**Sheriff's Warrants**

**Publication/Creation**

1878-1879

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

1878 & 79 [Form A]

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

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

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

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

The Petition of Richard Brown Inspector of Poor Kirkpatrick-Fleming

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

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

your Petitioner's (*) Pauper

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

Richard Brown Inspector of Poor

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

Dated this fifth (*) day of January One thousand eight hundred and Seventy 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, | Bridget Turnbull |
| 2. Sex and Age, | Female aged 65 |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous Occupation (if any), | Pauper |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Hollee |
| 7. Place where Found and Examined, | Hollee |
| 8. Length of time Insane, | a few days ago |
| 9. Whether first Attack, | 65 |
| 10. Age (if known) on first Attack, | |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of existing Attack, | Four days |
| 13. Supposed Cause, | Hereditary |
| 14. Whether subject to Epilepsy, | |
| 15. Whether Suicidal, | |
| 16. Whether Dangerous to others, | |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkpatrick Fleming |
| 18. Date of becoming Chargeable, | 5th January 1848 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Robt Brown Several of the same family have been treated in the S.C. Asylum for Insanity |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

Dated this fifth day of January One thousand eight hundred and Seventy eight years

(*To be signed by Party applying*) Richard Brown Inspector of Poor

P. P

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Carruthers being a (1) Lic: Roy: Coll: Phys: Edin: & Lic: Fac: Phys: Surg: and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Fairyrow in the parish of Kirkpatrickfleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Bridget Turnbull, pauper, residing in the parish of Kirkpatrickfleming, and that the said Bridget Turnbull is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 cannot converse, speaks incoherently, raves madly about her soul, 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) Elizabeth Clark, a neighbour of Bridget Turnbull, says that Bridget has been in constant restlessness for more than 48 hours, sometimes singing, at other times swearing wildly, at other times praying—

Name and Medical Designation, William Carruthers, Phys & Surg

Place of Abode, Kirkpatrickfleming

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

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Maclachlan being a (1) Bachelor of Medicine & Master in Surgery of and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the Parish of Dryfesdale in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Bridget Turnbull, Pauper residing in the Parish of Kirkpatrickfleming and that the said Bridget Turnbull is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 sullen & disinclined to converse. Is incoherent when she does speak. States that she hears voices constantly speaking to her & telling her to do things & also swearing at her.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Mary Armstrong a neighbour states that she has taken us food for three days that at times she is greatly excited & at others rage to speak. Talks much to herself.

Name and Medical Designation, James Maclachlan M.B. &c.

Place of Abode, Lockerbie

DATED this 5th day of January One thousand eight hundred and 78

Dr. Maclachlan is the same person as that appearing in the Medical Register as being resident at Rothesay C.W.K.

## CERTIFICATE OF EMERGENCY.

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

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

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

William Carruthers

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

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

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

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Richard Brown Inspector of Poor Kirkpatrick Fleming Certificates under the hands of William Carruthers 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) Bridget Turnbull, widow Pauper, Kirkpatrick Fleming, and that the said Bridget Turnbull is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Bridget Turnbull as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Bridget Turnbull which accompanied the said Petition.

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

David Boyle Hope

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

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

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Bridget Turnbull
5th January
1878

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

[Form A]

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

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

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

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

The Petition of Alexander Sharpe, Solicitor, Maxwelltown

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

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

your Petitioner's (3) Brother-in-law ———

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

Alex. Sharpe

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

Dated this Seventh (4) day of January One thousand eight hundred and Seventy 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, | William Middleston |
| 2. Sex and Age, | male - 62. |
| 3. Married, Single, or Widowed, | Single. |
| 4. Condition of Life, and previous occupation (if any), | Grain Dealer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Riddingwood, Kirkmahoe |
| 7. Place where Found and Examined, | Beech Grove, Maxwelltown |
| 8. Length of time Insane, | A few weeks |
| 9. Whether first Attack, | First attack. |
| 10. Age (if known) on first Attack, | 62. |
| 11. When and where previously under Examination and Treatment, | Never previously. |
| 12. Duration of existing Attack, | A few weeks |
| 13. Supposed Cause, | Not Known |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Yes. |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Not chargable |
| 18. Date of becoming Chargeable, | Nil - |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | James Middleston, Riddingwood Kirkmahoe - Brother. No member of the family ever insane. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

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

Dated this Seventh day of January One thousand eight hundred and Seventy eight.

*(To be Signed by Party applying)* Alex. Sharpe

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Patrick M Murray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Buck-Grove Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Hiddleston Grain Riddingwood Kirkmahoe and that the said William Hiddleston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Imagines that he is ruined, that he has deceived my one, that he is lost. He informs me that he attempted to commit Sinc

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

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

*Name and Medical Designation,* P M Murray M D

*Place of Abode,* Castle St Dumfries

DATED this 7th day of Jany One thousand eight hundred and 78

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) A case of Melancholia subject to alternate fits of mental dejection and nervous excitement. His delusions about his money being lost &c. Is afraid of committing suicide.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His nephew and other relations state that he is getting more & more insane. That he attempted suicide. That they are afraid to leave him by himself

*Name and Medical Designation,* P S Kerr M D &c

*Place of Abode,* Dumfries

DATED this Seventh day of January One thousand eight hundred and Seventy Eight 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, Patrick M. Murray being (1) Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Beech Grove in the County of Tenkendbright, seen and personally examined William Kiddleston Tenkenahoe, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

P. M. Murray M.D.

DATED this 7th day of January One thousand eight hundred and 78

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

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

I, David Boyle Hope (3) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander Sharpe Solicitor, Maxwelltown Certificates under the hands of Patrick M. Murray and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Kiddleston Graindealer, Riddingwood, Kirkmahoe (Otr's Brother-in-Law) and that the said William Kiddleston is a (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 Kiddleston as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Kiddleston, which accompanied the said Petition.

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

David Boyle Hope

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

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

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William Middleton

7th January

1878

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

[Form A]

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

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

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

*Unto the Honourable the* (1) Sheriff of (2) Dumfries & Galloway

of _____ *and his Substitutes,*—

The Petition of John Maxwell. Inspector of Poor. Thornhill

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Martha Cochrane. or Grierson your Petitioner's (3) Charge 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 Martha Cochrane. or Grierson to the Southern Counties asylum Dumfries and to sanction Her admission into the the said Asylum.

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

John Maxwell.

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

Dated this Ninth (4) day of January One thousand eight hundred and Seventy eight Years.

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Martha Cochrane. or Grierson |
| 2. Sex and Age, | Female. age 34 Years. |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Housewife. formerly Farm Servant. |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | 13 College Strut. Maxwelltown |
| 7. Place where Found and Examined, | 13 college Strut Maxwelltown |
| 8. Length of time Insane, | about 2 years |
| 9. Whether first Attack, | First attack |
| 10. Age (if known) on first Attack, | 32 Years. |
| 11. When and where previously under Examination and Treatment, | Never under Treatment before |
| 12. Duration of existing Attack, | about 2 years |
| 13. Supposed Cause, | None |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No further. than sometimes threatens |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Parton. or Crossmichael |
| 18. Date of becoming Chargeable, | 7th January. 1878. |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Resides with Husband. None of the Family ever Insane before |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None. |

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

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

(*To be signed by Party applying*) John Maxwell. Inspector of Poor. Thornhill.

P.p.

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 M. Mc Inerney being a (1) Graduate of the University of Edin[burgh] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 13 Colleg[e] Mafeotstown in the County [of] Kirkendbright separately from any other Medical Practitioner visited and personally examined (4) Martha Cochrane or Gu[ison] and th[at] the said Martha Cochrane or Guidon is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) States that Mrs Mafeught has for some time past been very strange in her manner & has on several occasions threatened to murder her husband that the Commander in Chief of the Russian Army are her Father's friends

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Mc Quinn a neighbour informs me that she sometimes has visitations of violence

*Name and Medical Designation,* P. M. Mc Inerney L.R.C.P.

*Place of Abode,* 33 Castle St Dumfries

DATED this 8th day of January One thousand eight hundred and 78

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal College of Physicians and Surgeons, Edinburgh being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) N°13 Colleg[e] Street, Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Martha Cochrane or Gu[ison] and that the said Martha Cochrane or Guinson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is a peculiar expression about her face which is indicative of mental disorder — she is filthy in her habits —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) [illegible] [illegible] that her relations are great Commanders in the Eastern war

*Name and Medical Designation,* John Cunningham M.D.

*Place of Abode,* 26 Castle Street Dumfries

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

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Maxwell Inspector of Poor Troqueer Certificates under the hands of Patrick M. Murray and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Martha Cochrane or Grierson 13 college St Maxwelltown (a Pauper) and that the said Martha Cochrane or Grierson is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Martha Cochrane or Grierson as a Patient into the (6) Public Asylum of Southern counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Martha Cochrane or Grierson, which accompanied the said Petition.

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

David Boyle Hope

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

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

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Martha Cochrane
or Grierson

9th January

1878

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

FORM A

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

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

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

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

The Petition of John Dinwoodie Inspector of Poor of the Parish of Dumfries

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

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

John Dinwoodie

DATED this Fouth day of (4) January One thousand eight hundred and Seventyeight

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

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Jane Laurie or Wallace, |
| 2. Sex and Age, | female, 38 years |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous occupation (if any), | do Outdoor Worker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Gearyetown |
| 7. Place where Found and Examined, | do |
| 8. Length of time Insane, | about 2 days |
| 9. Whether first Attack, | first attack |
| 10. Age (if known) on first Attack, | — — — |
| 11. When and where previously under Examination and Treatment, | — — — |
| 12. Duration of existing Attack, | about 2 days |
| 13. Supposed Cause, | not known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | doubtful |
| 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, | 10th Jany: 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Wallace, daughter. no member of the family insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

DATED this Fouth day of January One thousand eight hundred and Seventyeight

*(To be Signed by Party applying)* John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Alexander Thomson
being (1) Doctor of Medicine of the University of Glasgow & Surgeon
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Georgetown
in the Parish of Dumfries in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Laurie or Wallace - Pauper -
and that
the said Jane Laurie or 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) Maniacal excitement - constant - incoherent - Conversation -

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Told by her brother that she was frequently ungovernable - broke the windows last night - and shouting & blaspheming & generally violent

*Name and Medical Designation,* Alex. Thomson MD

*Place of Abode,* Castle St Dumfries

DATED this 24th day of January One thousand eight hundred and seventy eight 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, Wallace Wardlaw
being a (1) Physician Graduate of the Faculty of Physicians and Surgeons Glasgow and College of St Andrews
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Georgetown
Dumfries
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Laurie or Wallace Pauper
and that
the said Jane Laurie or Wallace is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Declares that God is here & now and that all the people are gone to hell

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her daughter observes her to be restless at times & mutters to herself

*Name and Medical Designation,* Wallace Wardlaw M.D.

*Place of Abode,* Dumfries

DATED this 24th day of January One thousand eight hundred and seventy eight 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) Georgetown in the County of Dumfries, seen and personally examined Jane Laurie or Wallace, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Alex. Thomson M.D.

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

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

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

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

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

David Boyle Hope

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

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

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v. Jane Lawrie or Wallace

10th January

1878

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

[FORM A]

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

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

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

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

The Petition of William Mackie, Inspector of Poor, Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Murray, residing at Croft Angry, 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 Margaret Murray to the Southern Counties Asylum, Dumfries and to sanction her admission into the the said Asylum.

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

Wm Mackie Insp. of Poor

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

DATED this ninth (4) day of January One thousand eight hundred and seventy-eight years

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Murray |
| 2. Sex and Age, | Female, aged 39 years. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Domestic Servant |
| 5. Religious Persuasion, so far as known, | Reformed |
| 6. Previous Place of Abode, | Wigtown |
| 7. Place where Found and Examined, | Wigtown |
| 8. Length of time Insane, | Has had occasional attacks for last 12 years. |
| 9. Whether first Attack, | no. |
| 10. Age (if known) on first Attack, | 27. |
| 11. When and where previously under Examination and Treatment, | At Wigtown, now & then for last 12 years. |
| 12. Duration of existing Attack, | Ten days or so |
| 13. Supposed Cause, | Epilepsy |
| 14. Whether subject to Epilepsy, | Yes |
| 15. Whether Suicidal, | Yes. Subject to do so |
| 16. Whether Dangerous to others, | Yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Wigtown |
| 18. Date of becoming Chargeable, | 8 Jan Y, 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Murray, residing at Croft Angry, Wigtown her father. No member of family known to have been insane. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | ——— |

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

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

(*To be signed by Party applying*) Wm Mackie Insp. of Poor

P. P.

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Etheldson
being a (1) Bachelor of medicine & Master in Surgery of Glasgow
and being in actual practice as a (2) physician and surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Croft-Angh
Migtown in the County of
Migtown separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Murray residing at
Croft Angh Migtown and that
the said Margaret Murray is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

She tells me that one night she had a struggle with the devil. She talked incessantly on religious matters such as no ordinary person would. She repeated some original poetry to me laughing and crying by turns meanwhile though the subject was not demanding it. She walked at a busy rate with me & [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Patient's mother [illegible]

Her father James Murray says she cowed him all over with milk. Her mother says that one day she was lying on the floor & said she was dying & then suddenly sprang up & said she had overcome the devil

Name and Medical Designation, William Etheldson M.B.

Place of Abode, Whithorn Migtownshire

DATED this eighth day of January One thousand eight hundred and & seventy-eight

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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, Charles McBride
being a (1) Doctor of Medicine & Master in Surgery of the
University of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Croft Angh
Migtown in the County of
Migtown separately from any other Medical Practitioner,
visited and personally examined (4) Marg and Mallay a
Pauper residing at Croft Angh Migtown and that
the said Marg and Mallay is a (5) person of
unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

Is excited and demental threatens
her respects. Imp. keeps fin
laughs and prays alternately. Says she
Christ is at her

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

James Mally says she went up the
street singing aloud on Sunday

Name and Medical Designation, Charles McBride M.B.

Place of Abode, Migtown

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

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Macduff Rhind Esquire, Advocate (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William
Mackie, Inspector of Poor Wigtown
Certificates under the hands of William Anderson R. M.
and Charles McBride M.D. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Margaret Murray, pauper and that the said
Margaret Murray, pauper is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Murray, Pauper as a Patient into the Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Murray pauper which accompanied the said Petition.

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

M. Rhind

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

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

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Margaret Murray
11th January
1878

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

[FORM A]

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

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 James Guthrie 2 Murray Place Newton in Ayr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Hutchison Guthrie your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Hutchison Guthrie to the Crichton Royal Institution Asylum Dumfries and to sanction her admission into the said Asylum.

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

James Guthrie

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

DATED this 21st (4) day of December One thousand eight hundred and Seventy Seven years

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | 1 Sarah Hutchison Guthrie |
| 2. Sex and Age, | 2 Female 67 years |
| 3. Married, Single, or Widowed, | 3 Married |
| 4. Condition of Life, and previous Occupation (if any), | 4 |
| 5. Religious Persuasion, so far as known, | 5 Protestant |
| 6. Previous Place of Abode, | 6 No. 2 Murray Place |
| 7. Place where Found and Examined, | 7 no. 2 Murray Place |
| 8. Length of time Insane, | 8 3 Weeks |
| 9. Whether first Attack, | 9 first attack |
| 10. Age (if known) on first Attack, | 10 Dec 21 2 |
| 11. When and where previously under Examination and Treatment, | 11 |
| 12. Duration of existing Attack, | 12 Dec No 8 |
| 13. Supposed Cause, | 13 To much mental work |
| 14. Whether subject to Epilepsy, | 14 no |
| 15. Whether Suicidal, | 15 no |
| 16. Whether Dangerous to others, | 16 no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | 17 — |
| 18. Date of becoming Chargeable, | 18 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Guthrie Husband |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

DATED this 21st day of December One thousand eight hundred and Seventy Seven years,

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

P. P

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 D Ritchie being a (1) M D and L R C S E and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 102 Murray Place, Newton-on-Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Sarah Hutchinson Guthrie and that the said Sarah H. Guthrie is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Constant detainment of speech with continued and incoherent talking.

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

*Name and Medical Designation,* Robert D Ritchie L R C S E

*Place of Abode,* Ayr

Dated this 21st day of Dec One thousand eight hundred and Twenty Seven

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Ronald Surgeon Glasgow Asylum being a (1)

and being in actual practice as a (2) Surgeon in Ayr hereby certify, on soul and conscience, that I have this day, at (3) 2 Murray Place Newton-on-Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Sarah Robinson Guthrie and that the said Sarah Robinson Guthrie is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Incoherency in speech continued on her continued questions & answers shows no knowledge of her whereabouts

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Per Husband and the Nurse

*Name and Medical Designation,* John Ronald Surgeon

*Place of Abode,* Ayr

Dated this 21st day of December One thousand eight hundred and Twenty Seven

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Cuthbert Cowan (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) James Guthrie
2 Murray Place Newton on Ayr
Certificates under the hands of Robert Dobbie M.D
and John Ronald, Surgeon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah Hutchison Guthrie the Petitioners wife and that the said Sarah Hutchison Guthrie is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Hutchison Guthrie as a Patient into the (6) Private 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 Sarah Hutchison Guthrie which accompanied the said Petition.

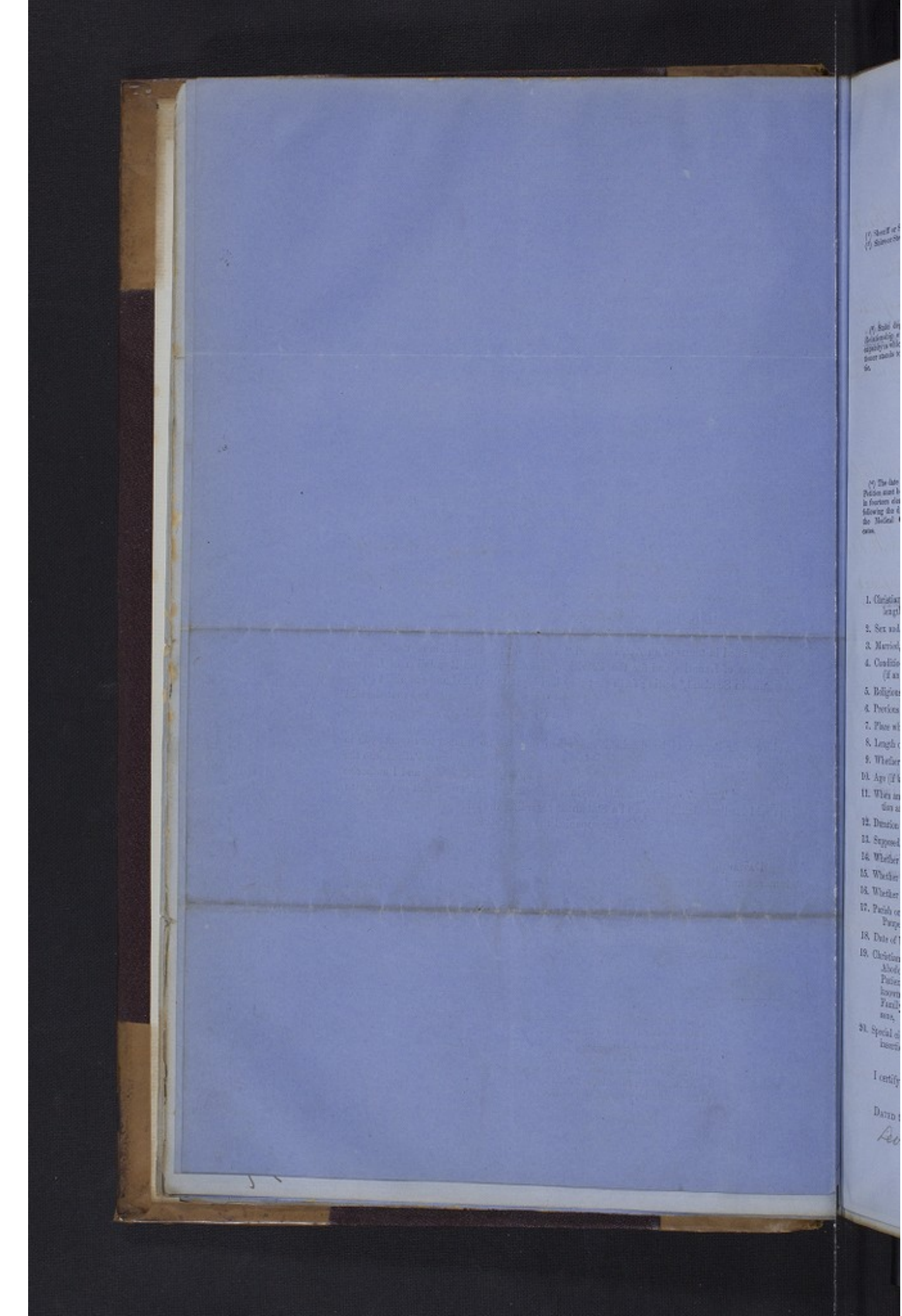
Euba J/a.

DATED this twenty second day of December One thousand eight hundred and seventy seven

Cuthbert Cowan

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

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



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

[FORM A]

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

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

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

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

The Petition of James Guthrie 2 Murray place Newton on Ayr
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Hutchison Guthrie.

(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 Sarah Hutchison Guthrie to the Crichton Royal Institution and to sanction her admission into the said Asylum.

James Guthrie

(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 January One thousand eight hundred and Seventy eight.

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Sarah Hutchison Guthrie |
| 2. Sex and Age, | Female 67 Years |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | Protestant |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | no 2 Murray Place Ayr |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | 3 weeks |
| 9. Whether First Attack, | first attack |
| 10. Age (if known) on First Attack, | no no 2 |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | 3 weeks |
| 13. Supposed Cause, | to much mental work |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Jas Guthrie Husband 2 Murray Place Ayr |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

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

(To be signed by Party applying) James Guthrie

P. P.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, James M'. M'Culloch M. D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Sarah Hutchinson Guthrie and that the said Sarah Hutchinson Guthrie is a (5) person of unsound mind 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) Excitement, incoherence, suspicion of poisoning & conspiracy &c.

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sleeps little or none, incoherent, suspicious & restless, imagines there are conspiracies against her to injure in various respects.

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

*Name and Medical Designation,* James M'. M'Culloch M. D.

*Place of Abode* 16 Castle Street, Dumfries.

DATED this 11th day of January One thousand eight hundred and seventy eight years.

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## MEDICAL CERTIFICATE, No. II.

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians & Surgeons in Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah Hutchison Guthrie and that the said Sarah Hutchison Guthrie is a (5) person of unsound mind 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 restless, excited, and incoherent.

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7). Her husband informs me that she imagines that there is poison in her food.

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

*Name and Medical Designation,* Hugh Cunningham L.R.C.P.Edin. L.F.P.S.G.

*Place of Abode* 25 Castle Street, Dumfries

DATED this 11th day of January One thousand eight hundred and seventy eight years

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Guthrie, 2 Murray Place Newton-on-Ayr
Certificates under the hands of James M. McCulloch
and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah Hutchison Guthrie (Petitioner's wife) and that the said Sarah Hutchison Guthrie is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Hutchison Guthrie as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Hutchison Guthrie which accompanied the said Petition.

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

David Boyle Hope

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

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

1560

Sarah Hutchinson or Guthrie

11th January 1878

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

[FORM A]

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

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

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

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

The Petition of James Stafford

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elisabeth Dickson or Wilson

(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 Elisabeth Dickson or Wilson to the Southern Counties' Asylum and to sanction her admission into the the said Asylum.

Jas. Stafford Insp.

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

DATED this sixteenth (4) day of January One thousand eight hundred and seventy 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, | Elisabeth Dickson or Wilson |
| 2. Sex and Age, | Female 64 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Labourers Wife formerly Dom. Servant. |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | Rockhall. Mouswald. |
| 8. Length of time Insane, | ~~about 4 weeks~~ 7 years at intervals |
| 9. Whether first Attack, | Has had several previous attacks |
| 10. Age (if known) on first Attack, | 57 years |
| 11. When and where previously under Examination and Treatment, | Southern Counties Asylum. |
| 12. Duration of existing Attack, | about 4 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, | Dumfries |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | ~~Mr Jackson~~ Margaret Jackson Daughter. Rockhall Mouswald No Member of family 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 16th day of January One thousand eight hundred and seventy eight

(*To be signed by Party applying*) Jas. Stafford

P. P

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Patrick M. Murray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dickson or Wilson a pauper and that the said Elizabeth Dickson or Wilson 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) Lunacy and incoherence in conversation, & unsettled

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Stafford Inspector informs me that the threatened to shoot her daughter last night

*Name and Medical Designation,* P. M. Murray M.D.

*Place of Abode,* 33 Castle St Dumfries

DATED this 16th day of January One thousand eight hundred and 78

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dickson or Wilson a pauper and that the said Elizabeth Dickson or Wilson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks incoherently, is restless and sleepless.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Stafford says she is getting worse. Has been threatening to do for her daughter. Has been in Asylum before.

