 8th December 1900

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~John Clerk Monteath, Sheriff~~ John Clerk Monteath, Sheriff-Substitute of Dumfries ~~of the~~ (1) and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (2) James Morrison, Inspector of Poor, Dryfesdale,
Certificates under the hands of Alexander Thomson
and John Rutherford 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 (3) John Carson, 32 Bridge Street, Lockerbie, (a Pauper) and that the said John Carson, 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 John Carson 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 John Carson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED [at Dumfries] this Eighth day of December, One thousand nine hundred & years. Two words deleted. -

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(7) Public, District, Parochial, or Private.

[*Signature*] Jno Clerk

No 8027.

John Barron
Carpenter

Adm 5 December 1901

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.*

[FORM A]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway, and his Substitutes,—

The Petition of MILES M'INNES, Inspector of Poor for the Parish of Dumfries,

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Bernard Yateley, 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 Bernard Yateley, to the Crichton Royal Institution at Dumfries, and to sanction his admission into the said Institution.

(To be signed by the Party applying) Miles Mc Innes

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (*) day of December, One thousand ~~eight~~ nine hundred ~~and~~ 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,	Bernard Yateley.
2. Sex and age,	Male 20.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Labourer.
5. Religious Persuasion, so far as known,	R. Cathelic.
6. Previous place of abode,	Burgh Police Office.
7. Place where found and examined,	Burgh Police Office.
8. Length of time Insane,	a few days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	20.
11. When and where previously under Examination and treatment. (Name of Establishment into which last received, and Year of Reception or approximation thereto,	No where.
12. Duration of Existing Attack,	Not known.
13. Supposed Cause,	Not known.
14. Whether Subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
18. Date of becoming Chargeable,	7th December, 1900.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Yateley, Labourer and Bridget Verdon, Father + Mother both residing at Muckla, Ireland. 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 Seventh day of December, One thousand ~~eight~~ nine hundred ~~and~~ years.

(To be signed by the party applying) (p) Miles Mc Innes
agent

MEDICAL CERTIFICATE, NO. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the Street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Peter Murray Kerr
being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) Medical Practitioner
do hereby certify, on Soul and Conscience, that I have this day, at (3) Police Office, Dumfries, Dumfries, in the County of
separately from any other Medical practitioner, visited and personally examined (4) Bernard Yateley, Pauper,
and that the said Bernard Yateley — is a (5) person of unsound mind, — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
His insane appearance and manner: He has delusions of sight & hearing Believes himself to be in danger & hears voices of people threatening him

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Kerr MRCS

Place of Abode, 20 Castle Street Dumfries

DATED this Seventh day of December, One thousand ~~nine~~ hundred ~~and~~ 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, George R. Lumsden
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon,
do hereby certify, on Soul and Conscience, that I have this day, at (3) Burgh Police Office, Dumfries, in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Bernard Yately, Pauper,
and that the said Bernard Yately — is a (5) Person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
His insane appearance and manner. Rambling incoherent conversation concerning threat to take his life, and mania that 'men' were compelled him to follow him.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, George R. Lumsden

Place of Abode, 35 George Street Dumfries

DATED this Seventh day of December, One thousand ~~eight~~ hundred ~~and~~ years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an order by the Sheriff.)

I, the undersigned, Peter Murray Kerr — being (1) Bachelor of Medicine and Master in Surgery hereby certify, on Soul and Conscience, that I have this day, at (2) Police Office Dumfries, in the County of Dumfries, — , seen and personally examined Bernard Yately, — , and that the said Person is of unsound mind, and a proper Patient to be placed in an Asylum. *

(1) State Medical qualification.
(2) State place of Examination.

And I further certify that the case of the said person is one of Emergency.

* and is in a sufficiently good state of bodily health at this date to be removed to ~~the~~ Asylum at Dumfries.

Peter Murray Kerr

Dated this ~~twelfth~~ seventh day of December, One thousand ~~eight~~ nine hundred ~~and~~ years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I, hereby request the Superintendent of the Crichton Royal Institution at Dumfries to receive therein Bernard Yately, — to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor, Dumfries

Signature and Address, (3) Miles McInnes 28 Queen Street

Dated, 7th December, 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION & RECEPTION OF THE LUNATIC.