*Name and Medical Designation,* W. S. Kerr M.D

*Place of Abode,* Dumfries

DATED this 16th day of January One thousand eight hundred and Seventy-Eight 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, D. M. Murray
being (1) Graduate of the University Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) 33 Castle St Dumfries
in the County of Dumfries seen and personally examined
Elizabeth Dickson or Wilson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

D. M. Murray Jnr

DATED this 16th day of January One thousand eight hundred and 78

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

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

I, Sheriff Substitute (1)
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Shepherd
Certificates under the hands of D. M. Murray & W. S. Kerr
and , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Elizabeth Dickson or Wilson and that the said
Elizabeth Dickson or Wilson is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Dickson or Wilson as a Patient into the District Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Dickson or Wilson which accompanied the said Petition.

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

J. Gibson Maxwell

*To the Superintendent of the* (6) District
*Asylum of* Dumfries

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

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Elizabeth Dickson
or
Wilson
16th January
1878

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

[FORM A]

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

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 James Dunsmore, Inspector of Poor of the Parish of Sorbie in the County of Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Brown residing at Barledgion in the parish of Sorbie aforesaid your Petitioner's (3) Pauper —— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Brown —— to the Dumfries & Galloway Asylum at Dumfries and to sanction his admission into the the said Asylum.

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

James Dunsmore)

DATED this Sixteenth (4) day of January One thousand eight hundred and seventy eight

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

## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | William Brown |
| 2. Sex and Age, | Male; about 70 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Agricultural Labourer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Low Blair, parish of Sorbie |
| 7. Place where Found and Examined, | Barledgion |
| 8. Length of time Insane, | Six months or thereby |
| 9. Whether first Attack, | Yes |
| 10. Age (if known) on first Attack, | Nearly seventy |
| 11. When and where previously under Examination and Treatment, | Never |
| 12. Duration of existing Attack, | about six months |
| 13. Supposed Cause, | probably age |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | ~~(not chargeable)~~ Sorbie |
| 18. Date of becoming Chargeable, | ~~(not chargeable)~~ 12th January 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Thomas Brown, mason Glasgow brother; none known to have been actually insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

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

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

four words delete

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

P. p.

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Anderson being a (1) Bachelor of Medicine Master in Surgery of the Cayman Islands and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) the farm-house of Mr Michael Mc Adam of Balledgeuin in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) William Brown of Balledgeuin and that the said William Brown is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
I have had a conversation with him & the grieve me answered questions (which in health he could easily answer lightly) incoherently. He gave wrong names to persons with whom he has been long acquainted. By and large of conversation I can give nothing else.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr. Michael Mc Adam of Balledgeuin informs me that he called during on a plate & set it on the table in his own house & also that he went to a grocers in the village of Lochie & asked for a lbs of sugar & that he bought tobacco & said that was for William Brown who lives in Balledgeuin & takes it. He takes a pinch of snuff at the time today.

Name and Medical Designation, William Anderson M.B. Edin

Place of Abode, Whithorn, Wigtownshire

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

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Charles Douglas. being a (1) Graduate of Glasgow University and Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) High Barlea-gieu Farmhouse, Parish of Sorbie in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) William Brown, Bardedgieu and that the said William Brown is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Vacant absent look – filthy habits – says he hears voices speaking to him – does not know where he is at home, and wanders about all night.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Meadam states he stripped himself of his clothing in the fields at night – was found a mile distant – was found at another time wading in a loch – has destroyed everything in his house

Name and Medical Designation, John C. Douglas M.B. L.R.C.P.E.

Place of Abode, Whithorn

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

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Macki Esquire (3) Sheriff Substitute of the (4) County of Wigtown having had produced to me with a Petition at the instance of (5) James Dunmore, Inspector of Poor of the Parish of Sorbie Certificates under the hands of William Anderson M.D. Whithorn and John Charles Douglas M.D. Whithorn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) William Brown, Pauper and that the said William Brown is a (7) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Brown as a Patient into the Southern Counties Asylum of Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Brown which accompanied the said Petition.

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

Wm Macki

*To the Superintendent of the* (8) Southern Counties
*Asylum of* Dumfries.

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

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William Brown
17 January
1878

Petition
for
Warrant to
transmit William
Brown
to
The Northern Counties
Asylum

1878

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

[Form A]

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

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

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

*Unto the Honourable the* (1) sheriff of (2) ~~of the~~

of Dumfries & Galloway *and his Substitutes—*

The Petition of Robert Rogerson baxterman Dfs.

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

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

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

Robert Rogerson

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

Dated this seventeenth (4) day of January One thousand eight hundred and seventy 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, . . . . Thomas C Kilrock
2. Sex and Age, . male about 35
3. Married, Single, or Widowed, . married
4. Condition of Life, and previous occupation (if any), . . . . contractor
5. Religious Persuasion, so far as known, . Presbyterian
6. Previous Place of Abode, . Thornhill
7. Place where Found and Examined, Thornhill
8. Length of time Insane, . . about six months
9. Whether first Attack, . . first
10. Age (if known) on first Attack, . 35
11. When and where previously under Examination and Treatment, . . never previously
12. Duration of existing Attack, . about six months
13. Supposed Cause, . drinking spirits
14. Whether subject to Epilepsy, . no
15. Whether Suicidal, no
16. Whether Dangerous to others, . not known
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . not chargeable
18. Date of becoming Chargeable, . .
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, . . . . William Kilrock Thornhill father 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 seventeenth day of January One thousand eight hundred and seventy eight

*(To be Signed by Party applying)* Robert Rogerson

## MEDICAL CERTIFICATE, No. I.

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

I, the undersigned, E. Hall Stoggan being a (1) Doctor of Medicine and a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas C. Killoch and that the said Thomas C. Killoch is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) - Dull and morose. Strong delusion on various topics - Restless and cannot sleep - Light parcels [illegible] fancying they are his - Has delusion he is poisoned by food &c - Defective vision, loss of memory &c -
2. Other facts (if any) indicating Insanity communicated to me by others: (7) Fancies himself possessed of large means - So also in his way making large purchases of the most absurd things - Cannot rest contented anywhere -

Name and Medical Designation, E. H. Stoggan M.B. L.R.C.

Place of Abode, Thornhill, Dumfriesshire

DATED this Twenty fifth day of January One thousand eight hundred and seventy eight -

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## MEDICAL CERTIFICATE, No. II.

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

I, the undersigned, William Gallaty being a (2) Bachelor of Medicine & Licentiate of the Royal College of Surgeons, Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas C. Killoch and that the said Thomas C. Killoch is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Appears very restless & almost [illegible] want of sleep at times. Depression of spirits. Possesses delusions of various kinds. Thinks [illegible] things & takes them away, thinking they belong to him &c
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has an idea that some person is about to leave him a large fortune. Arranges buying things & has not money to pay for them & always worrying about

Name and Medical Designation, William Gallaty M.B. L.R.C.S.

Place of Abode, Thornhill, Dumfriesshire

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

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Progerson
Leadsman Dumfries
Certificates under the hands of Edward Hoggan
and William Gallatly being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 C. Kellock contractor Thornhill (Petitioner's Brother in law) and that the said Thomas C. Kellock is a (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 C. Kellock as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas C. Kellock, which accompanied the said Petition.

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

David Boyle Hope

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

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

2
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Thomas C Kellock
17th January
1878

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

[FORM A]

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

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

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

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

The Petition of William Borland Farmer in Townfoot of Closeburn Curator Bonis to Catherine Duncan formerly residing at Maidenbower parish of Dumfries now at Orchard Cottage Ruthwell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that the said Catherine Duncan your Petitioner's (3) Ward is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine Duncan to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum. Three words deleted.

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

William Borland

DATED this Sixteenth (4) day of January One thousand eight hundred and seventy eight years

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

X William Borland

## STATEMENT.

*If any 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 Duncan |
| 2. Sex and Age, | Female |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | Semptress |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Maidenbower Parish of Dumfries |
| 7. Place where Found and Examined, | No 16 Bank Street Dumfries |
| 8. Length of time Insane, | All her Life |
| 9. Whether first Attack, | Not her first attack |
| 10. Age (if known) on first Attack, | N |
| 11. When and where previously under Examination and Treatment, | In the Southern Counties Asylum and afterwards at Maidenbower aforesaid |
| 12. Duration of existing Attack, | Insane all her life |
| 13. Supposed Cause, | |
| 14. Whether subject to Epilepsy, | |
| 15. Whether Suicidal, | |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Parish of Morton County of Dumfries |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Duncan Cattle Dealer in Maxwelltown. Mrs Margaret Duncan or Watson Spouse of James Watson Shepherd in Springholm and William Duncan Cattle Dealer in Dumfries None |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

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

(*To be Signed by Party applying*) X William Borland

## MEDICAL CERTIFICATE, No. I.

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

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow, and Surgeon - Physician and Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) 16 Bank Street Dumfries ——— in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Catherine Duncan Dumfries, Orchard Cottage Ruthwell and that the said Catherine Duncan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Suffers according to her own Statement from Illness, feelings in the head - restlessness and sleeplessness. And wishes herself to get an Anodyne to have her head attended to. She is suspicious of the people with whom she stays as a boarder - has been in an Asylum

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by her agent Mr Primrose that Mrs Broatch with whom she stays, complains of her being unbalanced restless, and frequently excites herself or becomes unmanageable has refused food -

Name and Medical Designation, Alex. Thomson M.D.

Place of Abode, Bank Street. Dumfries

Dated this Tenth day of January One thousand eight hundred and seventy eight years.

## MEDICAL CERTIFICATE, No. II.

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

I, the undersigned, James R. McMurray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 16 Bank Street Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Catherine Duncan Dumfries Orchard Cottage Ruthwell and that the said Catherine Duncan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Has delusions. Imagines that Mrs Broatch and Sudden, that they mean to kill her, and do not give her her food (which is not true)

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Broatch told me that at times she is violent, and throws anything at them she can lay hold of

Name and Medical Designation, J. McMurray M.B.

Place of Abode, 33 Castle Street Dumfries

Dated this Tenth day of January One thousand eight hundred and 78

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Borland
Farmer in Townfoot of Closeburn
Certificates under the hands of Alexander Thomson,
and Patrick M. Murray, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine Duncan ~~[illegible]~~, Dumfries (Petitioner's ward) and that the said Catherine Duncan, is a (5) person of unsound mind,

D. B.
Richard
Cottage
Southwell
H.

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

DATED this Sixteenth day of January One thousand eight hundred and seventy eight. Two words and two figures deleted.

David Boyle Hope

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

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

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Catherine Duncan
18th January
1878

Petition
By
The Curator Bonis
of Catharine Duncan
For
Her Removal to the
Southern Counties
Asylum

1878

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

[FORM A]

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

## PETITION TO THE SHERIFF TO GRANT ORDER 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) County of~~ Dumfries ~~(2) Stewartry of Kirkcudbright~~ Galloway *and his Substitutes,*—

The Petition of Archibald Rodan residing at Keeb farm Islay

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

Archibald Rodan

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

DATED this 23d (4) day of January One thousand eight hundred and seventy 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, | Archibald Rodan Junior |
| 2. Sex and Age, | Male nineteen |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Bankers clerk |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Glenluce |
| 7. Place where Found and Examined, | Mrs McMasters Glenluce |
| 8. Length of time Insane, | ten days |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | ten days |
| 13. Supposed Cause, | Not known |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Violent at times and might be if Uncontrolled |
| 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, | Archibald Rodan Father Keeb Farm Islay |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

DATED this 23 day of January One thousand eight hundred and seventy eight

(*To be signed by Party applying*) Archibald Rodan

P. P.

## MEDICAL CERTIFICATE, No. 1.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Wm McCormack Member of the R.C. of Surgeons Edinb being a (1)

and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the House of Mrs Mc Master Glenluce in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Archibald Roden, Clerk Cy Bank Accountant, residing at Glenluce and that the said Archibald Roden is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) From being quiet and retiring has become noisy and talkative imagines himself very rich and above talking incoherently, shifty from subject to subject and at times becomes destructive &c &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From Mr Geo Copeman Manager of Bank that he intends to drain the Bristol Channel and many other extravagant intentions

*Name and Medical Designation,* Wm McCormack L.R.C.P. Ed

*Place of Abode,* Glenluce

DATED this 22 day of January One thousand eight hundred and 78 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 Orgill Surgeon Stranraer being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Glenluce in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Archibald Roden Cashier of the City of Glasgow Bank Stranraer and that the said Archibald Roden is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He talks incoherently on various subjects thinks he is threatened with violence from a Person & &c & wanders from one subject to another

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs McMaster his aunt with whom he resides says that he is altogether changed cursing and talking incessantly quite contrary to his usual habits and has various illusions such as seeing people & hearing noises that do not exist and is very excitable, and restless. This statement is corroborated by his father Archibald Roden and his sister Miss Ellen Agnes Roden

*Name and Medical Designation,* John Orgill Surgeon

*Place of Abode* Stranraer

DATED this 23rd day of January One thousand eight hundred and Seventy eight

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Peter Maclean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Archibald Rodan residing at Keels farm Sclay
Certificates under the hands of William M'Cornack Surgeon Glenluce
and John Orgill Surgeon Thurnaer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Archibald Rodan Junior, residing in Glenluce and that the said Archibald Rodan 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 Archibald Rodan Junior as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Archibald Rodan Junior which accompanied the said Petition.

DATED this twenty third day of January One thousand eight hundred and seventy eight

P. Maclean. Sh. Sub.

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

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

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v Archibald Rodan

24th January

1878

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

[FORM A]

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

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

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

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

The Petition of John Main Inspector of Poor Bargum

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

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

John Main

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

DATED this fourth (4) day of February One thousand eight hundred and seventy 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, | Jane Hutchison or Edgar |
| 2. Sex and Age, | Female 66 years |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous Occupation (if any), | Coachman's wife. latterly sick nurse |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Kelton |
| 7. Place where Found and Examined, | Bargum village |
| 8. Length of time Insane, | Three weeks |
| 9. Whether first Attack, | No — |
| 10. Age (if known) on first Attack, | (twelve years ago) 44 years old. |
| 11. When and where previously under Examination and Treatment, | Southern counties asylum Dumfries |
| 12. Duration of existing Attack, | Three Weeks |
| 13. Supposed Cause, | 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, | Kelton |
| 18. Date of becoming Chargeable, | From present time |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Captain David Corrie - Son in Law Kirkcudbright No |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

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

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

P. p.

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Andrew J Urquhart being a (1) Graduate of Edin University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Oakley Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Jane Hutchison or Edgar Pauper Borgue and that the said Jane Hutchison 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)

Taciturn on all questions save that of religious condition which she alleges to be hopeless.

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

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

I am informed by Mr Chain Inspector of Poor Morgan, that she has more than once expressed her intention of drowning herself.

*Name and Medical Designation,* Andrew J Urquhart M.B. C

*Place of Abode,* Oakley Kirkcudbright

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

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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, Wm Johnstone being a (1) M.D. of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Jane Hutchison or Edgar and that the said Jane Hutchison or Edgar 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)

Slapleunen. Taciturn. will talk on about religious matters - no appetite

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

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

She threatens to take away her life

*Name and Medical Designation,* Wm Johnstone M.D. C

*Place of Abode,* Kirkcudbright

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

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Alexander Nicolson (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Main
Inspector of Poor for the parish of Borgue and
Certificates under the hands of Andw. J. Urquhart M.B C.M.
and Wm Johnstone 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)
and that the said
Jane Hutchison or Edgar Pauper is a (5) Person of unsound Mind
Jane Edgar or Hutchison Edgar
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Edgar or Hutchison Edgar as a Patient into the (6) Public Asylum of the Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Hutchison or Edgar which accompanied the said Petition.

DATED this 4th. day of February One thousand eight hundred and Seventy eight years.

Alex Nicolson

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

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

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v. Jane Hutchinson or Edgar
4th February
1878

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

[FORM A]

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

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

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

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

The Petition of Robert Johnstone Penlaw Lockerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Johnstone Farmer Penlaw Lockerbie your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Johnstone to the Crichton Royal Institution and to sanction his admission into the said Asylum.

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

Robert Johnstone

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

DATED this Twelfth (4) day of February One thousand eight hundred and Seventy eight

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Johnstone |
| 2. Sex and Age, | Male 55 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Farmer |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Penlaw Lockerbie |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | about 9 months |
| 9. Whether First Attack, | First |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of Existing Attack, | about 9 months |
| 13. Supposed Cause, | Drink |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Robert Johnstone Brother No — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

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

(*To be signed by Party applying*) 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, Alexander Thomson
being a (1) Doctor of Medicine of the University of Glasgow & Surgeon
and being in actual practice as a (2) Physician & Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) 24 Castle Street, Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) John Johnstone, Farmer, Penlaw, Kirkpatrick and that the said John Johnston is a (5) person of unsound mind — and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Admits himself that he is wakeful at night, and that people disturb him & prevent him from sleeping, and believes me delusions with regard to this.

(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-in-law Robert Johnston, that he many a time hears him in bed all night - thinks there are robbers in the house & people come to murder him - that they have been for about 6 months, and that latterly he is much worse - a peculiar.

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, 24 Castle St Dumfries

DATED this Twelfth day of February One thousand eight hundred and Eleven hundred & eight 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 Thomson Wilson
being a (1) Licentiate of the College of Surgeons Edinr
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Penlaw in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Johnstone Farmer in Penlaw and that the said John 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) is very restless at night, not sleeping, nor will he permit other people to sleep, ranging from room to room in search of the robbers, he supposes are in and around the house

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) that he is very violent at times, has attacked his brother and threatens in violent language to cut the throats of the servants in the house

Name and Medical Designation, James T. Wilson, Surgeon

Place of Abode Lockerbie

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

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes 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 of Glencaple being (1) Doctor of Medicine of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) 24 Castle St. Dumfries in the County of Dumfries, seen and personally examined John Johnstone, Farmer, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Alex. Thomson M.D. &c.

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

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

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

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

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

J. Gibson Stake

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

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

Petition
by
Robert Johnston Penlau
Lockerbie:-
for
reception of John Johnston
his brother in the Crichton
Royal Institution

187

1563
John Johnston
12th February
1878

J. Symons Jr

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

[FORM A]

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

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Louisa Jane Murdoch residing in London—

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

Louisa Jane Murdoch.

(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 July One thousand eight hundred and seventy eight

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | William Buchan Murdoch |
| 2. Sex and Age, | Male 42 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Spirit merchant |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | London |
| 7. Place where Found and Examined, | 2 Thornhill Dumfries |
| 8. Length of time Insane, | 6 weeks |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 42 years |
| 11. When and where previously under Examination and Treatment, | Never |
| 12. Duration of Existing Attack, | 6 weeks |
| 13. Supposed Cause, | Business anxiety |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Louisa Jane Murdoch Wife No other member do |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

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

(*To be signed by Party applying*) Louisa Jane Murdoch.

P. P.

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, *or* an insane person, *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 Duff Macdonald
being a (1) Graduate of Medicine of Edinburgh
Universities,
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 2 Sussex Place
Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) William Burton Hunter
13 Queen's Square Lancaster
and that
the said William Burton Hunter is a (5) person of
unsound mind and a proper Person to be detained
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 extremely taciturn will answer no questions and will take no food - seems melancholic

2. Other facts (if any) indicating Insanity communicated to me by others: (7) does not know his own name has delusions as to business matters relative to bankruptcy &c. Kept by police a constable watches

Name and Medical Designation, A D Macdonald M

Place of Abode 18 Castle St - Dumfries

DATED this 14th day of February One thousand eight hundred and twenty eight.

## MEDICAL CERTIFICATE, No. II.

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

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

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

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

(5) Lunatic, *or* an insane person, *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 Inverarity Mitchell
being a (1) Graduate of the faculty of Physicians
and Surgeons of the University of Glasgow
and being in actual practice as a (2) Physician and Lecturer on Medicine
hereby certify, on soul and conscience, that I have this day, at (3) 2 Sussex Place
Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) William Burton Hunter
and that
the said William Burton Hunter is a (5) person of unsound
mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Seems quite unable to give the necessary information required for giving a certificate

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Hunter states that he has been under the influence of drink for the last three months

Name and Medical Designation, W Inverarity Mitchell M.D.

Place of Abode Dumfries

DATED this 14th day of February One thousand eight hundred and twenty eight years

## CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Dall MacDonald being (1) a physician & surgeon MD &c hereby certify, on soul and conscience, that I have this day, at (2) 2 Queen St Dumfries in the County of Dumfries, seen and personally examined William Buchan Murdoch, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

A D MacDonald MD

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

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

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

I, David Boyle Hope Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Louisa Jane Murdoch 13 Queen Terrace Hammersmith London Certificates under the hands of Alexander Dall MacDonald and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Buchan Murdoch and that the said William Buchan Murdoch is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Buchan Murdoch as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Buchan Murdoch which accompanied the said Petition.

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

David Boyle Hope

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

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

1564

William B. Murdoch

14th February

1878

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) Counties of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie. Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Barman. at the Police Office 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 Barman to the Southern Counties Asylum and to sanction his admission into the said Asylum.

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

John Dinwoodie

DATED this Fourteenth (4) day of February One thousand eight hundred and Seventyeight.

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

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Barman |
| 2. Sex and Age, | Male age 43 years |
| 3. Married, Single, or Widowed, | not known |
| 4. Condition of Life, and previous occupation (if any), | do — labouring, work lately |
| 5. Religious Persuasion, so far as known, | not known |
| 6. Previous Place of Abode, | Dalbeattie |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | not known |
| 9. Whether first Attack, | do — do |
| 10. Age (if known) on first Attack, | do ? — do |
| 11. When and where previously under Examination and Treatment, | not known |
| 12. Duration of existing Attack, | do — do — |
| 13. Supposed Cause, | do — do — |
| 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 Maintained |
| 18. Date of becoming Chargeable, | 14th Feb 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | not known — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

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

DATED this Fourteenth day of February One thousand eight hundred and Seventyeight

*(To be Signed by Party applying)* John Dinwoodie. Inspector

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Does not know where he is going to Answers questions wrongly Says he has been in bed with his father & that he is to go home with him

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Adamson Bread Carrier who employed him reported him as being strange in his manner & that he could not keep him to his work

Name and Medical Designation, William Mark Lall M.D. F.C.

Place of Abode, Dumfries

Dated this 14th day of February One thousand eight hundred and seventy eight years

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Police Office Buccleuch St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Bowman Labourer, Dumfries and that the said John Bowman is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 rambling conversation & erroneous ideas regarding own abilities.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Adamson his late employer informed me that during the last week he has been very much changed in manner talking & muttering to himself very restless & unsettled & utterly unable to work

Name and Medical Designation, John Smith M.D. F.C.

Place of Abode, 14 Castle St Dumfries

Dated this 14th day of February One thousand eight hundred and 78 years

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

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

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

J. Gibson Stake

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

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

2
163
John Barman
14th February
1878

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

[Form A]

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

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

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

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

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Edward Whitehead 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 Edward Whitehead to the Southern Counties Asylum and to sanction his admission into the said Asylum.

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

John Dinwoodie

(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 February One thousand eight hundred and Seventyeight

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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, | Edward Whitehead |
| 2. Sex and Age, | male - age 41 years |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous occupation (if any), | do Stockingmaker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Hawick |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | about a Month |
| 9. Whether first Attack, | Second attack |
| 10. Age (if known) on first Attack, | not known - |
| 11. When and where previously under Examination and Treatment, | Hawick and Melrose Asylums |
| 12. Duration of existing Attack, | about a month |
| 13. Supposed Cause, | supposed to have had Sun Stroke in India |
| 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, | Hawick |
| 18. Date of becoming Chargeable, | 16 Feb 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | not known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | not known |

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

Dated this Eighteenth day of February One thousand eight hundred and Seventyeight

(*To be Signed by Party applying*) John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Police Office Buccleuch St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Edward Whitehead, Stockmaker, Pauper and that the said Edward Whitehead is a (5) Person of Unsound mind and a proper person to be detained under Care and Treatment, 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 wild insane appearance, rambling incoherent speech & delusions

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) was previously an inmate of Melrose Asylum

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

*Place of Abode,* 14 Castle St. Dumfries

DATED this 16th day of February One thousand eight hundred and 78

---

## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Has been away from his home through some unaccountable influence seems quite vacant to the meaning of certain questions &c &c

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

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

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

*Place of Abode,* Dumfries

DATED this 18th day of Febry One thousand eight hundred and Seventy eight Years

## CERTIFICATE OF EMERGENCY.

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

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

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

John Smith MD

DATED this 16th day of February One thousand eight hundred and 78

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

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

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

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

David Boyle Hope

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

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

2
164
Edward Whitehead
16 February
1678

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

[FORM A]

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

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

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

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

The Petition of John M'Knight Inspector of Poor Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Scott — — — — —

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

your Petitioner's (3) Pauper — — — —

## MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 and Master of Surgery
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Eskdaill Street
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) George Scott pauper Eskdaill
and that
the said George Scott is a (5) person of
unsound mind - and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
His feelings towards his relations are perverted he thinks them hostile to him. He answers questions of certain subjects in a nonsensical contradictory or evasive manner shewing erroneous ideation

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He occasionally acts on these feelings in a manner shewing moral t
Informants.
William Scott his brother. as taking down his trowsers and exhibiting his person to his relation
James Scott Mother - others. or in a manner dangerous to the persons of those connected with hi

*Name and Medical Designation,* John Robertson M.B. C.M.

*Place of Abode,* Charles Street - Langholm.

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

## MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 (Edin)
and Licentiate of the Royal College of Surgeons (Edin
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Eskdaill St
in the Parish of Langholm in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) George Scott Pauper
residing in Eskdaill St and that
the said George Scott is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is an imbecile deaf mute shewing unsoundness of mind. He is morose and will not and cannot carry on any rational conversation, although is conducted in the usual manner —

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) -
His half brother William Scott with whom he lives states that he frequently appears to be jealous of his Mother, to his sister in law and threatens with violence to obtain money from Mr. Scott to spend at home & Service Grim & Sabone Inns Monday & complains also of pains in his head & to some effect —

*Name and Medical Designation,* W. L. Cargill M.D. Lang

*Place of Abode* Langholm

DATED this 14th day of February One thousand eight hundred and 78

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope – (1) Sheriff Substitute
of the (2) county of Dumfries
having had produced to me, with a Petition at the instance of (3) John M'Knight
Inspector of Poor Langholm
Certificates under the hands of John Robertson
and R. S. Carlyle , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Scott Biddaill Street, Langholm (a Pauper), and that the said George Scott is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Scott as a Patient into the (6) Public Asylum of Southern counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Scott which accompanied the said Petition.

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

David Boyle Hope

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

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

2
165
George Scott
18th February
1878

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

[FORM A]

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

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

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

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

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

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

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

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

John Dinwoodie

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

DATED this Twenty third (4) day of February One thousand ~~eight~~ hundred and Seventy eight

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Sarah Walker |
| 2. Sex and Age, | female. ~~46~~ 37 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | do Cotton worker |
| 5. Religious Persuasion, so far as known, | Protestant— |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | do |
| 8. Length of time Insane, | not known |
| 9. Whether first Attack, | Second Attack |
| 10. Age (if known) on first Attack, | 37 years |
| 11. When and where previously under Examination and Treatment, | Dumfries & S. C. Asylum |
| 12. Duration of existing Attack, | not correctly known |
| 13. Supposed Cause, | Intemperance |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18. Date of becoming Chargeable, | 22 Feb 1878. |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | not known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

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

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

*(To be Signed by Party applying)* John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

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

1. Facts indicating Insanity observed by myself: (6) Stupid appearance & refuses to answer questions

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her neighbours state that she has been in this state for the last few days past. She is constantly wandering & quite incoherent

Name and Medical Designation, Wilhelmina Marshall M.D. L.R.C.P.

Place of Abode, Dumfries

DATED this 23 day of February One thousand eight hundred and Seventy eight 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, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rankins Close Nith place, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah Walker, outdoor pauper, and that the said Sarah Walker is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her insane, melancholic appearance & inability to comprehend or answer questions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Was previously an inmate of the Eastern Combs Lodging, Dumfries

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

Place of Abode, 14 Castle St. Dumfries

DATED this 23rd day of February One thousand eight hundred and 78 years.

## CERTIFICATE OF EMERGENCY.

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

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

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

John Smith M.D.

DATED this 23rd day of February One thousand eight hundred and 78 years

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

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

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

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

David Boyle Stope

*To the Superintendent of the* (7) Public *Asylum of*

Southern Counties

Dumfries

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

2
166
Sarah Walker
23 February
1878

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

[Form A]

25 & 26 *Vict., 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 (1)~~ Dumfries & Galloway *and his Substitutes,—*

The Petition of Alexander Sharpe, Writer, Maxwelltown, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Hiddleston, Farmer, Ruddingwood, Kirkmahoe 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 James Hiddleston to the Crichton Royal Institution, Dumfries, and to sanction his admission into the the said Asylum.

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

Alex. Sharpe

Dated this twenty fifth (4) day of February One thousand eight hundred and seventy eight.

(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 Hiddleston |
| 2 Sex and Age, | Male - Fifty years. |
| 3 Married, Single, or Widowed, | Single |
| 4 Condition of Life, and previous Occupation (if any), | Farmer |
| 5 Religious Persuasion, so far as known, | Protestant |
| 6 Previous Place of Abode, | Ruddingwood, Kirkmahoe. |
| 7 Place where Found and Examined, | Ruddingwood aforesaid. |
| 8 Length of time Insane, | Five or six weeks. |
| 9 Whether first Attack, | Yes. |
| 10 Age (if known) on first Attack, | Fifty years. |
| 11 When and where previously under Examination and Treatment, | Never before. |
| 12 Duration of existing Attack, | Five or six weeks |
| 13 Supposed Cause, | Unknown. |
| 14 Whether subject to Epilepsy, | No. |
| 15 Whether Suicidal, | Threatening suicide. |
| 16 Whether Dangerous to others, | Has threatened injury to others. |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Nil. |
| 18 Date of becoming Chargeable, | nil. |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | William Hiddleston of Ruddingwood, Brother - at present an inmate of the C. R. Institution. No other member known to have been insane. |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

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

Dated this twenty fifth day of February One thousand eight hundred and seventy eight.

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

P. P.

## MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Donviddie
being a (1) M.D. L.R.F.P.S. Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Riddrie
Kirkmahoe in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) James Haddleston, Pauper
Riddrieswood and that
the said James Haddleston is a (5) person
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Labours under
delusions on many
that he is filled with Devil

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Parochial Inspector informs me that
he has been threatening to cut
throats of children near the house.

*Name and Medical Designation,* L Donviddie.
M.D.
Kirkmahoe

*Place of Abode,*

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

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Evaginick
that he suffers from "Mutual Conv
that he has not lost or change of labour
that "devil" are running about him a
jumping into fire

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Parochial Board state that at t
he is very violent sometimes calls & beats
the floor, and talks raging and shouting.

*Name and Medical Designation,* P. M. Murray M.D.

*Place of Abode,* 33 Castle St Dumfries

DATED this 25th day of February One thousand eight
hundred and 78

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander Sharpe
Writer, Maxwelltown
Certificates under the hands of Dinwiddie
and Patrick M. Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Middleston, Farmer, Riddingwood, Kirkmahoe (Rev's Brother in law) and that the said James Middleston, is a (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 Middleston 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 Middleston, which accompanied the said Petition.

DATED this Twenty fifth day of February, One thousand eight hundred and seventy eight.

David Boyle Hope

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

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

1565

James Hiddleston

25th February

1878

"

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

[Form **A**]

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

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

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

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

The Petition of John Dickie Stephen humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Barbara Dreghorn or Stephen 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 Barbara Dreghorn or Stephen 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.

Jno. D. Stephen

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

Dated this 27th (4) day of February One thousand eight hundred and Seventy 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, | Barbara Dreghorn or Stephen |
| 2. Sex and Age, | 28 last birth day |
| 3. Married, Single, or Widowed, | Married |
| 4. ~~Condition of Life, and~~ previous Occupation (if any), | Dressmaker |
| 5. Religious Persuasion, so far as known, | presbyterian |
| 6. Previous Place of Abode, | Kilmarnock |
| 7. Place where Found and Examined, | do |
| 8. Length of time Insane, | Two months |
| 9. Whether First Attack, | Yes 1st attack |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment, | Never before |
| 12. Duration of Existing Attack, | Two months |
| 13. Supposed Cause, | Bodily debility |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | In slight degree - if had opportunity |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Not a pauper |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John D. Stephen 80 portland st Kilmarnock - Husband Not to petitioners knowledge |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

Dated this 27th day of February One thousand eight hundred and 78

(*To be signed by Party applying*) Jno. D. Stephen

P. p.

## MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 McAlister, Licentiate being a (1) of the Faculty of Physicians & Glasgow and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) 84 Portland St Kilmarnock in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Barbara Dreghorn or Stephen wife of Mr John Stephen 84 Portland St Kilmarnock and that the said Barbara Dreghorn or Stephen is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:— from her vacant unbecile expression

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) patures her disinclination to answer when spoken to, she complains of people coming down the chimney up through the floor she tries to dig a hole in floor to let the people up thinks she is too great to live

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) that she has frequently attempt to get out without clothing, and wants to go up the chimney, has wanted those with her to her head off thinks she has illused her relation

from her aunt in law & her husband

Name and Medical Designation, James McAlister Sur

Place of Abode, Bank Place Kilmarnock

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

## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alexander William Macfarlane being a (1) Graduate of Medicine and Surgery, of the Univ of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 84 Portland St Kilmarnock in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Barbara Dreghorn or Stephen wife of Mr John D. Stephen, 84 Portland Street, Kilmarnock and that the said Barbara Dreghorn or Stephen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 with a vacant Expression - does not speak - answers questions slowly and reluctantly says she hears noises of people hammering under the floor - that she knows her soul is lost & so she is unfit to live.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That she has several times been caught in the act of going into the sheet in a state of nudity - That she has threatened to commit suicide & tried to get a knife for the purpose - That she has various delusions -

from her aunt in law Mrs Annie Dickie or Mr Whir

Name and Medical Designation, Alex: W: Macfarlane M

Place of Abode Kilmarnock

DATED this 26th day of February One thousand eight hundred and 78

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I Thomas Anderson Sheriff Substitute of Aryshire
of the (3)
having had produced to me, with a Petition at the instance of (4) John Dickie
Stephen Clerk Kilmarnock
Certificates under the hands of James M'Allister
and Alexander William Symington, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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)
Barbara Brighton or Stephen her spouse and that the said
Barbara Brighton or Stephen 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 Barbara Brighton or Stephen as a Patient into the (7) Public 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 Barbara Brighton or Stephen which accompanied the said Petition.

DATED this 27 day of February One thousand eight hundred and seventy eight

Thomas Anderson S.S.C.

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

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

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Mr. John D Stephen

28th February

1878

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

[Form A]

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

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

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

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

The Petition of John Johnston, Inspector of Poor Penninghame, Wigtownshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Monaghan 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 Monaghan 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.

J Johnston

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

Dated this Sixth (4) day of March One thousand eight hundred and seventy 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, | Margaret Monaghan |
| 2. Sex and Age, | female, 19 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, | Roman Catholic |
| 6. Previous Place of Abode, | Buchan Minnigaff |
| 7. Place where Found and Examined, | first at Newton Stewart, Penninghame parish and again at her fathers house at Creetown, Kirkmabreck |
| 8. Length of time Insane, | one week |
| 9. Whether first Attack, | yes |
| 10. Age (if known) on first Attack, | 19 years |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | one week |
| 13. Supposed Cause, | unknown |
| 14. Whether subject to Epilepsy, | not now. But in childhood had what her parents call fainting fits. |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | occasionally, but towards her parents only |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Girthon. Kirkcudbrightshire |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name 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, | father, Michael Monaghan, Creetown county of Kirkcudbright — Maternal grandfather was insane in old age supposed cause being sunstroke |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

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

Dated this Sixth day of March One thousand eight hundred and seventy eight years

(*To be signed by Party applying*) J Johnston

Inspector of Poor for Penninghame

P. p

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, James Clark
being a (1) Licentiate of the Faculty of Physicians & Sur
Glasgow.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Her Parents
in the County of
Equetown
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Monaghan
Pauper, Equetown and that
the said Margaret Monaghan is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Found her restless
& uneasy and in a state of fear; She requested her friends
to desist to disturb her mind & protect her from me and not allow
me to kill her: Said there was a man beneath her bed who was
to kill me: That her food was being drugged &c. &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Cooper
Police Constable
Hass.
of last month, she left her Master who was taking her home
parents in his Gig on the road between Cumnock and Dum
Stopped & pulled off all her clothes threw them from her & ran towards Newton Ste
Dumfries, followed by a crowd, before she was overtaken — in Town.
Her Parents & Agent state that she is disposed to tear her clothes & that she would
ride through the street naked. Since then she remains very restless & violent & has to be watched

*Name and Medical Designation,* James Clark L.R.F.P.S.

*Place of Abode,* Newton Stewart, Wigtown

DATED this Fourth day of March One thousand eight
hundred and Twenty eight years.

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James G. Dickson
being a (1) Doctor of Medicine of the University of Glasg
and Licentiate of the Faculty of Physicians & Surgeons, G
and being in actual practice as a (2) Doctor of Medicine & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the residence
her parents in Creetown, in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Monaghan,
pauper, Creetown, and that
the said Margaret Monaghan is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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; intractable; frequently violent; suspicious
refuses food and medicines; strips off all clothes: at
one time depressed and weeping, at other times highly
excited; under the influence of varying delusions.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her parents
Say that she is always "talking nonsense"; accuses
them of all sorts of misdeeds and evil intentions
towards herself, & attacks them when they go near

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

*Place of Abode,* Wooden, Newton Stewart, Wigtown

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

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Johnston
Inspector of Poor, Penninghame, Wigtownshire
Certificates under the hands of James Clark
and James G. Dickson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Monaghan, Domestic Servant, Creetown (a Pauper) and that the said Margaret Monaghan is a (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 Monaghan as a Patient into the (6) Public Asylum of Southern counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Monaghan, which accompanied the said Petition.

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

David Boyle Hope

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

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

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Margaret Monaghan

7th March

1878

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

[FORM A]

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

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Adam Henry, Green, Leswalt, Wigtownshire

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

Adam Henry

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

DATED this sixth (4) day of March One thousand eight hundred and seventy 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, | Hugh Henry |
| 2. Sex and Age, | male - 63 years of age |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Gamekeeper |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Drymore Campbelltown |
| 7. Place where Found and Examined, | Leswall- |
| 8. Length of time Insane, | about 2 months |
| 9. Whether First Attack, | first attack |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | 2 months |
| 13. Supposed Cause, | not known to me |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Cannot say |
| 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, | The Petitioner Adam Henry from Leswall |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

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

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

(*To be signed by Party applying*) Adam Henry

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Orgill Surgeon Straanaer Glen
being a (1) Licentiate of the Faculty of Physicians & Surgeons Glas
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 70 George Street
Straanaer in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Henry gamekeeper
residing with Adam Henry merchant Lewalt and that
the said Hugh Henry is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He speaks incoherently on various subjects. Says there is always a telegraphic
and a voice going on in his head which prevents him sleeping
Says he has a bowel complaint - though there is none. Says he is
[illegible] - though he can not say it what it

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Adam Henry his uncle with whom he at present
resides says he refuses food, and is constantly declaring
that he is dying; that he can not fix his mind to nothing; wanders about
without aim or object, and speaks incoherently on previous subjects

Mrs Henry corroborates
her husbands statement

Name and Medical Designation, John Orgill

Place of Abode, Straanaer

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

## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William McNeil MD Straanaer
being a (1) Graduate of the University of Edinburgh & Edinr.
and a Licentiate of the Royal College of Surgeons Edinr.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Lewalt valley
near Straanaer in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) [redacted] Hugh Henry
Gamekeeper residing with Mr Adam Henry, Merchant Lewalt and that
the said Hugh Henry is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That first refused to open
to me. Sat forth his head down & hand over his face. occasionally took a furtive glance at me as if fearing some evil. Had a wild inexplicable look
prevailed on to speak: mumbled incoherently from one subject to another. "It was a Cone man". That there was a hole in his stomach. His head was supported
that the doctor on Carnhedstown pone arrangements to cut him in pieces to the Asylum
cutting take dripped & hacksaw. when asked to put on his stockings refused to do so. [illegible]

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Uncle Mr Adam Henry. gave that since the beginning of
Dec. when he came to reside with him. He had been very restless & unsettled. talk
of people going to kill him. Refuses food occasionally. Refuses to be dressed
not put on his shoes & stockings but has handcuffs. Talks to himself during the
daytime badly. Is suspicious of every person in his house &c &c

Mrs Adam Henry wife of Mr Adam Henry Corroborates above statements

Name and Medical Designation, William McNeil, MD, Ch

Place of Abode Straanaer

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

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Peter Mackean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Adam Henry
Gamekeeper Leswalt
Certificates under the hands of John Orgill Surgeon Stranraer
and William M'Neil Doctor of Medicine Stranraer being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Hugh Henry Gamekeeper Leswalt and that the said
Hugh Henry is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Henry as a Patient into the
(6) Public Asylum of Southern Counties Dumfries and I authorize
his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Henry which accompanied the said Petition.

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

P Mackean
Sh. Sub.

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

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

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Hush Henry
7th March
1878

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

[FORM A]

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

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

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

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

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

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

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

John Dinwoodie

(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 March One thousand eight hundred and Seventy 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, | James Mc Fellan |
| 2. Sex and Age, | Male, 83 years |
| 3. Married, Single, or Widowed, | Widower |
| 4. Condition of Life, and previous occupation (if any), | do, Shoemaker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Moorbeds Hospital |
| 7. Place where Found and Examined, | do — do |
| 8. Length of time Insane, | About a Month |
| 9. Whether first Attack, | first — |
| 10. Age (if known) on first Attack, | 83 years |
| 11. When and where previously under Examination and Treatment, | —— |
| 12. Duration of existing Attack, | a Month |
| 13. Supposed Cause, | not known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18. Date of becoming Chargeable, | 9 March 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Thomas Mc Fellan Son St Michaels St. Dumfries |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

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

(*To be Signed by Party applying*) John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

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

I, the undersigned, Wellington Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and Collage of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Moorehead's Hospital Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) James McLellan (a pauper) and that the said James McLellan is a (5) person of Weakend mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks in the Mother tongue Gaelic Answers Does not know the name of the Nation Imagines that he lives at Salesmanton Village &c &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The matron tells that he Roams about Constantly and Annoys the other Inmates who are ill & stand in fear for him &c &c

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

Place of Abode, Dumfries

DATED this 9th day of March One thousand eight hundred and twenty eight years

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## MEDICAL CERTIFICATE, No. II.

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

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

1. Facts indicating Insanity observed by myself: (6) Has delusions as to his present situation is very restless and violent in the mother tongue

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) the Matron says wants a knife to cut his throat his manner quick & strange Cannot remain quiet & talks incoherently

Name and Medical Designation, Wm Scott MD &c

Place of Abode, Dumfries

DATED this 9th day of March One thousand eight hundred and twenty eight

## CERTIFICATE OF EMERGENCY.

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

I, the undersigned, William Marshall, College of Sgt Edinburgh being (1) Graduate of the Faculty of Physicians and Surgeons Glasgow & hereby certify, on soul and conscience, that I have this day, at (2) Moorhead's Hospital Dumfries in the County of Dumfries, seen and personally examined James McLellan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

W Marshall M.D. &c.

DATED this 9th day of March One thousand eight hundred and Seventy eight Years

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

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

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

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

David Boyle Hope

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

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

2
169
James McLellan
9th March
1878

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

[Form A]

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

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

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

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

The Petition of Charles Stewart

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

Charles Stewart

(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 March One thousand eight hundred and Seventy 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, | Percy Stewart, |
| 2. Sex and Age, | Male. age 24 yrs in Nov$^{r}$ 1877. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Student in Medicine at Edenburgh University |
| 5. Religious Persuasion, ~~so far as known~~, | Presbyterian |
| 6. Previous Place of Abode, | Alton. Hampshire (Native place) |
| 7. Place where Found and Examined, | Dumfries - Station Hotel |
| 8. Length of time Insane, | Two Years |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 25 yrs of age. |
| 11. When and where previously under Examination and Treatment, | Bethlem Hospital - London. |
| 12. Duration of Existing Attack, | Two years |
| 13. Supposed Cause, | Abscess on base of brain due (to over study. |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No (?) |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Charles Stewart. Alton Hants. father of patient. No member of the family has ever been insane. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

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

(*To be signed by Party applying*) Charles Stewart.

P. P.

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

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

1. Facts indicating Insanity observed by myself: (6) Imagines he is a Medical Man, thinks he has just arrived from West Indies consultation merchant.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Attendant informs me he had been in an Asylum for two years, and tells him that he is a Major General

*Name and Medical Designation,* R. M. Murray M.B.

*Place of Abode* Castle St Dumfries

DATED this 12th day of March One thousand eight hundred and 78

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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 Dall MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Station Hospital Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Percy Stuart Gullen and that the said Percy Stuart is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He says he was a doctor in France & Central American Specially treating the brain by thy Chinese also is a soldier and was wounded by lightning at Tientsin in the left thigh. And was at the battle of Tientsin

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) told attendant he is a major General under the field Marshal

*Name and Medical Designation,* A. D. MacDonald

*Place of Abode* 18 Castle St Dumfries

DATED this 12th day of March One thousand eight hundred and 78.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes 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 graduate of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Heath House Dumfries in the County of Dumfries, seen and personally examined Percy Stuart Gentleman, and that the said Percy Stuart person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

A D MacDonald MD

DATED this 12th day of March One thousand eight hundred and 78

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

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

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Charles Stewart Alton, Heath Certificates under the hands of Patrick M. Murray and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Percy Stewart Alton Heath (Petitioner's son) and that the said Percy Stewart, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Percy Stewart 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 Percy Stewart which accompanied the said Petition.

DATED this Thirteenth day of March — One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of*

Crichton Royal Institution
Dumfries.

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

Petition
by
Charles Stewart
for
reception of Percy Stewart
into the Crichton Royal
Institution

1878

1568
Percy Stewart
12 March
1878

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

[Form A]

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

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

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

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

The Petition of Thomas Ferguson, 3 Hatton Gardens Liverpool, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Adam Ferguson your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Adam Ferguson to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

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

Thomas Ferguson

Dated this 13th (4) day of March One thousand eight hundred and seventy eight years

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

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Adam Ferguson |
| 2. Sex and Age, | Male 33 years. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Groom |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Castlemilk - St Mungo Dumfriesshire |
| 7. Place where Found and Examined, | Found at Castlemilk & Examined at 25 Castle St Dumfries |
| 8. Length of time Insane, | about two months. |
| 9. Whether first Attack, | First attack |
| 10. Age (if known) on first Attack, | 33 years. |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of existing Attack, | about 2 months |
| 13. Supposed Cause, | Cannot say |
| 14. Whether subject to Epilepsy, | no. |
| 15. Whether Suicidal, | yes |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Thomas Ferguson, 3 Hatton Gardens. Liverpool Brother - Geo. Ferguson 164 Burlington Street, Liverpool - no insanity in family |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

Dated this ~~thirteenth~~ day of March One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) Thomas Ferguson

P. P

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in E
Faculty of Physicians Burgeons, Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Str
Dumfries in the County
Dumfries separately from any other Medical Practitione
visited and personally examined (4) Adam Ferguson. Groom
Castle wick, and th
the said Adam Ferguson, is a (5) person of un
mind and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He believes that
told married on Tuesday, to Nicholas Kerr whi
a delusion - and that he is about to start a
hydropathic establishment in Kirkcudbrig

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His brother informs me that he attempt
to assault a young woman yesterday, a
broke into the house of Nicholas Kerr

Name and Medical Designation, Hugh Cunningham L.R.
L.F.

Place of Abode, 25 Castle Street, Dumfrie

DATED this 13th day of March One thousand eigh
hundred and seventy eight years.

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James M. M'Culloch, M. D. &c
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Adam Ferguson
the said Adam Ferguson and that
unsound mind is a (5) person of
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Says he is going to
up a large Hydropathic Establishment in Kirkcudbrig
he has no funds or means of so doing, says, that he is to be marr
on Tuesday, to Nicholas Kerr, being a total delusion

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Th
above, also that he has assaulted females & broken in
the house of Nicholas Kerr &c &c

Name and Medical Designation, James M. M'Culloch M.

Place of Abode, 16 Castle Street, Dumfrie

DATED this 13th day of March One thousand eight
hundred and seventy eight years.

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Lauderdale Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Thomas Ferguson, 3 Sutton Gardens Liverpool Certificates under the hands of Hugh Cunningham and James M. M'Culloch, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Adam Ferguson Groom Castlemilk (Attendant Brother) and that the said Adam Ferguson is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Adam Ferguson as a Patient into the (6) Public Asylum of Southern counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Adam Ferguson which accompanied the said Petition.

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

L Maitland

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

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

2
120
Adam Ferguson
13th March
1878

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

[Form **A**]

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

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 James Murray 1 Hopton Place Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Mary Murray or Mc Gregor your Petitioner's (3) sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Mary Murray or Mc Gregor to the Crichton Royal Institution and to sanction her admission into the said Asylum.