I, John Clark, Honorary — Sheriff-Substitute ~~of the County~~ of Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (1) Miles McInnes, Inspector of Poor, Dumfries, — Certificates under the hands of Peter Murray Kerr, — and George B. Livingston, — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) Bernard Yately, Burgh Police Office, Dumfries (a Pauper) and that the said Bernard Yately, — is a (3) person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Bernard Yately, — as a patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize ~~his~~ Transmission to the said Institution accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Bernard Yately — which accompanies the said Petition.

(1) Insert Name and Designation.
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated this Eighth — day of December, — One thousand ~~eight hundred and~~ nine hundred years. two words deleted

John Clark

To the Superintendent of the Crichton Royal Institution for Lunatics, at Dumfries.

No. 8028

Name Bernard Yateley
Dumfries.

Date of Admission 7 December 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2) Shire~~ of Dumfries & Galloway, *and his Substitutes*, — at Dumfries;

The Petition of John Laurie, Insp. of Poor for the Parish of Tynron,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robinson Gibson, — under your Petitioner's (3) charge as Insp. of Poor for Tynron, — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robinson Gibson, — to the Crichton Royal Institution, Dumfries, — and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) ~~Donald McKechnie of John & Glasgow~~ John Laurie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fifteenth — (4) day of December, — One thousand nine hundred 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,	Robinson Gibson.
2. Sex and Age,	Male - 48.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Coachmaker & Gardener.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	22 Ardew Street, Glasgow,
7. Place where Found and Examined,	Glasgow.
8. Length of time Insane,	Twenty seven years.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	21.
11. When and where previously under Examination and Treatment (3)	Crichton Royal Institution 6 Dec: 1873, to 8 August 1899.
12. Duration of Existing Attack,	27 years.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Tynron.
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,	Alex. Gibson, Rowan Bank, Sanquhar, Dumfries. - Brother. - No. -
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(3) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifteenth day of December, — One thousand nine hundred years.

(To be signed by the party applying) John Laurie.

T. & A. C.—April 1900.

P. p.

Bernard Watson
Dumfries
4 December 1900

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Carswell, being a (1) Licentiate of the Royal College of Physicians Edinburgh and of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Physician, do hereby certify, on soul and conscience, that I have this day, at (3) 46 John Stuart, Glasgow, in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Robinson Gibson, residing at 22 Arden Stuart, Glasgow, and that the said Robinson 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) He is dull, listless and somewhat stupid in manner and appearance, and he suffers from delusions, such as, that he is prevented from working by some mysterious means.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother states that he has been weak-minded for many years, and that he is dull & stupid so that he cannot conduct himself in a rational manner.

Name and Medical Designation, J. Carswell LRCP&S

Place of Abode, 5 Royal Crescent Glasgow

DATED this 13th day of December, One thousand nine hundred .

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Core, being a (1) Doctor of Medicine of Glasgow Univ. and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Barhill Portcross, Barhill, Lanark, in the County of separately from any other Medical Practitioner, visited and personally examined (4) Robinson Gibson, resident at 22 Arden Street, Glasgow, and that the said Robinson 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) He is very dull and stupid, answers questions childishly; he is very loose and acts in an aimless manner.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, William Core M.D.

Place of Abode Barhill Glasgow

DATED this 13th day of Dec. One thousand nine hundred and [illegible].

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Core
being (1) Doctor of Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Bruhill,
in the County of Dumfries, seen and personally examined
Robinson Gibson, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

William Core M.D.

DATED this 13th day of December, One thousand nine hundred

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution
~~Asylum~~ to receive therein Robinson Gibson
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Removing Officer

Signature and Address John Laurie, Insp. Lunacy
~~Donald McAlpine 64 John St~~

Date Dec 15th 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Lampson (1) Sheriff Substitute
of ~~the~~ (2) Dumfries & Galloway at Dumfries,
having had produced to me, with a Petition at the instance of (3) John Laurie
Inspector of Poor, Lunacy,
Certificates under the hands of John Lafauell,
and William Core being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robinson Gibson, 22 Arden Street, Glasgow, (a pauper) and that the said Robinson 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 Robinson Gibson as a patient into the (6) Public Asylum of Crichton Royal Institution, Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robinson Gibson, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this seventeenth day of December, One thousand nine hundred and years.