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

James Murray

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

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

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Mrs Mary Murray or Mc Gregor |
| 2. Sex and Age, | Female 49 |
| 3. Married, Single, or Widowed, | Married. |
| 4. Condition of Life, and previous Occupation (if any), | Housekeeper |
| 5. Religious Persuasion, so far as known, | Free Church. |
| 6. Previous Place of Abode, | Keswick Cumberland |
| 7. Place where Found and Examined, | Moffat. |
| 8. Length of time Insane, | a few days |
| 9. Whether First Attack, | not first. |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment, | Crichton Royal Institution about 4 years ago |
| 12. Duration of Existing Attack, | a few days |
| 13. Supposed Cause, | anxiety about family affairs |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | no |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Johan Mc Gregor husband. Edinburgh — none — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

Dated this Fourteenth day of March One thousand eight hundred and Seventy eight.

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

P. p.

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Munro
being a (1) Member of the Royal College of Physicians & Graduate of the Royal College of Surgeons Edin
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 1 Hopetoun Place Moffat in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary McGregor. 1 Hopetoun Place. Moffat and that the said Mrs Mary 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. :—

1. Facts indicating Insanity observed by myself: (6)
talking in an excited manner - running in before carriages on the street - taking off peoples hats and wheeling a barrow along

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
the above facts & having been in this Asylum before

*Name and Medical Designation,* James Munro M.D. & Ch

*Place of Abode,* Moffat

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

## MEDICAL CERTIFICATE, No. II.

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

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

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

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

(5) Lunatic, or an insane person, 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 Thomson Forbes
being a (1) Bachelor of Medicine & Master in Surgery of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon in Moffat
hereby certify, on soul and conscience, that I have this day, at (3) 1 Hopetoun Place Moffat in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary McGregor 1 Hopetoun Place and that the said Mrs Mary 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. :—

1. Facts indicating Insanity observed by myself: (6) Her conversation is very excited & wandering.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Having been in an Asylum before.

*Name and Medical Designation,* Robert Thomson Forbes M.B.

*Place of Abode* Dickson House Moffat

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

## CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Munro being (1) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) 1 Hopetoun Place in the County of Dumfries, seen and personally examined Mrs Mary McGregor, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

James Munro. M.D. & R.C.S. Edin

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

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

---

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

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Murray, 1 Hopetoun Place, Moffat Certificates under the hands of James Munro and Robert Thomson Forbes —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Mary Murray or McGregor 1 Hopetoun Place Moffat and that the said Mrs Mary Murray or McGregor is a (5) person of Pauper Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Mary Murray or McGregor 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 Mrs Mary Murray or McGregor — which accompanied the said Petition.

DATED this Fourteenth day of March, — One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of*

Crichton Royal Institution Dumfries

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

1569

Wm Mary Mc Gregor

14th March

1878

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

[FORM A]

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

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Substitute—

The Petition of James Kelly, Inspector of Poor Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Reid, (pauper)

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

~~your Petitioner's~~ (3)

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

James Kelly

(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 March One thousand eight hundred and seventy 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, | James Reid |
| 2. Sex and Age, | male, 56 |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Cabinetmaker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Glasgow |
| 7. Place where Found and Examined, | Police Office Stranraer |
| 8. Length of time Insane, | not known |
| 9. Whether First Attack, | not known |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment, | not known |
| 12. Duration of Existing Attack, | Do |
| 13. Supposed Cause, | Do |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Stranraer |
| 18. Date of becoming Chargeable, | 13th March 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Reid Lumsden Street Glasgow Wife |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

DATED this thirteenth day of March One thousand eight hundred and seventy ~~eight~~

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

P. P.

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Orgile Surgeon Stranraer being a (1) Licentiate of the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Police Office Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Reid, a pauper 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) He speaks in a very excited and rambling manner and with great and abnormal volubility

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Arthur McNeil Superintendent of Police states that he was wandering about on the street last night in a very excited state, and was very violent and uncontrollable.

Sergeant Jas. McMeekan corroborates him

*Name and Medical Designation,* John Orgile

*Place of Abode,* Stranraer

DATED this 13th day of March One thousand eight hundred and seventy eight

## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, David Easton Stranraer being a (1) Doctor of medicine & Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Police Office Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Reid a pauper 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) He is very excited in incoherent in conversation — his eyes constantly rolling about. Says the spirits have informed of the past present & future — often wringing his hands and moaning aloud — &c &c

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Sergeant James McMeekan. Says he is wild and excited — frequently screams out & shouts murder, & calling upon some one to shoot him he is violent at times &c

*Name and Medical Designation,* David Easton

*Place of Abode* Stranraer

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

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes 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.

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

I, Peter Maclean of mine (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dally
Inspector of Poor Stranraer
Certificates under the hands of John Orgill Surgeon in Stranraer
and David Easton M.D. there, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Reid 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 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 Reid which accompanied the said Petition.

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

P Maclean Sh. Sub.

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

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

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v James Reid v
14th March
1878

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

[FORM A]

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

## PETITION TO THE SHERIFF TO GRANT ORDER 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 the (2)~~ *and his Substitutes.*—

The Petition of James McGhie Weldon Street Dalbeattie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Carmichael or McGhie your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Carmichael or McGhie to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

James McGhie

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

DATED this Eighteenth (4) day of March One thousand eight hundred and Seventy Eight

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

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Carmichael |
| 2. Sex and Age, | Female — 32. |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | — Farm Servant |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Weldon Street, Dalbeattie. |
| 7. Place where Found and Examined, | Weldon Street, Dalbeattie. |
| 8. Length of time Insane, | One fortnight |
| 9. Whether first Attack, | First |
| 10. Age (if known) on first Attack, | 32 |
| 11. When and where previously under Examination and Treatment, | Never Previously |
| 12. Duration of existing Attack, | One fortnight |
| 13. Supposed Cause, | Bodily weakness |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Yes. |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Not Chargeable |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James McGhie — Weldon Street — Husband. No. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None. |

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

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

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

P. T.

## MEDICAL CERTIFICATE, No. I,

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

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

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

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

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

I, the undersigned, John Paterson Lewis
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) William Street
Dalbeattie in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Margaret Carmichael or McGhie
William Street, Dalbeattie, and that
the said Margaret Carmichael or McGhie 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) restless, meaningless expression of countenance, — says that the very end of her head is apparent — Does not know the name of month or day of the week, — does not remember whether she had a sleeping draught last night or whether she slept, — Cannot remember the age of her different children —

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has been her husband's way restless and excitable, and has had to hold her sometimes when inclined to be violent — and that she has threatened to take poison and seen her make passes with her hand over her [illegible] in a suspicious way —

*Name and Medical Designation,* John Paterson Lewis [illegible]

*Place of Abode,* Alma, Dalbeattie

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

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Have known her for years — Is very excited and irrational restless with delusions —

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

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

*Name and Medical Designation,* Robert McKeechan M[illegible]

*Place of Abode,* Dalbeattie

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

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope — (1) — Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James McClue, William Street Dalbeattie Certificates under the hands of James Paterson Lewis, — and Robert McMeekan —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Carmichael or McClue (Petitioners wife) and that the said Margaret Carmichael or McClue (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 Carmichael or McClue as a Patient into the (6) Public Asylum of Southern counties, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Carmichael or McClue which accompanied the said Petition.

DATED this Nineteenth day of March — One thousand eight hundred and seventy eight.

David Boyle Hope

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

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

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Margaret Carmichael
or McGhie
19th March
1878

5529

[FORM B[1]]

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

# PPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT RANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

the undersigned Margaret F. Knox
ing desirous to transfer my mother Eliza Ferguson or Knox
present a Patient in Glasgow Royal Asylum and (1)
whose nearest relative I am from the said Asylum to the
Crichton Institution Dumfries hereby request the authority of
the Board to such transfer; and I subjoin a Statement of Particulars regarding the said
Eliza Ferguson or Knox and a Medical Certificate with
respect to her mental and bodily condition.

M. F. Knox. ×

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

(2) Daughter

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

DATED at Glasgow this 21st day of March
One Thousand Eight Hundred and 78

## STATEMENT.

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Eliza Ferguson or Knox |
| Sex and Age, | female. 52 |
| Married, Single, or Widowed, | Widow of Merchant |
| Condition of Life, and Previous Occupation (if any), | Lady |
| Religious Persuasion, so far as known, | Free Church of Scotland |
| Date of Admission into Asylum, | 8 April 1869 |
| Length of time Insane, | about 9 years |
| Whether first Attack, | Yes |
| Age (if known) on first Attack, | about 43. |
| Duration of existing Attack, | about 9 years |
| Supposed Cause, | Uncertain |
| Whether subject to Epilepsy, | No |
| Whether Suicidal, | Yes. Once attempted & has frequently spoken of it. |
| Whether Dangerous to others, | No |
| Parish to which the Lunatic (if a Pauper) is Chargeable, | Not a pauper |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of h Family known to be, or to have been Insane, | The Petitioner Miss Knox 1 Queen's Terrace Glasgow |

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

(To be signed by the Applicant) M. F. Knox. ×

DATED this 21st day of March One Thousand Eight Hundred and 78.

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

## MEDICAL CERTIFICATE.

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

I, the undersigned D. Yellowlees
being (1) M.D. Edin. F.F.P.S. Glasg:
hereby certify that I have this day at (2) Glasgow Royal Asylum
personally examined Mrs Eliza Ferguson or Knox at present
Patient in said Asylum, and with respect to her Mental State that she is
variable & whimsical in her moods, misinterp
and exaggerates the most ordinary occurrences
that things are done specially to vex & annoy
is frequently hysterical and cannot control her
feelings & emotions. Is nervous & easily
agitated.
; and with respect to her
Bodily Health and Condition that she frequently suffers
from nervous headaches & is not st

and I further certify that, in my opinion, there is nothing in the Mental or Bod
Condition of the Patient to contraindicate removal to the ~~Asylum of~~ Bucht
Institution Dumfries

D. Yellowlees
M.D.

DATED this 21st day of March One Thousand Ei
Hundred and 78.

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## SANCTION BY THE BOARD OF LUNACY.

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

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

Application having been made to the Board by (1) Margaret F. Knox —
to authorize the transfer of Mrs Eliza Ferguson or Knox
from Glasgow Royal Asylum to Dumfries
Royal Asylum, and the Board having considered such application a
the accompanying Medical Certificate, do hereby authorize the transfer of the sa
Mrs Eliza Ferguson or Knox as requested.

This Sanction cannot be acted on after the Expiry of 14 days from date

Albert Mitchell Commissioner.

DATED at Edinburgh, this 22nd day of March One
Thousand Eight Hundred and Seventy Eight

1571
Eliza Ferguson or Knox
26 March
1878

Date of Sheriffs
Order
8th April 1869

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

FORM A

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

# PETITION TO THE SHERIFF TO GRANT ORDER FOR 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 Agnes Hamilton or Locke, residing in Irving Street Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Locke residing in Irving Street aforesaid 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 Locke (Petitioner's husband) to the Crichton Royal Institution—and to sanction his admission into the said Asylum.

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

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

DATED this 29th (3) day of March One thousand eight hundred and seventy eight years.

Mrs Agnes Hamilton or Locke

## STATEMENT.

*If any 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 Locke |
| 2. Sex and Age, | Male - About 56 years of age |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | Grain Merchant in Dumfries |
| 5. Religious Persuasion, so far as known, | Presbyterian - Established Church of Scotland |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | Off and on about twelve months |
| 9. Whether first Attack, | The first attack |
| 10. Age (if known) on first Attack, | |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of existing Attack, | Three or four for last twelve months |
| 13. Supposed Cause, | |
| 14. Whether subject to Epilepsy, | |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Not decided to do |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mrs Agnes Hamilton or Locke Irving Street Dumfries his wife and Agnes Locke residing there his daughter |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

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

(To be Signed by Party applying) Mrs Agnes Hamilton or Locke

## MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder. He is very sleep

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Threatens to kill his daughter and wife and fancies such actions would be pleasing to the Ly

*Name and Medical Designation,* John Cunningham Md RCPS

*Place of Abode,* 25 Castle Street Dumfries

DATED this 29th day of March One thousand eight hundred and seventy eight

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## MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) States a thing, forgets & is another minute mood & makes contrary statements next minute, talks & insoherently, never rests, threatens to separate from his wife & after talks quite the reverse, has an unsettled look.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Seldom sleeps, get up at one A. M. orders & takes breakfast repeats that meal before the usual time; was a moderate man vaciously; throws away his money in absurd bargains &c. Thr to cut his daughters head off & stab the servant girl & says that God would forgive him next minute &c.

*Name and Medical Designation,* James M: McCulloch, M: D: &c

*Place of Abode,* 16 Castle Street, Dumfries.

DATED this 29th day of March One thousand eight hundred and seventy eight 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 Mc. McCulloch being (1) a Graduate of the University of Edinburgh &c. hereby certify, on soul and conscience, that I have this day, at (2) Irving Street, Dumfries in the County of Dumfries, seen and personally examined David Locke, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

James Mc. McCulloch

Dated this 29th day of March One thousand eight hundred and seventy eight years

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

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

I, James Gibson Starke (1) Hon. Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Agnes Hamilton or Locke residing in Irving Street Dumfries Certificates under the hands of John Cunningham and James Murray McCulloch, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Locke residing in Irving Street, Dumfries (Wife's husband) and that the said David Locke, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Locke 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 David Locke, which accompanied the said Petition.

Dated this Thirtieth day of March, One thousand eight hundred and seventy eight.

J. Gibson Starke

*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.

1572
David Locke
29th March
1878

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

[FORM A]

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

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

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

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

The Petition of Rowland Reed Inspector of Poor of the Parish of Canonbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Davidson or Johnston pauper in Hawick Combination Poor House 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 Agnes Davidson Johnston to the Southern Counties 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.

Inspector of Poor Parish of Canonbie

DATED this Nineteenth (4) day of March One thousand eight hundred and seventy eight years.

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

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Agnes Davidson or Johnston wife of James Johnston Haulier residence of latter unknown |
| 2. Sex and Age, | Female — 63 years |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | Wife of a Haulier of vagrant Merchandise |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Hawick Combination Poor House |
| 7. Place where Found and Examined, | Hawick Combination Poor House |
| 8. Length of time Insane, | about a week |
| 9. Whether First Attack, | First |
| 10. Age (if known) on First Attack, | 63 years |
| 11. When and where previously under Examination and Treatment, | not under previous treatment |
| 12. Duration of Existing Attack, | about a week |
| 13. Supposed Cause, | unknown |
| 14. Whether subject to Epilepsy, | not aware |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Canonbie |
| 18. Date of becoming Chargeable, | 19 March 1878 as a Lunatic |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane, | James Johnston Haulier residence unknown to applicant — to be husband — not aware of the family or relatives having been insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

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

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

(*To be signed by Party applying*) Rowland Reed Inspector of Poor

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, Samuel Muirhead
being a (1) Surgeon

and being in actual practice as a (2) Surgeon in Hamilton
hereby certify, on soul and conscience, that I have this day, at (3) Hamilton Combination Poorhouse in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Agnes Davidson Johnston Pauper and that the said Agnes Davidson Johnston is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

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

Mrs Jamieson Governor of the Poorhouse tells me she is very unruly after she has had [illegible] She is Labouring under Epileptic Mania

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

*Name and Medical Designation,* Samuel Muirhead [illegible]

*Place of Abode,* Hamilton

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

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

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

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

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

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

(6) *State the facts.*

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

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Brydon
being a (1) Doctor of Medicine Surgeon

and being in actual practice as a (2) General medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Hamilton Roadside in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Davidson Johnstone pauper and that the said Agnes Davidson Johnston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is stupid and confused in what she relates, and has delusions

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

Mrs Dodds nurse, informs me - That she is outrageous, mistakes one person for another, and threatens violence to every one near her

*Name and Medical Designation,* James Brydon M.D.

*Place of Abode* Hamilton

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

## CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Rowland Read Inspector of Poor of the Parish of Canonbie in the said County of Dumfries, Certificates under the hands of Donald M'Leod, Surgeon in Hawick and James Bryden Doctor of Medicine there, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) the within mentioned and designed Agnes Dawson or Johnston (pauper) and that the said Agnes Dawson or Johnston, is a (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 Dawson or Johnston as a Patient into the (6) Public Asylum of the Southern Counties, Dumfries, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Dawson or Johnston which accompanied the said Petition.

DATED this Twenty fifth day of March One thousand eight hundred and Seventy Eight.

David Boyle Hope

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

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

2/
174
Agnes Davidson or Johnston
25th March
1878

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

[FORM A]

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

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

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

*Unto the Honourable the* (†) Sheriff of the (‡) Shire of Renfrew. *and his Substitutes,—*

The Petition of David McHoul - Shawlands. Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McHoul.

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

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

David McHoul

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

DATED this first (*) day of April One thousand eight hundred and seventy eight ##

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## STATEMENT.

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

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John McHoul. |
| 2. Sex and Age, | Male - 29. |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Mercantile Clerk |
| 5. Religious Persuasion, so far as known, | Presbyterian - |
| 6. Previous Place of Abode, | For six years at Valparaiso S. America previous to September last |
| 7. Place where Found and Examined, | Shawlands - (Buchanan Villa) |
| 8. Length of time Insane, | Six months |
| 9. Whether First Attack, | First attack. |
| 10. Age (if known) on First Attack, | 29. |
| 11. When and where previously under Examination and Treatment, | At home Shawlands (Buchanan Villa) |
| 12. Duration of Existing Attack, | Six months |
| 13. Supposed Cause, | Drink & other causes unknown. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Threatens so frequently |
| 16. Whether Dangerous to others, | Threatens frequently |
| 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, | (1) David McHoul - Buchanan Villa Shawlands. patient's father - (2) No. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

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

DATED this First day of April One thousand eight hundred and Seventy eight.

(*To be signed by Party Applying*) David McHoul

P. P.

## MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Morton MD, being a (1) Fellow of Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Buchanan Villa, Shawlands in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) John McHoul, present residing at ~~Hamilton~~ Buchanan Villa, Shawlands and that the said John McHoul 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) Melancholy, and taciturnity, incoherence of speech, utmost reprisal to reply to ordinary questions, and general expression of countenance

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Melancholy when sober, often violent to his father and others without adequate provocation, suicidal tendency by various methods, refusing to eat with others, & drawing knife out of bed at night time, facts communicated to me by his father & mother, Mrs McHoul & David McHoul.

Name and Medical Designation, James Morton MD

Place of Abode, 199 Bath Street Glasgow

DATED this Thirty first day of March One thousand eight hundred and seventy eight.

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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 Pride M.D being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Buchanan Villa - Shawlands Renfrew in the County of separately from any other Medical Practitioner, visited and personally examined (4) John M. Houl present residing with his father there and that the said John M. Houl is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Melancholy taciturn manner unwillingness to converse at this visit - On a former visit - he was violent & furious - Got into paroxysms of the most awful kind would tear strum his father in my presence - all this he has several times, but can never be trusted -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I learn from his father that he was observed to have a loaded pistol taken from him, with which he had threatened to shoot his father & brother. That he had threatened & attempted suicide. That - He being an active business young man, he now lies in bed, takes no interest in anything &c &c

Name and Medical Designation, David Pride - M.D.

Place of Abode Neilston

DATED this Ninth day of April One thousand eight hundred and seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, David Pride - M.D.
being (1) a Graduate of the University of Glasgow
hereby certify, on soul and conscience, that I have this day, at (2) Shawlands,
in the County of Renfrew, seen and personally examined
John McKoul, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

David Pride - M.D.

DATED this first day of April One thousand eight hundred and seventy eight.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I Hugh Cowan Esquire (1) Sheriff Substitute
of ~~the~~ (2) Renfrew and Bute
having had produced to me, with a Petition at the instance of (3) David
McKoul, Shawlands
Certificates under the hands of James Morton M.D. Glasgow
and David Pride, M.D. Neilston, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McKoul, and that the said
John McKoul is a (5) Lunatic and/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 John McKoul as a Patient into the (6) Crichton Royal Asylum of Dumfries and I authorize
his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McKoul which accompanied the said Petition.

DATED this first day of April One thousand eight hundred and seventy eight.

Hugh Cowan

*To the Superintendent of the* (7) Crichton Royal
*Asylum of* Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1573
John McHoul
1st April
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) ~~Sheriff of the County~~ of Dumfries and Galloway and his Substitutes.

The Petition of William Underwood Contractor Lakebie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Underwood or Beattie 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 Grace Underwood or Beattie 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.

William Underwood

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 1st (4) day of April One thousand eight hundred and seventy eight

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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, | Grace Underwood or Beattie |
| 2. Sex and Age, | Female |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous Occupation (if any), | House keeper |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Lockerbie |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | 7 months |
| 9. Whether first attack, | first |
| 10. Age (if known) on first Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | 9 months |
| 13. Supposed Cause, | Cannot say |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | William Underwood Lockerbie |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 1st day of April One thousand eight hundred and seventy eight

(*To be signed by Party applying*) William Underwood

P. T.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians Surgeons Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Grace Underwood or Beattie, Lockerbie, Widow and that the said Grace Underwood or Beattie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her manner is excited – Her facial expression indicates mental disorder, She says at times it is difficult for [illegible] to refrain from Committing Suicide

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Threatens to kill herself —

*Name and Medical Designation,* John Cunningham, Md Ed

*Place of Abode,* 25 Castle Street, Dumfries

DATED this 1st day of April One thousand eight hundred and seventy eight

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James M. McCulloch, M. D. &c. being a (1) Graduate of the University of Edinburgh &c. and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Grace Underwood, or Beattie and that the said Grace Underwood, or Beattie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very melancholy, wishes to die & threatens suicide

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Threatens suicide, is very restless, frequently refuses food & sleeps little &c

*Name and Medical Designation,* James M. McCulloch, M. D. &c

*Place of Abode,* 16 Castle Street, Dumfries.

DATED this 1st day of April One thousand eight hundred and seventy eight years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Underwood Contractor Lochrisle
Certificates under the hands of John Cunningham
and James M. M'Culloch, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Grace Underwood or Beattie widow Lochrisle (Otherwise Hall) and that the said Grace Underwood or Beattie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace Underwood or Beattie as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Grace Underwood or Beattie, which accompanied the said Petition.

DATED this First day of April One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the (7) Asylum of*

Public
Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Grace Underwood or
Beattie

April 1st
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 substitutes,—

The Petition of Wm A Ferrier Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Ewart Tundergarth your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Ewart to the County Asylum and to sanction admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Wm A Ferrier

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 4th (4) day of April One thousand eight hundred and seventy 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, | David Ewart |
| 2. Sex and Age, | Male 61 years |
| 3. Married, Single, or Widowed, | Widowed |
| 4. Condition of Life, and previous Occupation (if any), | Agricultural Labourer |
| 5. Religious Persuasion, so far as known, | Protestant Est. Ch. of Scotland |
| 6. Previous Place of Abode, | Milkside |
| 7. Place where Found and Examined, | Minnoca |
| 8. Length of time Insane, | Five Days |
| 9. Whether first Attack, | Second Attack |
| 10. Age (if known) on first Attack, | Forty two |
| 11. When and where previously under Examination and Treatment, | Examined at Whitelees, Dumfries |
| 12. Duration of existing Attack, | |
| 13. Supposed Cause, | Wifes Suicide |
| 14. Whether subject to Epilepsy, | Not Known |
| 15. Whether Suicidal, | Supposed to be |
| 16. Whether Dangerous to others, | Yes exceedingly |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Tundergarth |
| 18. Date of becoming Chargeable, | 6th April 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Matthew Ewart Minnoca, Son No. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated

DATED this 4th day of April One thousand eight hundred and 78

(*To be signed by Party applying*) Wm A. Ferrier Inspector

P. P.

## MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Broom Worrall. ~~M.B.C.M. Edinburgh~~
being a (1) Bachelor of Medicine & Master of Surgery. Glasgow Univ
& Licentiate of the Royal College of Surgeons Edin
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Minnea
in the County of Parish of Middlebie Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) David Ewart. Agriculturist
Lobanus. Milhouse. Pauper & Landowner
and that
the said David Ewart is a (5) Person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Person is morose & depr
Means some fancied danger. Expression of face vacant. Unwill
tobe touched. to talk or take food. When spoken to, cries cry. No idea of
locality. Ideas incoherent - Manners childish & peevish. Aversion to friends

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Says he is possessed of an evil spirit & that they are pursuing him & wishes he
to be taken away. Gets violent & excited - once struck Mrs who came near him
in violent terrors himself. Off & on poor wife has a bad swelling of
communicated by Matthew Ewart. Son. Eliz Rae - & Mrs Moffat Minnea

Name and Medical Designation, William B. Worrall
M B C M. L R C S E.

Place of Abode, Waterbeck

DATED this Fourth day of April One thousand eight hundred and Seventy-Eight

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Johnstone Carlyle
being a (1) Doctor of Medicine (Edin Univ) & Licentiate of the Royal Colls Surgeons (Edin)
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Minnea
in the Parish of Middlebie in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) David Ewart, Pauper
in the Parish of Langholm
and that
the said David Ewart is a (5) Person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great incoherence
and unsteadiness, frequent mutterings with gestures
Morbid delusions, Imagines his property gone &c &c
to whom some bodily injury - He also labours under
great depression with occasional fits of excitement &
& owns has symptoms
Evidence to those in attend-
ance upon him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The above facts have also been communicated
to me by Elizabeth Rae his niece and also
by his son Matthew Ewart grieve at Mossrow

Name and Medical Designation, W. J. Carlyle M. D. Edin

Place of Abode, Langholm

DATED this 7th day of April One thousand e
hundred and 78

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland, (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William H. Ferrier Inspector of Poor, Tundergarth Certificates under the hands of William Brown Howat and William Johnston Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Ewart, Labourer, Minnesa Middlebie (a Pauper) and that the said David Ewart, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Ewart as a Patient into the (6) Public Asylum of Southern counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Ewart, which accompanied the said Petition.

DATED this Sixth day of April, One thousand eight hundred and seventy eight.

Lauderdale

*To the Superintendent of the* (7) Public
*Asylum of* Southern counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

(8) *Set forth the qua*
*tion entitling the person*
*fying to grant the certif*
*e.g.*, Member of the
College of Physicians in
burgh.

(9) Physician or Surgeo
*otherwise, as the case ma*

(9) *Insert the street and*
*ber of the house (if an*
*other like particulars.*

(9) *Insert Designatio*
*Residence, and if a*
*state so.*

(9) Lunatic, or an
person, or an idiot, or a
of unsound mind.

(9) *State the facts.*

tohe touched,
Cocality. iolas

(9) *State the informat*
*from whom derived.*

Says he is p
tohe taken. away
is violent towards
communicants by M

(8) *Set forth the*
*tion entitling the pe*
*fying to grant the*
*e.g.*, Member of
College of Physician
burgh.

(9) Physician or S
*otherwise, as the ca*

(9) *Insert the stree*
*ber of the house (i*
*other like particular*

(9) *Insert Desig*
*Residence, and if*
*state so.*

(9) Lunatic, or
person, or an idiot,
of unsound mind.

(9) *State the facts*

+ and has threatne
violence to those in
-ince upon him

(9) *State the info*
*from whom derive*

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David Ewart
April 6th
1878

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

ATION TO THE GENERAL BOARD OF LUNACY TO GRANT
SFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

dersigned John Dinwoodie Inspector of Poor Dumfries
rous to transfer Sarah Gray. pauper.
a Patient in Barony Parochial Asylum Woodlee Lodge, and (¹)
uper Lunatic of the Parish of which I
Inspector of Poor — from the said Asylum to the
hern Counties Asylum Dumfries
hereby request the authority of
l to such transfer; and I subjoin a Statement of Particulars regarding the said
ah Gray. pauper and a Medical Certificate with
o her. mental and bodily condition.

John Dinwoodie
(²) Inspector of Poor.

TED at Dumfries this Second day of April
usand eight hundred and Seventyeight

(¹) If Lunatic is not a Pauper; detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

## STATEMENT.

| | |
|---|---|
| stian Name and Surname of Patient at ength, | Sarah Gray |
| and Age, | Female. 24 years |
| ried, Single, or Widowed, | Single |
| dition of Life, and Previous Occupation (if any), | Domestic Servant |
| igious Persuasion, so far as known, | Protestant |
| e of Admission into Asylum, | 16th April 1877 |
| gth of time Insane, | about one year |
| ether first Attack, | Yes |
| (if known) on first Attack, | 23 years |
| ration of existing Attack, | about one year |
| pposed Cause, | Unknown |
| ether subject to Epilepsy, | No |
| ether Suicidal, | No |
| hether Dangerous to others, | No |
| rish to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 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, | |

certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) John Dinwoodie

DATED this Second day of April One thousand eight
red and Seventyeight

N.B.—The foregoing particulars are required for the information of the authorities to
care the Patient is to be transferred.

## MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned James Rutherford being (1) a Fellow of the Royal College of Physicians hereby certify that I have this day at (2) Woodville Asylum, Len personally examined Sarah Gray at pr Patient in said Asylum, and with respect to his Mental State that she is and irritable, and occasionally excited.

; and with respect Bodily Health and Condition that they are good "

and I further certify that, in my opinion, there is nothing in the Mental or Bodily dition of the Patient to contraindicate removal to the Asylum of the Southe Counties at Dumfries

James Rutherford

DATED this Thirtieth day of March One thousand hundred and Seventy Eight

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## SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the She*

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) the Inspector of Dumfries to authorize the transfer of Sarah Gray from Barony Parochial Asylum to Dumfri Royal Asylum, and the Board having considered such application the accompanying Medical Certificate, do hereby authorize the transfer (2) of the Sarah Gray as requested.

Wm Mitchell Commissione

DATED at Edinburgh, this 3rd day of April thousand eight hundred and seventy eight.

Date of Sheriff's order — 18th April

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Sarah Gray
12th April
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff — of the (2) Dumfries & Galloway of ——— and his Substitutes,—

The Petition of Henry Montgomery Inspector of Poor for the Parish of Moodrum humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anthony Shillan Blacksmith Ebrig Village 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 Shillan ——— to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

H Montgomery Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twelfth (4) day of April One thousand eight hundred and Seventy eight-years

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Anthony Shillan |
| 2. Sex and Age, | Male - 62 years |
| 3. Married, Single, or Widowed, | Widower |
| 4. Condition of Life, and previous Occupation (if any), | Blacksmith |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | None |
| 7. Place where Found and Examined, | Portwilliam |
| 8. Length of time Insane, | About 8 days |
| 9. Whether first Attack, | Third attack |
| 10. Age (if known) on first Attack, | about 45 years |
| 11. When and where previously under Examination and Treatment, | Dumfries Asylum |
| 12. Duration of existing Attack, | About 8 days |
| 13. Supposed Cause, | Business troubles |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Doubtful |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Parish of Moodrum |
| 18. Date of becoming Chargeable, | 12th April 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Shillan. Ebrig Village Daughter of the patient, Some Members of this family Died in the Asylum |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twelfth day of April One thousand eight hundred and Seventy eight-

(*To be signed by Party applying*) H Montgomery Inspector of Poor Parish of Moodrum

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an Idiot, or a person of unsound mind.*

I, the undersigned, Robert B. Selby being a (1) Doctor of Medecine - Edinburgh Univ.ty and Licentiate the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Anthony Shillan - Blacksmith Craig Village - Pauper and that the said Anthony Shillan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) He bore the sign of the cross He thinks himself a crowned prince He says that his breath is fire & poisonous for other people & intends —

(8) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (8)

From William McMillan - Apprentice Smith - Shillan threatened to knock McMillans brains out - He also said he intended to kill the Lame (Craig Village) tonight - & break the windows at Auchyollard (farm house) for the last week has been going round & attending the business.

Name and Medical Designation, Robert B. Selby M.D. & L.R.C.S.

Place of Abode, Portwilliam

DATED this 12th day of April One thousand eight hundred and Seventy eight.

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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, Mark Johnston Symons being a (1) Bachelor of Medicine and master of Surgery of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Anthony Shillan, Blacksmith and that the said Anthony Shillan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7). His language is incoherent and obscene. Says he is a member of royal family. that is object in life is to search for & find the bright and morning star.

(8) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (8)
Peter Bell. Police officer informs me that he has been threatening to injure those about him. carrying knives for that purpose.

Name and Medical Designation, M. Johnston Symons M.B.C.M.

Place of Abode, Buccleuch St Dumfries.

DATED this twelfth day of April One thousand eight hundred and seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, Robert B. Selby being (1) Doctor of Medecine Edinr. Univy. & Licentiate of the Royal College of Surgeons Edinr. hereby certify, on soul and conscience, that I have this day, at (2) Portwilliam in the County of Wigtown, seen and personally examined Anthony Shillan Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert B. Selby M.D. & L.R.C.S.E.

DATED this Twelfth day of April One thousand eight hundred and Seventy eight.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Henry Montgomery, Inspector of Poor, Mochrum Wigtownshire, Certificates under the hands of Robert B. Selby and Mark Johnston Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Anthony Shillan, Blacksmith Eolrig Village, (a Pauper) and that the said Anthony Shillan is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Anthony Shillan as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Anthony Shillan which accompanied the said Petition.

DATED this Twelfth day of April One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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Anthony Shillan
12 Capel
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of John Rutherford, Irish Annan.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ker, Butts Street, Annan,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Sister-in-law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Ker to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

John Rutherford

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirteenth (4) day of April, One thousand eight hundred and seventy 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, | Mary Ker |
| 2. Sex and Age, | Female — 43 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Cook & Housemaid |
| 5. Religious Persuasion, so far as known, | Church of Scotland |
| 6. Previous Place of Abode, | Butts Street Annan |
| 7. Place where Found and Examined, | D——D |
| 8. Length of time Insane, | upwards of fourteen days |
| 9. Whether First Attack, | Second |
| 10. Age (if known) on First Attack, | 42 |
| 11. When and where previously under Examination and Treatment, | Annan & Crichton Institution |
| 12. Duration of Existing Attack, | a fortnight |
| 13. Supposed Cause, | unknown |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | Thought to be so |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mary Ker Butts st Annan mother of the patient — no member of whose family have been insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirteenth day of April, One thousand eight hundred and seventy eight

(*To be signed by Party applying*) John Rutherford

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Williamson being a (1) Licentiate of the Royal Col. Surg. Ed. and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Butts Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Ker and that the said Mary Ker is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, 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 anxious and irritable expression of Countenance and flighty manner of speaking.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I am told by her mother that she denies that is her mother and attempted on Saturday last to throw her down a dangerous corkdrew stair — that she has secreted a sharp knife — and has threatened mother till she dare not sleep in the house.

*Name and Medical Designation,* Thos Williamson Surgeon

*Place of Abode,* Church Street Annan

DATED this fourth day of April One thousand eight hundred and Seventy Eight

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Surg. ex of 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) Butts Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Ker. and that the said Mary Ker is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 inability of concentrating her ideas on even the simplest subjects. Great suspicion of her friends as regards their relationship. Great delusions on the latter.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother & sister & brother state that the patient does not recognise her relationship with them, that they are aliens to her & they are not allowed to reside with her in consequence.

*Name and Medical Designation,* D. Mackenzie. M.B.C.M. Annan

*Place of Abode*

DATED this twelfth day of April One thousand eight hundred and seventy eight years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Rutherford, Joiner Annan
Certificates under the hands of Thomas Williamson
and Daniel Mackenzie, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Ker Butts Street, Annan (Petitioners sister-in-law) and that the said Mary Ker, is a (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 Ker, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ker, which accompanied the said Petition.

DATED this Fifteenth day of April, One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
179
Mary Kenn
15th April
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Rev. John Blair Minr of Straiton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Catharine Stewart Blair 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 Miss Catharine Stewart Blair to the Crichton Royal Institution and to sanction her admission into the said Asylum.

John Blair

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 13th (4) day of April One thousand eight hundred and seventy 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, | Catharine Stewart Blair |
| 2. Sex and Age, | female aged 57 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | single, no occupation |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Straiton Manse |
| 7. Place where Found and Examined, | Do |
| 8. Length of time Insane, | several years |
| 9. Whether First Attack, | first attack |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment, | None |
| 12. Duration of Existing Attack, | From six to seven years |
| 13. Supposed Cause, | Bodily condition & climateric change. |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Blair, Straiton Manse Brother; yes, her brother Thomas. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this thirteenth day of April One thousand eight hundred and seventy eight years.

John Blair

(To be signed by Party applying)

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Maclachlan being a (1) Doctor of Medicine and Master of Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Manse of Straiton in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Catharine Stewart Blair Spinster, residing at Straiton Manse and that the said Catharine Stewart Blair is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She labours under delusions, such as that her relations with whom she lives are strangers or merely people personating her relations that a brother some time since dead still lives, &c. Her manner & conversation are peculiar, unstable & unstable.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother states; She has various delusions as about her relations, she hears noises & voices in the night & keeps a stick to drive the imaginary intruders away. Her habits of life have become peculiar & hermit like.

*Name and Medical Designation,* Wm Maclachlan M.D. & C.M. Ed.

*Place of Abode,* Doonbank Patna Ayrshire

DATED this Seventh day of April One thousand eight hundred and Seventy Eight.

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Dobbie being a M.D. of Edinr. and L.R.C.S.E. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Manse of Straiton in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Catharine Stewart Blair and that the said Catharine S. Blair is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 of manner; peculiarity of habits & conversation. She has delusions of hearing & sight holding conversations with imaginary persons. Hears criminal appeals.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Does not know her relatives - says her brother only represents John Blair - that her sister-in-law was never so big as Mrs Blair. - her other brothers are not dead but will come back. &c.

Mrs Blair

*Name and Medical Designation,* Robert Dobbie M.D. L.R.C.S.E.

*Place of Abode* Ayr

DATED this 12th day of April One thousand eight hundred and Seventy eight years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Hugh Cowan. (3) Sheriff Substitute
of the (4) County of Ayr
having had produced to me, with a Petition at the instance of (5) the Revd. John Blair Minister of Ochiltree
Certificates under the hands of William Maclachlan M.D.
and Roland Adeline 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 (6)
Catharine Steuart Blair Spinster Ochiltree and that the said
Catharine Steuart Blair 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 Catharine Steuart Blair as a Patient into the Crichton (8) Royal Institution Asylum at Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Steuart Blair which accompanied the said Petition.

Entd.

DATED this 13th day of April One thousand eight hundred and seventy eight

Hugh Cowan

*To the Superintendent of the* (9) Crichton Royal Institution
*Asylum at* Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

1574

Catharine Stewart Blair

16th April

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway and his Substitutes,—

The Petition of William Rigg ~~West~~ Logan humbly sheweth that it appears from the subjoined Statement and accompanying Buittle Medical Certificates, that Mary Rigg your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Rigg to the Crichton Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Rigg

(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 April One thousand eight hundred and Seventy 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, | Mary Rigg, |
| 2. Sex and Age, | Female, 74 years, |
| 3. Married, Single, or Widowed, | Single, |
| 4. Condition of Life, and previous Occupation (if any), | Domestic, |
| 5. Religious Persuasion, so far as known, | Roman Catholic, |
| 6. Previous Place of Abode, | Loggan, |
| 7. Place where Found and Examined, | Loggan, |
| 8. Length of time Insane, | Two months, |
| 9. Whether First Attack, | Yes, |
| 10. Age (if known) on First Attack, | 74 years, |
| 11. When and where previously under Examination and Treatment, | never, |
| 12. Duration of Existing Attack, | Two, |
| 13. Supposed Cause, | Not known, |
| 14. Whether subject to Epilepsy, | No, |
| 15. Whether Suicidal, | No, |
| 16. Whether Dangerous to others, | Has struck those in attendance, |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | William Rigg. Loggan parish of Buittle brother of patient none known to have been insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of April One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) William Rigg

P. p.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Paterson Lewis MB
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Logan, parish of Buittle, in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Rigg,
and that the said Mary Rigg 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) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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)
Tells me her husband was her greatest enemy & that she was married last night. Laughs & chuckles to herself. Has been in her room this morning.—

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her brothers tell me that they have had a difficulty in keeping her in her room and that she threatened and attempted to go out by the window [illegible]

*Name and Medical Designation,* John Paterson Lewis MB

*Place of Abode,* Dalbeattie.

DATED this Eighteenth day of April, One thousand eight hundred and seventy eight.—

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## MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians & Surgeons Edinburgh & MB
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle St Dumfries. Dumfries
in the County of
visited and personally examined (4) separately from any other Medical Practitioner, Mary Rigg. Logan near Dalbeattie
and that the said Mary Rigg is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Her facial expression indicates mental disease, I suppose that I am the Priest of Baal &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Is very violent in her manner, endeavoured to commit suicide

*Name and Medical Designation,* John Cunningham
M.D. F.R.C.P.Ed.

*Place of Abode,*

DATED this 18th day of April One thousand eight hundred and seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Rigg Logan Buittle in the Stewartry of Kirkcudbright,
Certificates under the hands of John Paterson Lewis
and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Rigg, Logan aforesaid (Petitioner's Sister) and that the said Mary Rigg, is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Rigg as a Patient into the (6) Public Asylum of ~~Southern Counties~~ D.B. and 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 Rigg, which accompanied the said Petition.

D.B. Crichton Royal Institution

DATED this Eighteenth day of April One thousand eight hundred and seventy eight. Two words deleted.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2/180

Mary Rigg

18th April

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Country~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Murphy, Inspt. of Poor of Half Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Whyte your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Whyte to the Southern Counties' Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Murphy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 20th (4) day of April One thousand eight hundred and Seventy 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, | Sarah Whyte |
| 2. Sex and Age, | Female: 42 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Masons wife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Stonylea Half Morton |
| 7. Place where Found and Examined, | Stonylea Do. |
| 8. Length of time Insane, | First noticed about 4 weeks ago by her husband |
| 9. Whether first Attack, | No About fifth attack |
| 10. Age (if known) on first Attack, | Not known but more than fifteen years ago |
| 11. When and where previously under Examination and Treatment, | Southern Counties' Asylum |
| 12. Duration of existing Attack, | About four 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, | ~~Middlebie~~ Half Morton |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name 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, | William Whyte, Stonylea, Half Morton, Husband. Not so far as known w her husband |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twentieth day of April One thousand eight hundred and Seventy Eight

(*To be signed by Party applying*) John Murphy

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Rae Anderson being a (1) Doctor of Medicine & Licentiate of the Faculty of Physicians & Surgeons Glas and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Stonyle Half morton in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah Whyte, Stony Halfmorton and that the said Sarah Whyte is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I found her very much excited with the house in a state of complete disorder & confusion. She was throwing articles of dress &c about the house swearing and talking under nonsense — in short she seemed to be "quite out of herself."

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Miss N. Davidson & her husband Wm Whyte say she is — at times — quite unmanageable refused to do household duties, & talks less nonsense.

*Name and Medical Designation,* Jas. Rae Anderson Ass

*Place of Abode,* Eskbank Cannonbie

DATED this eighteenth day of April One thousand eight hundred and seventy eight.

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Lic: Royal Coll: Physicians, Edinr, and of the Faculty of Physicians & Surgeons, Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Stoneyle & in the parish of Halfmorton in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah Whyte, pauper, Stoneyle, Halfmorton and that the said Sarah Whyte is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 unsettled in appearance and manner; she is unusually talkative, and in conversation becomes abominably vulgar and excited; lately, I have seen her in fits of depression as well as of excitement.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Anne Davidson says the patient is dirty, idle, and vulgar in habits, disposition and conduct; Margaret Hall says she is only contented when she is wandering about the country.

*Name and Medical Designation,* William Carruthers Physt Surg

*Place of Abode,* Kirkpatrick Fleming

DATED this 19th day of April One thousand eight hundred and seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, William Carruthers being (1) Lic: Royal Coll Phys Edinr &c. hereby certify, on soul and conscience, that I have this day, at (2) Stoneyton in the County of Dumfries, seen and personally examined Sarah Whyte, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers

DATED this 19th day of April One thousand eight hundred and seventy eight.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Murphy, Inspector of Poor Half Morton Certificates under the hands of James Rae Anderson and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah Whyte Stoneyton Half Morton (a Pauper) and that the said Sarah Whyte is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Whyte as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Whyte which accompanied the said Petition.

DATED this Twentieth day of April One thousand eight hundred and seventy eight.

Lmaitland

*To the Superintendent of the (7) Public Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2/181
Sarah White
12th April
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway, *and his Substitutes,*—

The Petition of The Revd William Burnet minister of Half Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Susanah Cummings your Petitioner's (3) wife's cousin is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Susanah Cummings 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.

W Burnet

(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 April One thousand eight hundred and seventy 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, | Mary Susanah Cummings |
| 2. Sex and Age, | Female 57 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Gentlewoman |
| 5. Religious Persuasion, so far as known, | Wesleyan |
| 6. Previous Place of Abode, | Carlisle 33 Civil St. |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | One to two years |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | Domestic quarrels |
| 13. Supposed Cause, | No |
| 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, | |
| 18. Date of becoming Chargeable, | Mrs S. Burnet Cousin |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | None |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | Father died of D. W. |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty second day of April One thousand eight hundred and seventy eight.

(*To be signed by Party applying*) W Burnet

P. P.

attempted hanging — to cut with scissors

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh Univ.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Susannah Cummings 33 Cecil St. Carlisle Spinster and that the said Mary Susannah Cummings is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

I. Facts indicating Insanity observed by myself: (6) Her manner, insane, melancholy, appearance. Tells me that she has more than once tried to commit suicide

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Burnet her cousin informs me that she has latterly been very restless & unmanageable & twice attempted suicide

*Name and Medical Designation,* John Smith M.D.

*Place of Abode,* 14 Castle St. Dumfries

DATED this 22nd day of April One thousand eight hundred and 78 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 (1) Doctor of Medicine of the University of Edinburgh and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street, Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Susannah Cummings Spinster 33 Cecil Street Carlisle and that the said Mary Susannah Cummings is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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, appearance, and rambling incoherent conversation on different subjects particularly about the effects morphia has on her - admits having attempted suicide -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Mrs Burnet, her cousin that she has been in a precarious state for more than a year, and lately has twice attempted suicide

*Name and Medical Designation,* Alex. Thomson M.D.

*Place of Abode* 14 Castle St. Dumfries

DATED this twenty second day of April One thousand eight hundred and Seventy eight 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) Surgeon & Edinburgh Universities hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St in the County of Dumfries, seen and personally examined Mary Susanah Cummings, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD FRC

DATED this 22nd day of April One thousand eight hundred and 78 years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Murray Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) The Revd William Burnet Minister of Ralph Morton Certificates under the hands of John Smith and Alexander Henson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Susanah Cummings 33 wife of Carlisle (Potter Angus) and that the said Mary Susanah Cummings is a (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 Susanah Cummings as a Patient into the (6) Public Asylum of Crichton Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Susanah Cummings which accompanied the said Petition.

DATED this Twenty third day of April One thousand eight hundred and seventy eight.

Lmaitland

*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.

Petition
of
Revd William Burn
for
reception of Mary Susan
Cummings in the
Circular Royal Institu

22 April 18

1575
Mary S Cummings
22 April
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) ~~Counties of~~ Dumfries & Galloway *and his Substitutes,*—

The Petition of James Bell Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Burgess

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Burgess to the Southern County Asylum Dumfries and to sanction his admission into the said Asylum.

[signature] Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty ~~[illegible]~~ day of April One thousand eight hundred and Seventy 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, | John Burgess |
| 2. Sex and Age, | 62 |
| 3. Married, Single, or Widowed, | Male Single |
| 4. Condition of Life, and previous Occupation (if any), | Builder |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Millpool of Kirkpatrick Durham |
| 7. Place where Found and Examined, | found at Millpool & examined at Kirkpatrick |
| 8. Length of time Insane, | |
| 9. Whether First Attack, | Since 2 April 1878 |
| 10. Age (if known) on First Attack, | No |
| 11. When and where previously under Examination and Treatment, | Dumfries Asylum 1875 |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | unknown |
| 14. Whether subject to Epilepsy, | not subject to fits |
| 15. Whether Suicidal, | not Suicidal |
| 16. Whether Dangerous to others, | Harmless |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkpatrick Durham Only admitted to day |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | George Burgess Millpool & Brother William Burgess Kirkpatrick Village Do None |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 23rd day of April One thousand eight hundred and Seventy Eight

(*To be signed by Party applying*) [signature] Inspector of Poor

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Moses Urquhart being a (1) Graduate of Medicine 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) Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John Burgess (Pauper) and that the said John Burgess is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Asserts that he is able to prove his divinity.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

I have seen a letter written by him to his Brother in which expression is given to ideas utterly incongruous & irrational.

*Name and Medical Designation,* Moses Urquhart M.B.

*Place of Abode,* Kirkcudbright

DATED this Twenty third day of April One thousand eight hundred and seventy eight

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Moffat being a (1) Graduate of Medicine of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Prison Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John Burgess (Pauper) and that the said John Burgess is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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. His own assertion that he is "The Lord of Hosts," and therefore he cannot err and was quite justified in doing anything and everything. 2. His letters prove his insanity

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Rev John Clark U.P. Ministr informs me that this man was in the habit of writing the most profane and obscene letters to Mrs Clark and that he used to wander about at night fighting the Devil and that he was a terror to the whole community.

*Name and Medical Designation,* James Moffat M.B.C.

*Place of Abode* Church Place Kirkcudbright

DATED this Twenty third day of April One thousand eight hundred and Seventy Eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Sudan (1) Esquire, Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) James Bell Certificates under the hands of Andrew I. Urquhart and James Moffat, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Burgess (a Pauper) and that the said John Burgess is a (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 Burgess as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Burgess which accompanied the said Petition.

DATED this Twenty fourth day of April One thousand eight hundred and Seventy eight.

Robert Sudan S.S.

*To the Superintendent of the* (7) Southern Counties *Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
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John Burgess
24th April
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Sheriffdom~~ of Dumfries & Galloway and his Substitutes,—

The Petition of John Lawson Inspector of Poor Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Carlyle 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 Carlyle 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.