To the Superintendent of the (6) Public
Asylum of Crichton Royal Institution
Dumfries.

Geo. Lampson
[Signature]

(6) Public, District, Parochial, or Private.

No 8029

Robinson Gibson

James

Adm 14 December 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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, *or any two*:

The Petition of John Maxwell Insp: of Poor, Dumfries & Maxwelltown, Dumfries.

Humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Euphemia Rankine or Kannay, 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 Rankine or Kannay — to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Maxwell Insp. 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 December, One thousand nine hundred & 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,	Euphemia Rankine or Kannay.
2. Sex and Age,	Female. aged 56 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Working Class. Housewife.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	20. Market Street. Maxwelltown
7. Place where Found and Examined,	20. Market Street. Maxwelltown
8. Length of time Insane,	about 4 months
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	about 56 years.
11. When and where previously under Examination and Treatment (5)	Never under treatment before.
12. Duration of Existing Attack,	about 4 months.
13. Supposed Cause,	None 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,	Dogmers.
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,	Husband James Kannay. resides in same house. says he thinks some of her relatives were a little inclined that way.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(5) If patient has previously in an Asylum, state date of latest or approximate thereto. If previously under Asylum or treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twentieth day of December One thousand nine hundred Years.

(To be signed by the party applying) John Maxwell
Inspector of Poor. Dogmers P P

T. & A. C.—Jan. 1900.

No 8029
Robinson
James

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Murray,
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician,
do hereby certify, on soul and conscience, that I have this day, at (3) 20 Market
Musselburgh,
Kirkcudbright, separately from any other Medical Practitioner, in the County of
visited and personally examined (4) Euphemia Rankine or Hamm
20 Market St Musselburgh Pauper and that
the said Euphemia Rankine or Hamm is a (5) person of
unsound mind, and a proper Person to be detained
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 seen excited
States that her husband Rips among
and yesterday attempted to
that he started her, and caused her

2 Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband told me, that she was
abusing the child, plated & shook at him
& constantly raiking at him.

Name and Medical Designation, P Murray MD

Place of Abode, Castle St Dalkeith

DATED this 20th day of December, One thousand nine hundred & 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 Dewar Robson,
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 20 Market St
Musselburgh,
Kirkcudbright, separately from any other Medical Practitioner, in the County of
visited and personally examined (4) Euphemia Rankine or Hamm
20 Market St. Musselburgh, Pauper, and that
the said Euphemia Rankine or Hamm is a (5) person
of unsound mind, and a proper person to be detained
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 violen
both in speech & behaviour. Threatens violen
to her husband. She imagines there is a st
woman kept in a room upstairs & her hus
& her tried to suffocate her.
She is very stoned and can't get any money for
husband. says that her condition is due to an accident
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) to a ch
Her husband & daughter say that these occ
have been going on for 2 months. That to da
she began flinging the crockery & previous des
and husband did not have seen her do.

Name and Medical Designation, John Dewar Robson MB

Place of Abode 7 Jeanfield St Musselburgh

DATED this 20th day of Dec. One thousand nine hundred & 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 Dewar Robson
being (1) a Graduate of Edinburgh University,
hereby certify, on soul and conscience, that I have this day, at (2) 20 Market St.
in the County of Kirkcudbright, seen and personally examined Euphemia Rankine or Hannay, Pauper, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) (the Crichton Royal) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

John Dewar Robson MB

DATED this 20th day of Dec. One thousand nine hundred years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Euphemia Rankine or Hannay — to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Guardian

Signature and Address John Maxwell

Date 20th December 1900.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Jago Campion Sheriff-Substitute of Dumfries
~~of the~~ (4) and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (5) John Maxwell Inspector of Poor, Dalbeattie
Certificates under the hands of Patrick Murray,
and John Dewar Robson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Euphemia Rankine or Hannay 20 Market St Maxwelltown, (a Pauper) and that the said Euphemia Rankine or Hannay, is a (8) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Euphemia Rankine or Hannay, as a patient into the (9) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Euphemia Rankine or Hannay, which accompanied the said Petition.