J. Lawson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty fifth (4) day of April One thousand eight hundred and Seventy 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, | Thomas Carlyle |
| 2. Sex and Age, | Male. 43 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, | Ecca Annan Parish |
| 7. Place where Found and Examined, | Ecca Annan Parish |
| 8. Length of time Insane, | not Known |
| 9. Whether First Attack, | — |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | — |
| 13. Supposed Cause, | — |
| 14. Whether subject to Epilepsy, | — |
| 15. Whether Suicidal, | — |
| 16. Whether Dangerous to others, | — |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Annan |
| 18. Date of becoming Chargeable, | 14th Sep. 1846 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Janet Nicholson Ecca. Aunt. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty fifth day of April One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) J. Lawson

P. S.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, Daniel Mackenzie
being a (1) Bachelor of Medicine & Master in Surgery &c.
and being in actual practice as a (2) general medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Creca
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Carlyle, pauper lunatic and that
the said Thomas Carlyle is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) An incoherence of thought & speech an inability to express an opinion on even the simplest matters

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The neighbours state that an indecent assault had been committed on a married woman.

*Name and Medical Designation,* Daniel Mackenzie M.B.

*Place of Abode,* Mayfield, Annan

DATED this 25th day of April One thousand eight hundred and Seventy eight years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Johnstone Paterson
being a (1) Member of the Royal College of Physicians & Surgeons Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Creca
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Carlyle and that
the said Thomas Carlyle is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Formation of head, general expression, & by characteristic of the confirmed lunatic.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
All speak well of him as being very obliging, but very dangerous under excitement.

*Name and Medical Designation,* J. Paterson

*Place of Abode* High Street

DATED this 25th day of April One thousand eight hundred and Seventy eight 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, Daniel Mackenzie being (1) a Bachelor of Medicine & Master in Surgery. hereby certify, on soul and conscience, that I have this day, at (2) Creca in the County of Dumfries, seen and personally examined Thomas Carlyle, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Daniel Mackenzie M.B.C.M

DATED this 25th day of April One thousand eight hundred and seventy eight years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lawson Inspector of Poor Annan Certificates under the hands of David Mackenzie and James Thomson 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) Thomas Carlyle Labourer Creca Annan, (a Pauper) and that the said Thomas Carlyle, is a (5) Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Carlyle as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Carlyle which accompanied the said Petition.

DATED this Twenty seventh of April, One thousand eight hundred and twenty eight.

J Gibson Starke

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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Thomas Carlyle
25. April
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Alex. L. Davidson Inspector of Poor Ruthwell, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Lowden your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Lowden 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.

Alex. L. Davidson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fifth (4) day of April One thousand eight hundred and seventy 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, | Jane Lowden |
| 2. Sex and Age, | Female, |
| 3. Married, Single, or Widowed, | Widow, 76 (~~Sixty six~~ Seventy six) |
| 4. Condition of Life, and previous Occupation (if any), | Pauper – farmer's Widow |
| 5. Religious Persuasion, so far as known, | Protestant, E.C. of Scotland |
| 6. Previous Place of Abode, | Glencaple – Carlaverock |
| 7. Place where Found and Examined, | Bankend do |
| 8. Length of time Insane, | Since January last present attack |
| 9. Whether First Attack, | No |
| 10. Age (if known) on First Attack, | about 55 |
| 11. When and where previously under Examination and Treatment, | Southern Counties, Asylum, in 1856 & 1860 |
| 12. Duration of Existing Attack, | See No 8 – |
| 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, | Ruthwell |
| 18. Date of becoming Chargeable, | 28th February, 1853 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Agnes Lowden & Margaret Lowden, daughters residing with her at Bankend<br>Charles Lowden, a son died in S. C. Asylum in 1860 |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — None |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fifth day of April One thousand eight hundred and seventy eight

(*To be signed by Party applying*) Alex Leith Davidson

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Scott being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Bankend Carlaverock in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Widow Jane Lowdon a Pauper and that the said Widow Jane Lowdon 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)

State she sleeps none and that her Bed is often burning below her — Had similar attack 17 years ago when I saw her in an asylum

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her Daughters say she refuses food and has delusions as to persons & mind

*Name and Medical Designation,* Wm Scott M.D. Edin

*Place of Abode,* Dumfries.

DATED this 23d day of April One thousand eight hundred and seventy eight

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Bankend Carlaverock in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Lowdon Pauper and that the said Jane Lowdon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems in a very depressed state of mind and says that she fancies some one is going to burn her every night & sleeps no

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her sister and daughters say she is in the same state she was in when I was in the asylum before. & refuses food

*Name and Medical Designation,* A D MacDonald

*Place of Abode* 18 Castlehill Dumfries

DATED this 23d day of April One thousand eight hundred and seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes 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 Lauendale Maitland (1) Depute Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander L. Davidson, Inspector of Poor Motherwell — Certificates under the hands of William Scott — and Alexander Dall MacDowall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Lowden, Bankend, Carluke (a Pauper) and that the said Joyce Lowden is a (5) Lunatic, and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Lowden as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Lowden which accompanied the said Petition.

DATED this Twenty fifth day of April One thousand eight hundred and seventy eight.

L Maitland

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Jane Louden

26th April

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Shire~~
of Dumfries & Galloway *and his Substitutes*—
The Petition of Joseph Thomson Portland Place Edinburgh
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Thomson your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Thomson 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.

Joseph Thomson

Dated this First (4) day of May One thousand eight hundred and Seventy eight.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | William Thomson |
| 2. Sex and Age, | male - 60 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | Draper |
| 5. Religious Persuasion, so far as known, | Established. |
| 6. Previous Place of Abode, | 9 and 10 Caerlaverock |
| 7. Place where Found and Examined, | Dumfries. |
| 8. Length of time Insane, | Two or three years |
| 9. Whether first Attack, | no |
| 10. Age (if known) on first Attack, | — |
| 11. When and where previously under Examination and Treatment, | Crichton Royal Institution |
| 12. Duration of existing Attack, | about 10 days - |
| 13. Supposed Cause, | not known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | J. S. Thomson Portland Place Dumfries - Brother |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this First day of May One thousand eight hundred and Seventy eight

*(To be Signed by Party applying)* Joseph Thomson

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians & Surgeons in Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street, Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Thomson, Gentleman and that the said William Thomson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is melancholy would lie constantly in bed, and when he wanders away from his friends.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother informs me that he has been under treatment in the Crichton Royal Institution before.

*Name and Medical Designation,* Hugh Cunningham, L.R.C.P.Ed. L.F.P.S.Glas.

*Place of Abode,* 25 Castle Street, Dumfries

DATED this First day of May One thousand eight hundred and seventy eight years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal College Physicians & Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Thomson, Gentleman and that the said William Thomson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disease

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been in the Crichton Royal Institution several times under treatment

*Name and Medical Designation,* John Cunningham M.B.C.M.

*Place of Abode,* 25 Castle Street Dumfries

DATED this 1st day of May One thousand eight hundred and seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph Thomson
Portland Place, Maxwelltown
Certificates under the hands of Hugh Cunningham
and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Thomson Midtown Carlaverock (Peter's Brother) and that the said William Thomson is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Thomson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Thomson which accompanied the said Petition.

DATED this First day of May One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1576

William Thomson

1st Wrangler

1878

"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) ~~Counties~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie. Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Chalmers. Dumfries Poorhouse your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Grace Chalmers to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this Third (4) day of May One thousand eight hundred and Seventyeight

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Grace Chalmers |
| 2. Sex and Age, | Female. 78 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, | Annan |
| 7. Place where Found and Examined, | Dumfries Poorhouse |
| 8. Length of time Insane, | Two weeks |
| 9. Whether first Attack, | first |
| 10. Age (if known) on first Attack, | 78 years |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | two weeks |
| 13. Supposed Cause, | — |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | yes |
| 16. Whether Dangerous to others, | yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Annan |
| 18. Date of becoming Chargeable, | 3d. May 1878. |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | not Known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | not Known |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third day of May One thousand eight hundred and Seventyeight

(To be Signed by Party applying) John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wellyam Grant Lalla being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Dumpries in the County of Dumpries separately from any other Medical Practitioner, visited and personally examined (4) Grace Chalmers Eb Pauper, and that the said Grace Chalmers is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently & is in dread of being poisoned with her food & great fear that she will come upon those around her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the Governor & Matron state that she has tried to throw herself out of the window & escape from those Matron by trick &c

*Name and Medical Designation,* } Wm Grant Lalla M.D &c

*Place of Abode,* Dumpries

DATED this 2 day of May One thousand eight hundred and Seventy eight

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) the Poorhouse Dumpries Dumpries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Grace Chalmers, pauper and that the said Grace Chalmers 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 became suspicious incoherent & excited & delusions, states that some people are anxious to poison her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) the Governor informs me that she has required constant watching having attempted to jump out of the window

*Name and Medical Designation,* } John Smith M.D &c

*Place of Abode,* 44 Castle St, Dumpries

DATED this 3 day of May One thousand eight hundred and 78 years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, William Marshall being (1) a Graduate of the Faculty of Physicians and Surgeons Glasgow & College St And Eng hereby certify, on soul and conscience, that I have this day, at (2) Poorhouse Dumfries in the County of Dumfries, seen and personally examined Grace Chalmers, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M.D. &c

DATED this 3d day of May One thousand eight hundred and seventy eight years

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Grace Chalmers, Dumfries Poorhouse (a Pauper) and that the said Grace Chalmers is a (5) Lunatic, and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace Chalmers as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Grace Chalmers, which accompanied the said Petition.

DATED this Third day of May One thousand eight hundred and seventy eight

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Grace Chalmers
3 May
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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 (1) Shire~~ of Dumfries *and his Substitutes,*—

The Petition of George Muir residing in Kirkconnell Village humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Muir, your Petitioner's (2) Nephew, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Muir 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.

George Muir

(3) The date of the petition must be with fourteen clear days following the dates of the Medical Certificates.

DATED this Fourth (3) day of May One thousand eight hundred and Seventy 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, | David Muir |
| 2. Sex and Age, | Male. 15 years. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Pupil-Teacher |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Kirkconnell |
| 7. Place where Found and Examined, | Kirkconnell |
| 8. Length of time Insane, | Two Months. |
| 9. Whether First Attack, | Yes. |
| 10. Age (if known) on First Attack, | 15 years. |
| 11. When and where previously under Examination and Treatment, | ——— |
| 12. Duration of Existing Attack, | Two Months |
| 13. Supposed Cause, | Mental Strain & defective Nourishment. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | ——— |
| 18. Date of becoming Chargeable, | ——— |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Sarah Muir Mother. Two Cousins of Patient's Mother were known to have been insane. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | ——— |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of May One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) George Muir

P P

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Jackson Kennedy being a (1) Licentiate of the Royal College of Physicians and Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Village of Kirkconnel in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Muir and that the said David 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. :—

1. Facts indicating Insanity observed by myself: (6)

He labours under delusions — is excitable & very restless. talks incoherently. States that he sees objects which have no existence

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His guardian George Muir & Mother state that he is at times excitable & seems that he is some person in a different position in County & labours under some very peculiar delusions

Name and Medical Designation, William Jackson Kennedy Physician & Surgeon

Place of Abode, Sanquhar

DATED this Fourth day of May One thousand eight hundred and Seventy eight

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*
(6) *State the facts.*
(7) *State the information, and from whom derived.*

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, Wm Kay being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow. and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Village of Kirkconnel in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Muir. and that the said David 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. :—

1. Facts indicating Insanity observed by myself: (6) He talks incoherently, is restless always in motion

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His Uncle states that he imagines he sees things and hears people speak to him.

Name and Medical Designation, Wm Kay, Surgeon

Place of Abode Sanquhar

DATED this Fourth day of May One thousand eight hundred and Seventy eight.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*
(6) *State the facts.*
(7) *State the information, and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Aurray Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Muir residing at Kirkconnell Village Certificates under the hands of William Jackson Kennedy and William Kay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Muir Kirkconnell Village (Peter Nephew) and that the said David Muir is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Muir as a Patient into the (6) Public Asylum of Southern County and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Muir, which accompanied the said Petition.

DATED this Fourth day of May One thousand eight hundred and seventy eight.

Clerk. Lauderdale Maitland

*To the Superintendent of the (7) Public Asylum of*
Southern County
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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David Muir
4th May
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Counties of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Dickson. Dumfries Prison Pauper your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Dickson 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.

And I Eighth D John Dinwoodie

(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 May One thousand eight hundred and Seventy 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, | Hugh Dickson |
| 2. Sex and Age, | Male 29 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | Labourer, previously Soldier |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | do Prison |
| 8. Length of time Insane, | about a week |
| 9. Whether first Attack, | not known |
| 10. Age (if known) on first Attack, | — — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | about a week |
| 13. Supposed Cause, | Alcohol |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | yes |
| 16. Whether Dangerous to others, | yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries, meantime |
| 18. Date of becoming Chargeable, | 7 May 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Dickson. Uncle Currie Muirend not known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Seventh~~ Eighth D day of May One thousand eight hundred and Seventy eight

*(To be Signed by Party applying)* John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Williams Scott
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Parsonage
in Dumfries
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Dickson a Pauper
and that
the said Hugh Dickson
is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) I have seen the scar on his neck caused by his attempting to hang himself - He is sleepless - has delusions talks incoherently

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Warders state that he is noisy and as above —

*Name and Medical Designation,* Wm Scott MD

*Place of Abode,* Dumfries

DATED this 7th day of May One thousand eight hundred and 48

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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, Sir Wm Charles Marshall
being a (1) Graduate of the Faculty of Physicians & Surgeons of Glasgow and Fellow of the Royal College of Physicians of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Person
Dumfries
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Dickson (a Pauper)
and that
the said Hugh Dickson
is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Seems unsettled in his knowledge of the relation of time & place & speaks irrelevantly & excited if certain questions be put to him talks incoherently &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By attendants state that he frequently attempts to commit suicide & has been attempting to commit suicide through [illegible]

*Name and Medical Designation,* Wm Marshall Physician

*Place of Abode,* Dumfries

DATED this 7th day of May One thousand eight hundred and Forty eight Years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke ~~Steward~~ Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Dinwoodie, Inspector of Poor, Dumfries, Certificates under the hands of William Scott, and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Dickson, Dumfries Prison, (a Pauper) and that the said Hugh Dickson is a (5) Lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Dickson as a Patient into the (6) Public Asylum of Southern counties and I authorize ~~his~~ Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Dickson, which accompanied the said Petition.

DATED this ~~fourth~~ day of May One thousand eight hundred and ~~seventy~~ eight ~~six~~ and dated.

James Gibson Starke

*To the Superintendent of the (7)* Public
*Asylum of*
Southern counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Hugh Dickson
7th May
1878

Department of Prisons and Judicial Statistics,

Edinburgh, 4th May 1878

Sir,

In answer to your letter of
ay calling attention to the fact
our having a Dangerous Lunatic
your prison, you are instructed
bring the case under the notice
he Sheriff and request him to
ose of it under Clause 6 of
Criminal and Dangerous Lunatics

I am, Sir,

Your obedient Servt.

Wm Donaldson
Sec.y

Governor
Prison of
Dumfries

Conscience that
Prison Dumfries
and are of
unatic dangerous
nd a proper
an Asylum

Scott MD &c
Donald MD &c

t under the hands
M.D. and Alexander
M.D. Cotte in
may 1878, herewith

That your Petitioner produces herewith a Letter, dated 4th May 1878, from the Secretary to the Prison Commissioners authorising him to make this application, and he founds upon and refers to "The Criminal and Dangerous Lunatics (Scotland) Amendment Act 1871," Section 6 - and

Prays your Lordship to consider

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Hugh Dickson
7th May
1878

We certify on Soul and Conscience that we have this day in the prison Dumfries examined Hugh Dickson and are of opinion that he is a lunatic dangerous to himself and others and a proper person to be detained in an Asylum

Dumfries
May 3d 1878

Wm Scott MD &c
A D MacDonald MD &c

Effectually to that effect under the hands of William Scott M.D. and Alexander Dall Macdonald M.D. both in Dumfries, dated 3d May 1878, herewith produced.

That your Petitioner produces herewith a Letter, dated 4th May 1878, from the Secretary to the Prison Commissioners authorising him to make this application, and he founds upon and refers to "The Criminal and Dangerous Lunatics (Scotland) Amendment Act 1871," Section 6 - and

Prays your Lordship to consider

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Hugh Dickson
7th May
1878

Hugh Dickson
Medical Certificate
By
Wm Scott, M.D. and A.D.
Macdonald, M.D.

5th May 1878.

6 May 1878

Unto the Honourable the Sheriff of Dumfries and Galloway
The Petition of William Rutledge Governor of the Prison of Dumfries in name of and as authorised by Her Majesty's Prison Commissioners.

Humbly Sheweth

That Hugh Dickson, a labourer, at present a prisoner in said Prison who stands committed for trial for the Crime of Assault has become Insane, conform to Certificate to that effect under the hands of William Scott M.D. and Alexander Dall Macdonald M.D. both in Dumfries, dated 3d May 1878, herewith produced.

That your Petitioner produces herewith a Letter, dated 4th May 1878, from the Secretary to the Prison Commissioners authorising him to make this application, and he found upon and refers to "The Criminal and Dangerous Lunatics (Scotland) Amendment Act 1871," Section 6 - and

Prays your Lordship to consider

This Petition with the medical Certificate produced and to grant an order for the removal of the said Hugh Dickson to the Southern Counties Asylum at Dumfries or other Asylum for Lunatics as provided for by said Act

According to Justice

William Rutledge Sheriff

Dumfries 7th May 1878. Having considered the foregoing Petition, with Medical certificates, and letter by the Secretary to the Lunacy Commissioners, Hereunto produced, Grants warrant for the removal of the within designed Hugh Dickson, from the Lunacy of Dumfries, to the Southern Counties Asylum for Lunatics at Dumfries reserving power in terms of the 7th Section of the Statute Founded on, in the event

Gibson Starke

ment of his recovery, or other-
wise, if necessary, to order
him to be removed
from said Asylum to
the Prison of Dumfries.

P. Gibson Starke

Petition

To

Lord Rutland Governor of
Dumfries Prison

For

Removal of Hugh Dickson
to a Lunatic Asylum

6 May 1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 *Fellow and his Substitutes.*—

The Petition of Richard Brown Inspector of Poor Kirkpatrick Fleming humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Irving your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Irving to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Richard Brown Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighth (4) day of May One thousand eight hundred and Seventy 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, | John Irving |
| 2. Sex and Age, | Male |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Farm Servant and Labourer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Holle Village |
| 7. Place where Found and Examined, | Holle Village |
| 8. Length of time Insane, | 12 months |
| 9. Whether First Attack, | First |
| 10. Age (if known) on First Attack, | 31 years |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of Existing Attack, | 12 months |
| 13. Supposed Cause, | not known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkpatrick Fleming |
| 18. Date of becoming Chargeable, | 7th May 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Irving Grandmother Several distant relatives have had attacks of insanity |
| 20. Special circumstances (if any) preventing the 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 hundred and Seventy eight

(*To be signed by Party applying*) Richard Brown Inspector of Poor Kirkpatrick Fleming

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Lic: Roy: Coll: Phys: Edin: & Lic: Fac: Phys and Surg: Glasgow — and being in actual practice as a (2) — Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Hollee, in the parish of Kirkpatrick Fleming in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Irving, pauper, Hollee Kirkpatrick Fleming and the said John 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 dull, melancholic, and absent minded, unable to converse, says he cannot work because his mind is fuzzyled with things —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His uncle Christopher Irving says that the patient will sit for hours with his eyes fixed downwards, that he seldom speaks unless when spoken to and then it is only in monosyllables — that he has become childish in his manner, and very forgetful

*Name and Medical Designation,* William Carruthers L.R.C.P.E.

*Place of Abode,* Kirkpatrick Fleming

DATED this sixth day of May One thousand eight hundred and seventy eight —

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Brown Howat being a (1) Bachelor of Medicine Master of Surgery Glasg University, & Lic. Roy Coll Surg Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Hollee in the parish of Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Irving pauper Hollee Kirkpatrick Fleming and the said John 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) Expression of p[illegible] vacant — reasoning powers disturbed, manners silly responding — no desire to talk or take food, — great coherency. Confused ideas of time or place.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Eliz Irving his mother informs me, that [illegible] the last few days — he gets very excited, and that she is trying to murder him

*Name and Medical Designation,* William B. Howat, M.B.C.M. L.R.C.S.E & F.M.

*Place of Abode* Waterbeck

DATED this Seventh day of May One thousand eight hundred and Seventy Eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke Advocate (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Richard Brown Inspector of Poor Kirkpatrick Fleming Certificates under the hands of William Carruthers and William Brown Nowat, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Irving Nollee Village Kirkpatrick Fleming and that the said John Irving is a (5) person of unsound mind (a Pauper)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Irving as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Irving which accompanied the said Petition.

DATED this Eighth day of May One thousand eight hundred and seventy eight years

J. Gibson Starke

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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John Irving
8th May
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

*Unto the Honourable the* (*) Sheriff ~~of the* (*) Counties~~ *of* Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie. Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Spankie. Coffee House, 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 David Spankie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(*) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this Twelfth (*) day of May — One thousand eight hundred and ninety eight.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | David Spankie |
| 2. Sex and Age, | Male, 50 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | do Plasterer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | Coffee House do |
| 8. Length of time Insane, | a month |
| 9. Whether first Attack, | first — |
| 10. Age (if known) on first Attack, | about 50 years |
| 11. When and where previously under Examination and Treatment, | nowhere before |
| 12. Duration of existing Attack, | about a month |
| 13. Supposed Cause, | hereditary — Drinking habits lately |
| 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, | Dumfries |
| 18. Date of becoming Chargeable, | 8th May 1878. |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 father was three times insane — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of May One thousand eight hundred and ninety eight.

*(To be Signed by Party applying)* John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wm Simpson Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Spankie Ecclesmagh and that the said David Spankie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Has delusions & is violent & destructive Says God put him to bring on bad times Destruction &c &c Family have all gone

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Have been informed that he is greatly disturbed at night &c

*Name and Medical Designation,* } Wm Marshall MB CM DPH

*Place of Abode,* Dumfries

DATED this 9th day of May One thousand eight hundred and Seventy eight Years

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal College of Physicians and Surgeons, Edinburgh and being in actual practice as a (2) Physician and Coffee House Keeper hereby certify, on soul and conscience, that I have this day, at (3) Coffee Close High Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Spankie, Painter Coffee Close, High St. Dumfries and that the said David Spankie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He is constantly shouting that he is eternally lost His relatives & friends running up & down the Crying

*Name and Medical Designation,* } John Cunningham M.D.

*Place of Abode,* 25 Castle Street, Dumfries

DATED this 8th day of May One thousand eight hundred and Seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, John Cunningham being (1) Physician and Surgeon RCPSEd hereby certify, on soul and conscience, that I have this day, at (2) Coffee Close, Dumfries in the County of Dumfries, seen and personally examined David Spankie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Cunningham MD RCPSEd

DATED this 8th day of May One thousand eight hundred and seventy eight

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Marshall and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Spankie, Plasterer, coffee close Dumfries, (a Pauper) and that the said David Spankie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Spankie as a Patient into the (6) Public Asylum of Southern counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Spankie, which accompanied the said Petition.

DATED this Ninth day of May One thousand eight hundred and seventy eight years.

L Maitland

*To the Superintendent of the* (7) Public *Asylum of* Southern counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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David Spankie

St. Ives

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., 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 Honorable the* (1) Sheriff of the (1) Shire of Dumfries Stewartry and his Substitutes,—

The Petition of William Graham Inspector of Poor Hoddesdon

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Robinson 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 Catherine Robinson to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Wm Graham Inspector of Poor Hoddesdon

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 10th (3) day of May One thousand eight hundred and seventy 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, | Catherine Robinson |
| 2. Sex and Age, | Female - 25 Years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Ecclefechan Hoddesdon |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | since Youth |
| 9. Whether first Attack, | - not known |
| 10. Age (if known) on first Attack, | Not known |
| 11. When and where previously under Examination and Treatment, | Not Known |
| 12. Duration of existing Attack, | Not Known |
| 13. Supposed Cause, | Not Known |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Parish of Hoddesdon |
| 18. Date of becoming Chargeable, | September 1875 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Robinson - 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 10th day of May One thousand eight hundred and seventy eight

(*To be signed by Party applying*) Wm Graham Inspector of Poor Hoddesdon

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

I, the undersigned, William Scott being a (1) Graduate of the University of Edinb
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the County Po
Office Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Catherine Robinson a Pau
and that
the said Catherine Robinson 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) Her appearan
and total ignorance - her aversion to the
Mother, she is Fatuous

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She has been Fatuous for 20 years
attacked her mother 18 months any years
throws her food in her face - Wanders a

*Name and Medical Designation,* W Scott MD &c

*Place of Abode,* Dumfries

DATED this 9th day of May One thousand eight
hundred and twenty eight

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dod MacDonald being a (1) Graduate of Edinburgh Universit
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Coun
Police Office Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Catherine Robinson
a Pauper and that
the said Catherine Robinson is a (5) Lunatic
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Mother Ru
her age Nov the present Month a Ye
Her when she at present is - is mur

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Inspector Nurse says she
Idle or for 20 Years. is violent - b
Mother &c

*Name and Medical Designation,* A D MacDonald

*Place of Abode,* Dumfries

DATED this 10th day of May One thousand eight
hundred and twenty eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I James Gibson Starke, Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Graham, Inspector of Poor, Moddam, Holt, M.D. &c. Certificates under the hands of William Holt, M.D. &c. and Alexander Bell Macdonald M.D. &c., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine Robinson Ecclefechan, Moddam, a pauper and that the said Catherine Robinson, is a (5) Lunatic, and a Person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine Robinson, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Robinson which accompanied the said Petition.

DATED this Tenth day of May One thousand eight hundred and seventy eight.

J. Gibson Starke

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Catherine Robinson
10th May
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

FORM A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Counties~~
of Dumfries & Galloway *and his Substitutes*—
The Petition of John Dinwoodie, Inspector of Poor
for the Parish of Dumfries
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Black, Poorhouse,
your Petitioner's (3) Pauper
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Black ——— 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.

DATED this tenth (4) day of May ——— One thousand eight hundred and seventy eight.

John Dinwoodie Insp

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Robert Black |
| 2. Sex and Age, | male. 62 years |
| 3. Married, Single, or Widowed, | Widower |
| 4. Condition of Life, and previous occupation (if any), | do. labourer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 31 Friar's Vennel. Dumfries |
| 7. Place where Found and Examined, | Dumfries Poorhouse |
| 8. Length of time Insane, | about a week |
| 9. Whether first Attack, | first |
| 10. Age (if known) on first Attack, | 62 years |
| 11. When and where previously under Examination and Treatment, | ~~~ |
| 12. Duration of existing Attack, | about a week |
| 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, | Dumfries |
| 18. Date of becoming Chargeable, | 7 May 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Robert Black, Govan a Son not Known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | ~~~ |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this tenth day of May One thousand eight hundred and seventy eight.

(*To be Signed by Party applying*) John Dinwoodie Insp. Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of Physicians & Surgeons Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Parkhouse Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Robert Black Parkhouse Dumfries and that the said Robert Black is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Manner in person appears totally incapable as to the ordinary questions and acts about as to knowledge of persons & places &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the person with whom he lodged & had for the last week he has been acting to most of strangers as to affect his mind

Name and Medical Designation, Robert Marshall Ch: Dumfries

Place of Abode, Dumfries

DATED this 10th day of May One thousand eight hundred and seventy eight 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, being a (1) Licentiate of Edinburgh Licentiate of Physicians & Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Parkhouse Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Robert Black. a person of unsound mind and that the said Robert Black is a (5) person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is silly & apparently incoherent in speech & manner to comprehend or answer the most simple questions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Governor of the Parkhouse informs that since yesterday he has been so restless that he required constant watching.

Name and Medical Designation, John Smith MD

Place of Abode, 14 Castle St Dumfries

DATED this 10th day of May One thousand eight hundred and 78 years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, John Smith
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Poorhouse
in the County of Dumfries, seen and personally examined
Robert Black, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D.

Dated this 10th day of May One thousand eight hundred and 78, years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke, Honorary Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Denwoodie,
Inspector of Poor, Dumfries,
Certificates under the hands of William Marshall M.D. &c.
and John Smith M.D. &c., being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Black, Dumfries poorhouse, (a pauper) and that the said Robert Black, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Black, as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Black which accompanied the said Petition.

Dated this 10th day of May One thousand eight hundred and seventy eight.

James Gibson Starke

*To the Superintendent of the (7) Public Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Robert Black
10th May
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of James Cunningham Esq. Presiding at No 50 Queen Street Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander William Cunningham late of No 15 Pantons Square Chelsea London your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander William Cunningham 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.

Jas Cunningham

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this thirteenth (4) day of ~~april~~ May One thousand eight hundred and Seventy eight

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Alexander William Cunningham |
| 2. Sex and Age, | male — 38 next birthday |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | formerly in army, latterly literary |
| 5. Religious Persuasion, so far as known, | Church of England |
| 6. Previous Place of Abode, | 15 Pantons Square Chelsea London |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | Not known |
| 9. Whether First Attack, | ~~Not~~ No |
| 10. Age (if known) on First Attack, | Not known |
| 11. When and where previously under Examination and Treatment, | Crichton Institution Dumfries |
| 12. Duration of Existing Attack, | Not known |
| 13. Supposed Cause, | Drink |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 A W. Cunningham wife of patient & his daughter Miss Constance Cunningham. Two aunts on the mother's side were 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 13th day of May One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) Jas Cunningham

P. p.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians
Edinburgh & MRCSE
and being in actual practice as a (2) Physician & Surgeon
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) Alexander William Cunningham
and that
the said Alexander William Cunningham is a (5) person of unsound
mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He is violent in his behaviour, has threatened to have to some of the neighbours

Name and Medical Designation, John Cunningham

Place of Abode Dumfries

Dated this 11th day of May One thousand eight hundred and seventy eight

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, Patrick M Murray
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician Cruchton
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) Alexander William Cunningham
and that
the said Alexander William Cunningham is a (5) person of unsound
mind and a proper person to be detained
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 myself examined and at times I pushed & impelled me to allow him remain in Asylum as he could not take care of himself & was a source of danger to house & Inmates

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sir Gilbert Scott informed me that he assaulted two Ladies & had been sent to Asylum

Name and Medical Designation, P. M Murray

Place of Abode 33 Castle St Dumfries

Dated this 12th day of May One thousand eight hundred and 78

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Cunningham
being (1) LRCPE. RCSE. LMD
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
Alexander William Cunningham, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Cunningham
Mr. LRCPE Bod

DATED this 11th day of May One thousand eight
hundred and seventy eight

(1) State medical qualification. (2) State place of examination.

---

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Honorary Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Cunningham
residing at No. 50 Queen Street Edinburgh
Certificates under the hands of John Cunningham
and Patrick M. Murray, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander William Cunningham late of No. 15 Paulters Square, Hatton Lodge (Letters son)
and that the said Alexander William Cunningham is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander William Cunningham as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander William Cunningham which accompanied the said Petition.

DATED this Fourteenth day of May One thousand eight
hundred and seventy eight.

J Gibson Starke

*To the Superintendent of the* (7) Public
*Asylum of*
Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1

1578

Alex W. Cunningham

11th May

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Counties~~ of the Dumfries & Galloway *and his Substitute*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christina Glafford. Ronalds close, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Christina Glafford to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this Thirteenth (4) day of May One thousand eight hundred and seventy eight

(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, | Christina Glafford |
| 2. Sex and Age, | female. 66 years |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous occupation (if any), | do, outdoor worker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Ronalds close |
| 7. Place where Found and Examined, | do do |
| 8. Length of time Insane, | about a week |
| 9. Whether first Attack, | first |
| 10. Age (if known) on first Attack, | 66 years |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | about a week |
| 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, | 13 May 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | not known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this thirteenth day of May One thousand eight hundred and seventy eight

*(To be Signed by Party applying)* John Dinwoodie, Insp.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned William Inglis Hall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow & Licentiate of the College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Ronald's Close Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Christina Glassford & Pauper and that the said Christina Glassford is a (5) Lunatic & Pauper and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently & has delusions as to her possession of money which she is unable to [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been known to state that she spoke with Queen Victoria & that the Queen was about to pay her a visit & to bring her money which she is unable to [illegible]

*Name and Medical Designation,* William Inglis Hall M.D. [illegible]

*Place of Abode,* Dumfries

DATED this 15th day of January One thousand eight hundred and twenty eight years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh Member & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Ronalds Close Dumfries Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Christina Glassford. (a Pauper and that the said Christina Glassford is a (5) Lunatic & insane & unsound mind and a proper person to be detained under Care and Treatment, 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 & speech & delusions regarding money.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Kirk a neighbour informs me that she last Thursday her manner is completely changed. she was about the room turning up the floor of her bed. accumulating

*Name and Medical Designation,* John Smith M.D.

*Place of Abode,* 14 Castle St. Dumfries

DATED this 13th day of May One thousand eight hundred and 28 years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, John Smith
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Ronalds, Close
in the County of Dumfries, seen and personally examined
Christina Glassford, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD

Dated this 13th day of May. One thousand eight hundred and 78 years.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lowndale Maitland (3) Steward Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie, Inspector of Poor Dumfries
Certificates, under the hands of William Marshall
and 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) Christina Glassford, Ronalds close Dumfries (a Pauper) and that the said Christina Glassford, is (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christina Glassford as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Christina Glassford, which accompanied the said Petition.

Dated this Thirteenth day of May One thousand eight hundred and seventy eight.

Clerk. L Maitland

To the Superintendent of the (7) Public
Asylum of
Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Christina Glanford
13th May
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Dumfriesand Galloway ~~of~~ *and his Substitutes,*

The Petition of William Davidson Inspector of Poor Dornock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Irving Dornock Village 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 Irving to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Wm Davidson

(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 May One thousand eight hundred and 78

## STATEMENT.

*If any 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 Irving |
| 2. Sex and Age, | Female 49. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Glassmaker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dornock |
| 7. Place where Found and Examined, | Dornock |
| 8. Length of time Insane, | Six weeks |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | – |
| 11. When and where previously under Examination and Treatment, | – |
| 12. Duration of Existing Attack, | Six weeks |
| 13. Supposed Cause, | unknown. |
| 14. Whether subject to Epilepsy, | |
| 15. Whether Suicidal, | |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dornock |
| 18. Date of becoming Chargeable, | 14th May 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Jane Irving |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 14th day of May One thousand eight hundred and 78

(*To be signed by Party applying*) Wm Davidson Inspr. of Poor.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Williamson
being a (1) L R C S of Edin

and being in actual practice as a (1) General medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (2) Dornoch
in the County
separately from any other Medical Practitioner,
visited and personally examined (3) Mary Irving residing
at Dornoch Village a pauper and
the said Mary Irving is a (4) an Insane
person and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (5) her Changes of
from Extreme dowdy and Cheerfulness
& irritated and depression, and Restlessness
with delusions, on many Subjects

2. Other facts (if any) indicating Insanity communicated to me by others: (5)
her mother says she is under the
impression that she is to undergo a
for her life, and that Satan sleeps or pre
the family to sleep

Name and Medical Designation, Thos Williamson

Place of Abode, Church St Dor

Dated this thirteenth day of May One thousand eight
hundred and Seventy Eight

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street, and number of the house (if any), or other like particulars.
(4) Insert Designation and Residence, and if a Pauper state so.
(5) Lunatic, or 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, Daniel Mackenzie
being a (1) Bachelor of Medicine & Master in Surgery

and being in actual practice as a (2) Medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Dornoch
in the County
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Irving, Dornoch,
and the
said Mary Irving 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) Incoherence
of ideas, delusions on ~~many~~ various subjects
melancholia & insomnia & restlessness at

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Occasional violence great suspicious
as to the criminal intentions of others

Name and Medical Designation, D. Mackenzie M.B.

Place of Abode Mayfield Annan

Dated this 14th day of May One thousand eight
hundred and Seventy eight.

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street and number of the house (if any), or other like particulars.
(4) Insert Designation and Residence, and if a Pauper state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) State the facts.
(7) State the information, and from whom derived.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, being (1) a Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Dornock in the County of Dumfries, seen and personally examined Mary Irving, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. MacKenzie

DATED this 14th day of May One thousand eight hundred and seventy eight.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke, ~~Sheriff~~ ~~Substitute~~ of the (3) ~~County~~ of Dumfries having had produced to me, with a Petition at the instance of (4) William Davidson, Inspector of Poor, Dornock, Certificates under the hands of Thomas Williamson, ——— and Daniel MacKenzie ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Mary Irving, ~~Dornock Village Carpenter~~, and that the said Mary Irving, —— is a (6) Insane Person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Irving ——— as a Patient into the (7) Public —— Asylum of ~~Southern Counties~~ and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Irving ——— which accompanied the said Petition.

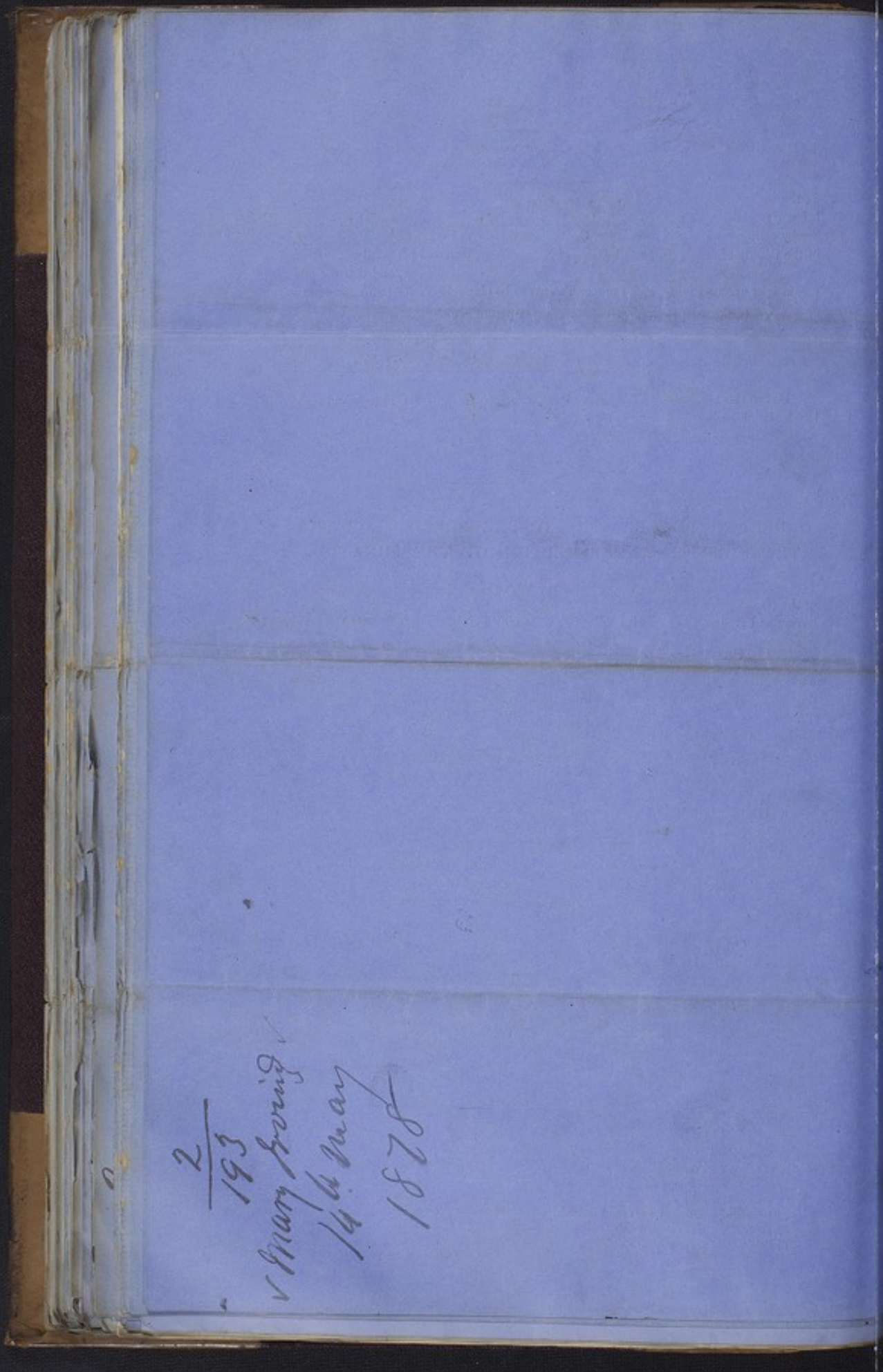
DATED this ~~Fourteenth~~ day of May One thousand eight hundred and seventy eight.

James Gibson Starke

*To the Superintendent of the* (8) Public *Asylum of* ~~Southern Counties~~ Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.


2/193
Mary Irving
14 May
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) ~~Shire~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of William Jones Thomas Llan Thomas Brecknockshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John David Cove Thomas your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John David Cove Thomas 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.

W. Jones Thomas

(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 May One thousand eight hundred and seventy 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, | John David Cove Thomas |
| 2. Sex and Age, | Male, 37 years |
| 3. Married, Single, or Widowed, | |
| 4. Condition of Life, and previous Occupation (if any), | an Officer in the 22nd Regt., from Nov 1865 to 1872 |
| 5. Religious Persuasion, so far as known, | Church of England |
| 6. Previous Place of Abode, | Llan Thomas, Brecknshire |
| 7. Place where Found and Examined, | — |
| 8. Length of time Insane, | Five years — |
| 9. Whether First Attack, | 1873 |
| 10. Age (if known) on First Attack, | 32 years |
| 11. When and where previously under Examination and Treatment, | Not under treatment |
| 12. Duration of Existing Attack, | More or less since the first attack subject to delusions |
| 13. Supposed Cause, | Excessive indulgence in drink. |
| 14. Whether subject to Epilepsy, | — no |
| 15. Whether Suicidal, | — no |
| 16. Whether Dangerous to others, | — no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | William Jones Thomas, his father no member of his family known the insane — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~fifteenth~~ seventeenth day of May One thousand eight hundred and Seventy Eight

(*To be signed by Party applying*) W. Jones Thomas P.C.

Father of the Patient —

1579

John David Coe Thomas

17th May

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

FORM A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Counties of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Mc Murdo. in Dumfries Infirmary 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 Mc Murdo. to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this (4) day of One thousand eight hundred and

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Thomas Mc Murdo |
| 2. Sex and Age, | Male. 35 years |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous occupation (if any), | do. labourer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Templand Village |
| 7. Place where Found and Examined, | Dumfries Infirmary |
| 8. Length of time Insane, | about a week |
| 9. Whether first Attack, | yes |
| 10. Age (if known) on first Attack, | about 35 years |
| 11. When and where previously under Examination and Treatment, | ~~~ |
| 12. Duration of existing Attack, | about a week |
| 13. Supposed Cause, | from weakness |
| 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 Precentimes |
| 18. Date of becoming Chargeable, | 17 May 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | not Known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this day of One thousand eight hundred and

*(To be Signed by Party applying)* John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Dumpries Infirmary Dumpries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas McMunds (a Pauper residing at Corncockle and that the said Thomas McMunds is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 wild insane appearance & rambling incoherent speech

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Attendant on me that on last night he has been in a state of raving madness constantly crying out & talking incoherently

*Name and Medical Designation,* John Smith M.D.

*Place of Abode,* 14 Castle St. Dumfries

DATED this 17th day of May One thousand eight hundred and 78 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, Medical Superintendent being a (1) Graduate of the Faculty of Physicians and Surgeons of Glasgow and [illegible] and being in actual practice as a (2) Physicians hereby certify, on soul and conscience, that I have this day, at (3) Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas McMurdo and the said Thomas McMurdo is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently & laughs to himself at times. Refuses food & requires to be fed. Dull & dazed as to the surroundings

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The attendants at the Asylum where he has been in a short time

*Name and Medical Designation,* [illegible] M.D. & C.M.

*Place of Abode,* Dumfries

DATED this 18th day of May One thousand eight hundred and Seventy eight years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, John Smith
being (1) Graduate of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) The Dumfries Royal Infirmary
in the County of Dumfries, seen and personally examined
Thomas McMurdo, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D.

Dated this 17th day of May One thousand eight hundred and 78 years.

(1) State medical qualification. (2) State place of examination.

---

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

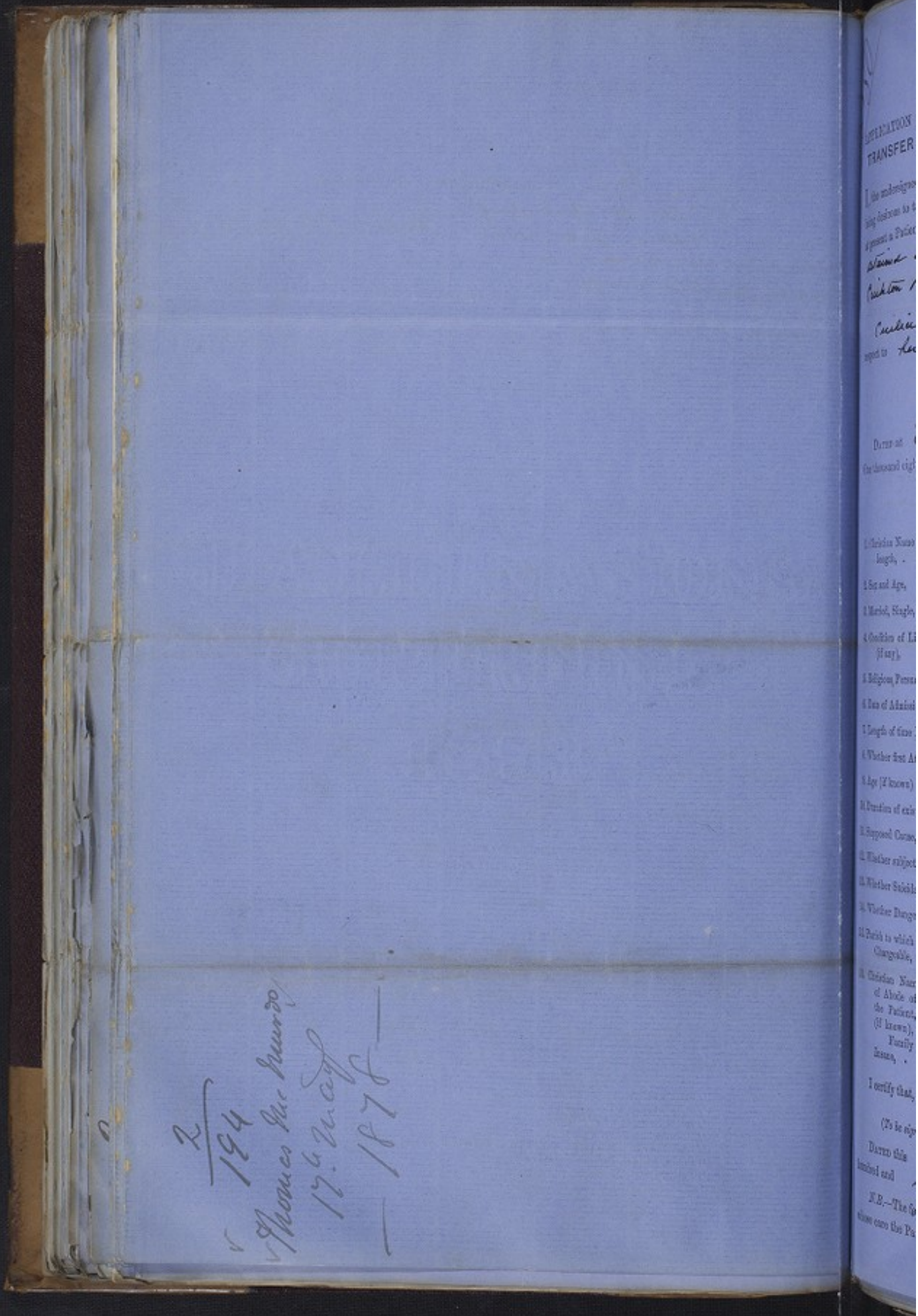
I, James Gibson Starke (1) Honorary Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor Dumfries
Certificates under the hands of John Smith
and William Marshall, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas McMurdo, Dumfries Galloway Royal Infirmary (a Pauper)
and that the said Thomas McMurdo is a (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 McMurdo as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas McMurdo, which accompanied the said Petition.

Dated this Eighteenth day of May One thousand eight hundred and Seventy eight.

James Gibson Starke

*To the Superintendent of the (7) Public Asylum of*
Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

# APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James Gray 9 Polwarth Terrace, Edinburgh being desirous to transfer Cecilia McFarlane or Gray at present a Patient in Whitehouse Private Asylum detained at my instance Crichton Institution Dumfries from the said Asylum to the , and (¹) hereby request the authority of [illegible] regarding the said Cecilia McFarlane or Gray and a Medical Certificate with respect to her mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James Gray

Husband (²)

Dated at Edinburgh this 16 day of May One thousand eight hundred and 78

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

## STATEMENT.

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Cecilia McFarlane or Gray |
| 2. Sex and Age, | 49 |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and Previous Occupation (if any), | Gentlewoman |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Date of Admission into Asylum, | 29th March, 1876. |
| 7. Length of time Insane, | 18 Months |
| 8. Whether first Attack, | No |
| 9. Age (if known) on first Attack, | 31. |
| 10. Duration of existing Attack, | — |
| 11. Supposed Cause, | — |
| 12. Whether subject to Epilepsy, | No |
| 13. Whether Suicidal, | yes |
| 14. Whether Dangerous to others, | No |
| 15. Parish to which the Lunatic (if a Pauper) is Chargeable, | — |
| 16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane, | James Gray. Husband 9 Polwarth Terrace Edinburgh |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Gray

Dated this 16 day of May One thousand eight hundred and 78

*N.B.*—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Thomas Thomson

(1) State Medical Qualification.
(2) Name Asylum.

being (1) Fellow of the Royal College of Surgeons Edinburgh
hereby certify that I have this day at (2) Whitehouse Asylum
personally examined Cecilia McFarlane a Gray at present
Patient in said Asylum, and with respect to her Mental State that She is subject
to fits of great excitement often very destructive

; and with respect to her

Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

Thomas Thomson

Dated this 15th day of May One thousand eight hundred and 78.