(4) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(5) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) 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.

DATED [at Dumfries] this Twenty first day of December, One thousand nine hundred years.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(7) Public, District, Parochial, or Private.

Geo: Campion

[*Signature*]

No 8030

Euphemia Rankine or Hannay

Inquest

adm. 20 December 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,— at Dumfries

The Petition of John Carson Inspector of Poor Kirkmabreck

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Thomson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper Lunatic is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Thomson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(To be signed by the Party applying) John Carson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 26th (4) day of December One thousand ~~eight hundred and~~ nine hundred.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Thomson
2. Sex and Age,	Female. 46 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,	Has been resident for 9 years (Previous 5 years in Southern Counties Asylum)
7. Place where Found and Examined,	St. John Street Creetown
8. Length of time Insane,	Over Five Weeks
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	32 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	In Southern Counties Asylum Dumfries. 1886.
12. Duration of Existing Attack,	Over Five weeks
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,	Kirkmabreck
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Thomson (Mother) St. John Street Creetown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of December One thousand ~~eight hundred and~~ nine hundred

(To be signed by the Party applying) John Carson
Inspector of Poor
Kirkmabreck

Dalbeattie Rankine & Hannay No 8630

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, Norman James McKie being a (1) Doctor of Medicine of the University of Edinburgh and being in actual practice as a (2) Doctor of Medicine do hereby certify, on soul and conscience, that I have this day, at (3) St John Street, Cruetown in the County of Kirkendbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Thomson, St. John Street, Cruetown, pauper and that the said Elizabeth Thomson 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)

Fixed look of terror in the face. Continuous incoherent muttering, with word now and then to be made out indicating delusions of persecution

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She has threatened to drown herself

Her sister Mary Ann Thomson

Name and Medical Designation, Norman James McKie

Place of Abode, Newton Stewart

DATED this twenty third day of December One thousand ~~eight~~ nine hundred ~~and~~

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be,*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Smith being a (1) Bachelor of Medicine and Master of Surgery of the University of Glasgow and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) St John Street, Cruetown Kirkendbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Thomson (Pauper), St John Street Cruetown and that the said Elizabeth 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 states that she has been appointed to "many people" and is so much distressed at this that she would willingly do away with herself to escape the duty. She hears the cries of people being killed and is tormented by the smell of "murdered" blood from which she would drink. She attempted to drown herself.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Communicated by her sister Margaret Thomson Vernon.

She believes that every person has been killed in the face of the earth save her sisters and herself and that we are kept as a punishment for Sodom and Gomorrah. She attempted to drown herself in the

Name and Medical Designation, David Smith M.B. C.M.

Place of Abode St John Street Cruetown

DATED this twenty fifth day of December One thousand ~~eight~~ nine hundred ~~and~~ forty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and 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 Clerk, ——— (1) Honorary Sheriff-Substitute of ~~this (1)~~ Dumfries and Galloway, at Dumfries, ——— having had produced to me, with a Petition at the instance of (2) John Carson, Inspector of Poor, Kirkmabreck, ——— Certificates under the hands of Norman James McKie, ——— and David 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) Elyabeth Thomson, St John Street, Kirkcowan (a Pauper) and that the said Elyabeth Thomson ~~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 Elyabeth Thomson, ——— as a Patient into the (6) Public ——— Asylum of Crichton Royal Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elyabeth Thomson, which accompanied the said Petition.

DATED this Twenty-sixth day of December, ——— One thousand ~~eight hundred and nine hundred~~ years. Three words deleted

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

Jno Clerk

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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° 8631

Elizabeth Thomson

Kirkmahoe

Adm. 26 December 1900.

N° 5031
Elizabeth Thomson