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SANCTION BY THE BOARD OF LUNACY.

*(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)*

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Mr James Gray
to authorize the transfer of Cecilia McFarlane a Gray
from Whitehouse Private Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Cecilia McFarlane a Gray as requested.

(2) Valid for fourteen days from date.

Thos Smith Commissioner.

Dated at Edinburgh, this Sixteenth day of May One thousand eight hundred and Seventy Eight.

15880
Cecilia McFarlane or Gray
18th May 1878

Date of Sheriff's Order 29 Nov 1878

[FORM A.]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

## NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)
Patient on the (3) day of
and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

*Superintendent.*

DATED at this (4) day of
One thousand eight hundred and

*To the Secretary of the*
*General Board of Lunacy.*

## REPORT.

I HAVE this day (4) seen and personally examined
the Patient named in the above Notice,
and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(7)

DATED this day of One thousand eight hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

~~(Copies.)~~

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of* ~~*the*~~ (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of Christopher Pringle Richardson Dr of Kelton humbly sheweth: That it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Martin 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 Martin 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.

C Richardson

(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 May One thousand eight hundred and seventy 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, | Isabella Martin |
| 2. Sex and Age, | woman: 59 |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Servant |
| 5. Religious Persuasion, so far as known, | |
| 6. Previous Place of Abode, | Dode near Castle Douglas |
| 7. Place where Found and Examined, | |
| 8. Length of time Insane, | about 18 yrs, but "been out on probation" |
| 9. Whether First Attack, | No |
| 10. Age (if known) on First Attack, | 40 |
| 11. When and where previously under Examination and Treatment, | Southern Counties |
| 12. Duration of Existing Attack, | " |
| 13. Supposed Cause, | |
| 14. Whether subject to Epilepsy, | |
| 15. Whether Suicidal, | |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kelton |
| 18. Date of becoming Chargeable, | 1860 23 Aug. |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 fourteenth day of May One thousand eight hundred and Seventy

184

(*To be signed by the Party applying*) C Richardson

Mstr

(~~Copies.~~)

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edin Universty

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Boach. Buittle,
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Isabella Martin Pauper
and that
the said Isabella Martin is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She has confusion in her perception of modern
Speech of events of long ago in particular
for mental has been recommended by Dr Hare the
Lunacy Commissioner. She has been at the Asylum Colsyn Retreat

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Smith says that she talks incoherently
constantly

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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,* Walter Lorraine M.B.C.M.

*Place of Abode,* Castle Douglas

DATED this Fourteenth day of May One thousand eight hundred and Seventy eight

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## MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Pirrie Edinburgh University
being a (1) Graduate of
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Boach. Buittle
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Isabella Martin, Pauper
and that
the said Isabella Martin is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She has apparently no sense of the lapse
of time, talks incoherently of events, wants a written
to remain about restoring her hand that was removed
thinks a leather one might be made or a turkey's foot
transplanted on it

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Smith says she is constantly talking
in a rambling manner about people
she knew, and events that occurred long ago

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

*Name and Medical Designation,* John Pirrie M.B. & C.M.

*Place of Abode* Castle Douglas

DATED this Fourteenth day of May One thousand eight hundred and Seventy eight

(*Copies.*)

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Endon Esq. (3) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) C. P. Richardson, Certificates under the hands of Walter Lorraine and John Nixson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Martin, Pauper and that the said Isabella Martin is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Martin 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 Isabella Martin which accompanied the said Petition.

DATED this Sixteenth day of May One thousand eight hundred and Seventy eight

Robert Gordon N.S.S.

*To the Superintendent of the* (1) Southern Counties *Asylum of* Dumfries

2
195
Isabella Martin
18th May
1878

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

[Form B²]

*25 and 26 Vict. Cap. 54, Sect. 16.*

## APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Hn Dinwoodie Inspector of Poor Dumfries being desirous to transfer James Tweedie at present a Patient in Govan Parochial Asylum, and (1) a Pauper Lunatic of the Parish of Dumfries from the said Asylum to the Southern Counties Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars and a Medical Certificate with respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper;* detained at my instance, *or* whose nearest known relative I am. *If Lunatic is a Pauper;* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John Dinwoodie

(1) Inspector of Poor Dumfries

Dated at Dumfries this 16th day of May One thousand eight hundred and 78

(1) State degree of Relationship, or other capacity in which Applicant stands to Patient.

### STATEMENT.

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | James Tweedie |
| 2. Sex and Age, | Male aged 27 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and Previous Occupation (if any), | Humble - a Clogmaker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Date of Admission into Asylum, | 21st July 1877 |
| 7. Length of time Insane, | about 5 years |
| 8. Whether first Attack, | yes |
| 9. Age (if known) on first Attack, | 16 |
| 10. Duration of existing Attack, | about 5 years |
| 11. Supposed Cause, | Injury on head |
| 12. Whether subject to Epilepsy, | no |
| 13. Whether Suicidal, | no |
| 14. Whether Dangerous to others, | not now |
| 15. Parish to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane, | Father William Tweedie resides at 77 Florence Street Glasgow None so far as Known |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Dinwoodie. Inspector

Dated this 16th day of May One thousand eight hundred and 78

*N.B.*—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

## MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned William Adam Liddell being (1) a Licentiate of the faculty of physicians & Surgeons hereby certify that I have this day at (2) Govan parochial Lunatic Asylum personally examined James Tweedie at present Patient in said Asylum, and with respect to his Mental State that it is of a weak and facile Character and his memory is defective

; and with respect to Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties, Dumfries

W Liddell. Surgeon

DATED this 14th day of May One thousand eight hundred and Seventy Eight years.

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## SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff*)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) the Inspector of Poor of Dumfries to authorize the transfer of James Tweedie from Govan Parochial Asylum to Dumfries Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said James Tweedie as requested.

Wm Uckhell Commissioner.

DATED at Edinburgh, this 17th day of May One thousand eight hundred and Seventy Eight

Date of Sheriffs order — St 21 July

2/196
James Tweedie
22 May
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of Wigtown *and his Substitutes,—*

The Petition of James Taylor James Taylor Jones humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anne ~~Taylor~~ or Lennon or Taylor your Petitioner's (3) Wife

(3) State degree of Relationship or other-wise.

Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Anne ~~Taylor~~ or Lennon or Taylor to the Crichton Asylum. Dumfries and to sanction her admission into the the said Asylum.

+ James Taylor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 27th (4) day of May One thousand eight hundred and Seventy eight.

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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, | Anne ~~Taylor~~ or Lennon or Taylor |
| 2. Sex and Age, | Female- 37 years |
| 3. Married, Single, or Widowed, | Married One child |
| 4. Condition of Life, and previous Occupation (if any), | House manager &c — |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Lovis - Lovis |
| 7. Place where Found and Examined, | Lovis |
| 8. Length of time Insane, | five months |
| 9. Whether first Attack, | Yes |
| 10. Age (if known) on first Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | five months |
| 13. Supposed Cause, | Sudden outburst of passion towards her child |
| 14. Whether subject to Epilepsy, | — No |
| 15. Whether Suicidal, | — Tendency to it |
| 16. Whether Dangerous to others, | — No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James Taylor her husband. No. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

Does not like to leave home as he is afraid to do so. Patient is very quiet & orderly & seems to be aware of her illness

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 27th day of May One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) + James Taylor

P. p

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Easton being a (1) Doctor of medicine and Licentiate of the Colly of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) The Farm Lorrs. Glenluce. her home. Mytown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Anne Taylor or Gunnion Lorrs and that the said Anne Taylor or Gunnion is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Found her in bed [illegible] look, constantly raving about her last condition That every Animal she sees seems a demon urging her on to Curse the Almighty. At times. She is greatly excited requiring considerable force to keep her in bed. She tears her hair, wrings her hands and screams aloud. [illegible] Before what she does with threats, that she hates her husband & child

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I saw her husband and Isabella small her nurse corroborate above. She further state that she has suppose Laying there in the room & rushed out of the house the river, That this has been attempted several times, and once during William Reid her brother in law says that when walking deadly night. She made a dash from him and attempted to throw herself round the Farm Stank well.. and repeated to go further. &c &c

Name and Medical Designation, David Easton M.D.

Place of Abode, Stranraer

DATED this 27th day of May One thousand eight hundred and seventy eight.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William McCormack being a (1) Licentiate of the Royal College of Surgeons and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Low Lorrs parish of old Luce Mytown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Anne Gunnion or Taylor at the farm house of Low Lorrs and that the said Anne Gunnion or 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says that she has Committed the unpardonable Sin, & tormented with Blasphemous thoughts & Dreams, and appears Uncontrolable, admits Suicidal intentions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Miss Gunnion Sister, Says that she has made frequent attempts to run away towards the River, to Cheat out her attendants and get away from them Constantly Cries She is lost

Name and Medical Designation, Wm McCormack LRCS

Place of Abode, Glenluce

DATED this 27 day of May One thousand eight hundred and seventy eight years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Taylor
farmer Lorr Torrs
Certificates under the hands of David Easton, M. D. Shannon
and William McCornack, Surgeon Glenbrice, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gunion or Taylor and that the said
Anne Gunion or 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 Anne Gunion or Taylor as a Patient into the (6) Crichton Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Anne Gunion or Taylor which accompanied the said Petition.

DATED this 28th day of May One thousand eight hundred and seventy eight Years

X P. MacLean
Sh. Sub.

*To the Superintendent of the* (7)
Crichton *Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1581

Wm G S Taylor

29th May

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Joseph Candlish, Crottown of Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Lead Candlish

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Lead Candlish to the Crichton Asylum at Dumfries and to sanction his admission into the said Asylum.

Joseph Candlish

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (4) day of May One thousand eight hundred and seventy eight

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Robert Lead Candlish |
| 2. Sex and Age, | Male, 37 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, | Crieff |
| 7. Place where Found and Examined, | do |
| 8. Length of time Insane, | about three months a slight attack of melancholy about three years since |
| 9. Whether first Attack, | |
| 10. Age (if known) on first Attack, | 34 years |
| 11. When and where previously under Examination and Treatment, | not treated |
| 12. Duration of existing Attack, | 3 mos |
| 13. Supposed Cause, | unknown |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | He has threatened to strike with the hammer |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | none |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | None |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of May One thousand eight hundred and seventy eight

(*To be signed by Party applying*) Joseph Candlish

P. 9

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Dinwoodie
being a (1) M.D. & C.M.

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Creetown
in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Robert Lead Candlish, Blacksmith Creetown and that the said Robert Lead Candlish is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 supposes himself to be possessed of Superior Powers, such as bringing the dead to life and great control over birds and a number of animals

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

From Mother & Brother, That he intends to bring his father to life again who died lately, He also threatens them with violence,

*Name and Medical Designation,* Wm Dinwoodie M.D. & C.M.

*Place of Abode,* Creetown

DATED this Twentyeighth day of May One thousand eight hundred and Seventyeight

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James G. Dickson
being a (1) Doctor of Medicine of the University of Glasgow
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) Creetown
in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert Lead Candlish Blacksmith, Creetown and that the said Robert Lead 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)

Numerous delusions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mother and Brother state that he is sleeplessness, given to roaming, sometimes vi[illegible] and dangerous. Is getting worse.

*Name and Medical Designation,* James G. Dickson

*Place of Abode,* Newton Stewart

DATED this Twentyeighth day of May One thousand eight hundred and Seventy Eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson Esqre (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Joseph Canadish
Certificates under the hands of William Dunwoodie
and James S. Dickson , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Robert Lead Canadish and that the said
Robert Lead Canadish is a (5) pauper of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Lead Canadish as a Patient into the (6) Crichton Asylum of Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Lead Canadish which accompanied the said Petition.

DATED this Twenty Ninth day of May One thousand eight hundred and Seventy eight

Alex Nicolson

*To the Superintendent of the (7) Crichton*
*Asylum of Dumfries*

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Robert Lead Candlish

May 30th 1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Christopher Borthwick Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Middlebie Medical Certificates, that Jane Ferguson or Cochrane, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Ferguson or Cochrane to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Chris Borthwick

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty ninth (4) day of May One thousand eight hundred and Seventy eight.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Jane Ferguson or Cochrane |
| 2. Sex and Age, | Female aged 50 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Labrer's wife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dunkins |
| 7. Place where Found and Examined, | Aryards Cottage |
| 8. Length of time Insane, | about 4 weeks |
| 9. Whether first Attack, | First attack |
| 10. Age (if known) on first Attack, | |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of existing Attack, | about 4 weeks |
| 13. Supposed Cause, | weakness |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | has frequently threatened to kill members of the family |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Middlebie |
| 18. Date of becoming Chargeable, | 29th May 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Cochrane husband<br>No other members of the family have been insane — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated

Dated this Twenty ninth day of May One thousand eight hundred and Seventy eight

(To be signed by Party applying) Chris. Borthwick Insp of Poor

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Brown Howat being a (1) M. B. C. M. Glasgow University L. R. C. S. Ed and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Asy and Cottage Parish of Middlebie in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Ferguson or Cochrane Pauper and th the said Jane Ferguson or Cochrane is a (5) person of unsound mind and a proper person to be detain under Care and Treatment, and that I have formed this opinion upon the followi grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great incoherence aversion to family. Childish in habits. Ideas of time & locality lost — threads impending danger & fancies at times that she is possessed of an evil spirit.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Husband says that she often threatens to [illegible] & at times gets into paroxysms of swearing. [illegible] provocation.

*Name and Medical Designation,* Wm B Howat. M.B.C.M. L.R.C.S.

*Place of Abode,* Waterbuck

DATED this 29th day of May One thousand eigh hundred and Seventy Eight.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Reid being a (1) M.B. C.M., Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Asyards Cottage Middlebie in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Ferguson or Cochrane pauper and that the said Jane Ferguson or Cochrane is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6), Wandering Idea Fears about unseen things, seeing hidden objects and persists in their presence & existence

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Husband and daughter say, that she often threatens and actually uses violence, runs away from the house and wanders in the fields, has to be guarded from leaving the house at night

*Name and Medical Designation,* Thomas Reid M.B.C.M.

*Place of Abode,* Lochmaben

DATED this 29th day of May One thousand eight hundred and seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Christopher Southwick, Inspector of Poor, Middlebie Certificates under the hands of William Brown Inwood and Thomas Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Ferguson or Cochrane Ashyard cottage Middlebie and that the said Jane Ferguson or Cochrane is a (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 Ferguson or Cochrane as a Patient into the (6) Public Asylum of Southern counties, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Ferguson or Cochrane which accompanied the said Petition.

DATED this Thirtieth day of May One thousand eight hundred and seventy eight.

J. Gibson Starke

*To the Superintendent of the (7) Public Asylum of* Southern counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
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Janet Ferguson
or Cochrane
31st May
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER 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 the (2)~~ *and his Substitutes,—*

The Petition of Alexander Sloan, Barbain, Kirkpatrick-Durham

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Sloan 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 Sloan aforesaid —— 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.

Alexander Sloan

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 4th (4) day of June One thousand eight hundred and seventy 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, | Janet Sloan |
| 2. | Sex and Age, | Female 48 years (about). |
| 3. | Married, Single, or Widowed, | Single |
| 4. | Condition of Life, and previous Occupation (if any), | House Keeper |
| 5. | Religious Persuasion, so far as known, | ~~Established~~ Church of Scotland |
| 6. | Previous Place of Abode, | Barbain Kirkpatrick Durham |
| 7. | Place where Found and Examined, | Barbain |
| 8. | Length of time Insane, | 9 days. |
| 9. | Whether First Attack, | ~~Yes~~ No - one 2 years ago. |
| 10. | Age (if known) on First Attack, | 46 about |
| 11. | When and where previously under Examination and Treatment, | Barbain |
| 12. | Duration of Existing Attack, | 9 days. |
| 13. | Supposed Cause, | — |
| 14. | Whether subject to Epilepsy, | no. |
| 15. | Whether Suicidal, | No |
| 16. | Whether Dangerous to others, | yes |
| 17. | Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. | Date of becoming Chargeable, | — |
| 19. | Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Alexander Sloan, Barbain Kirkpatrick-Durham. Her Sister Margaret Sloan at the age of 16 yrs |
| 20. | Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th day of June One thousand eight hundred and Seventy eight years

Alex Sloan

(To be signed by Party applying)

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James M. McCulloch M.D. &c. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Barbain Kirkcudbright in the County of Kirk separately from any other Medical Practitioner, visited and personally examined (4) Janet Sloan and the said Janet Sloan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Very excited, sweary imagining she saw people last night who are not in the country, indecent in behaviour, furious & fatuous in [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible] Sleeps unless from large does of narcotics, swears, strikes, [illegible] things, indecent & blasphemous &c.

*Name and Medical Designation,* James M. McCulloch M.D.

*Place of Abode,* 16 Castle Street, Dumfries

DATED this third day of June One thousand eight hundred and seventy eight years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Meggat M.B., C.M. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Barbain Kirkcudbright in the County separately from any other Medical Practitioner, visited and personally examined (4) Janet Sloan and the said Janet Sloan 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) Sometimes she is quite furious imagining every person is ill used throws her self into indecent postures - uses language &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) For two nights she has not slept unless from use of medicine. Cant be kept in bed - breaks she can & strikes & swears at her friends

*Name and Medical Designation,* John Meggat M.B., C.M.

*Place of Abode* Kirkpatrick Durham Kirkcudbright

DATED this third day of June One thousand eight hundred and seventy eight 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 M. McCulloch, M.D. &c.
being (1) a graduate of the University of Edinburgh &c.
hereby certify, on soul and conscience, that I have this day, at (2) Barbain
in the County of Kirkcudbright, seen and personally examined
Janet Hoan
, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James M. McCulloch M.D. &c.

DATED this third day of June One thousand eight hundred and seventy eight years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Procurator Fiscal Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander Hoan,
Barbain, Kirkpatrick-Durham
Certificates, under the hands of James M. McCulloch
and John Muffat, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet
Hoan Barbain Kirkpatrick Durham (Pauper) and that the said
Janet Hoan is a (5) person of unsound mind
and a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Hoan as a Patient into the (6) Public Asylum of Criehton Royal Institution and I authorize
the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet
Hoan, which accompanied the said Petition.

DATED this Fourth day of June One thousand eight hundred and seventy eight.

J. Gibson Starke

*To the Superintendent of the (7) Public*
*Asylum of*
Criehton 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.

1583

Janet-Sloan

4th June

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (1) Shire~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Mary Jane Cameron Galloway House 14 Grenville Rd London

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Lymns Cameron

(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~~ the transmission of the said William Lymns Cameron to the Craiginbyal Institution Dumfries ~~and~~ to sanction his admission into the the said Asylum. on his arrival at Dumfries from Philadelphia - United States.

Mary J Cameron

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this sixth (3) day of June One thousand eight hundred and seventy 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, | William Lymns Cameron |
| 2. Sex and Age, | Male - Thirty One years of Age |
| 3. Married, Single, or Widowed, | Single - |
| 4. Condition of Life, and previous Occupation (if any), | Clerk - |
| 5. Religious Persuasion, so far as known, | Presbyterian - |
| 6. Previous Place of Abode, | Saint Thomas - Danish West Indies |
| 7. Place where Found and Examined, | Philadelphia - United States and Dumfries |
| 8. Length of time Insane, | Over two years - |
| 9. Whether first Attack, | Yes - |
| 10. Age (if known) on first Attack, | Twenty two. |
| 11. When and where previously under Examination and Treatment, | Pennsylvania Asylum Philadelphia |
| 12. Duration of existing Attack, | Since he was first taken |
| 13. Supposed Cause, | Unknown. |
| 14. Whether subject to Epilepsy, | No - |
| 15. Whether Suicidal, | No - |
| 16. Whether Dangerous to others, | No - |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | ✓ |
| 18. Date of becoming Chargeable, | ✓ |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | His Mother Mary Jane Cameron Galloway House - 14 Grenville Road London N W. No member of the Family so afflicted |
| 20. Special circumstances (if any) preventing the 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 June One thousand eight hundred and seventy eight

(*To be signed by Party applying*) Mary J Cameron

P. 7

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow, and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 27 East Street - Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Symons Cameron - Clerk, Philadelphia United States and that the said William Symons Cameron is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His general appearance - taciturn - vacant - expression and refusal to speak

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by Mr Sanderson, who accompanied patient from America, that he has been in his present state for about two years, and came direct from Asylum of United States

*Name and Medical Designation,* Alex Thomson M.D.

*Place of Abode,* East 3rd Dumfries

DATED this Fifth day of June One thousand eight hundred and Seventy Eight years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) ~~He is quite imbecile~~ William Symons Cameron of Philadelphia U.S. and that the said William Symons Cameron is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is quite imbecile -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Dr Gilchrist & attendants that he is quite demented & refuses to take food &c

*Name and Medical Designation,* W S Kerr M.D.

*Place of Abode,* Dumfries

DATED this 6th day of June One thousand eight hundred and 78.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, Alexander Thomson being (1) a Doctor of Medicine of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St. Dumfries in the County of Dumfries, seen and personally examined William Symons Cameron, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson M.D.

DATED this Fifth day of June One thousand eight hundred and seventy eight years.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mary Jane Cameron Galloway House 14 Greville Road London N.W. Certificates under the hands of Alexander Thomson and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Symons Cameron Philadelphia United States (Petitioner's son) and that the said William Symons Cameron is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Symons Cameron as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Symons Cameron, which accompanied the said Petition.

DATED this Seventh day of June One thousand eight hundred and seventy eight years.

J. Gibson Starke

*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.

June 5th 1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of James Christal Ferguson. Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Jane Brown Christal or Ferguson your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Jane Brown Christal or Ferguson to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

J. B. Ferguson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Sixth (4) day of June One thousand eight hundred and Seventy eight

---

## 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 Jane Brown Christal or Ferguson |
| Sex and Age, | Female 42 Years |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation (if any), | Established Church of Scotland |
| Religious Persuasion, so far as known, | Kirkcudbright |
| Previous Place of Abode, | Kirkcudbright & Dumfries |
| Place where Found and Examined, | Several Weeks |
| Length of time Insane, | |
| Whether first Attack, | |
| Age (if known) on first Attack, | |
| When and where previously under Examination and Treatment, | Several Weeks |
| Duration of existing Attack, | Not Knowing |
| Supposed Cause, | No |
| Whether subject to Epilepsy, | No |
| Whether Suicidal, | No doubtful |
| Whether Dangerous to others, | |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| Date of becoming Chargeable, | |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James Christal Ferguson Kirkcudbright Husband |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | as Sister at present in the Crichton and other Sister formerly |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixth day of June One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) J. B. Ferguson

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Wm Johnstone being a (1) M.D. of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mrs Elizabeth S. B. Ferguson and the said Mrs Elizabeth S. B. Ferguson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is subject to many forms of delusion thinks her attendants place poison in [illegible] &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) at times outrageous in [illegible] conduct.

*Name and Medical Designation,* Wm Johnstone

*Place of Abode,* Kirkcudbright

DATED this Sixth day of June One thousand eight hundred and Seventy eight

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Jane Brown Ferguson Sec Captains wife and the said Elizabeth Jane Brown Ferguson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance & many delusions Tells me that poison has been put into her food

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that during the last three weeks she has had many delusions & that she refuses to take food. because poison has been put into it.

*Name and Medical Designation,* John Smith

*Place of Abode,* 14 Castle St. Dumfries

DATED this Sixth day of June One thousand eight hundred and Seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned Wm Johnstone
being (1) M.D. of Edinr
hereby certify, on soul and conscience, that I have this day, at (2) Kirkcudbright
in the County of Kirkcudbright, seen and personally examined
Mr Elizabeth J. B. Ferguson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Wm Johnstone M.D.

DATED this Sixth day of June One thousand eight hundred and Seventy Eight.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke Hon. Sheriff Substitute (1)
of the (2) County of Dumfries ~~shire~~
having had produced to me, with a Petition at the instance of (3) James Christal Ferguson, Kirkcudbright,
Certificates under the hands of William Johnstone M.D.
and John Smith M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Jane Brown ~~Elizabeth~~ Christal or Ferguson (Petitioner's wife) and that the said Elizabeth Jane Brown Christal or Ferguson is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Jane Brown Christal or Ferguson as a Patient into the (6) ~~Christal~~ 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 Jane Brown Christal or Ferguson which accompanied the said Petition.

DATED this Sixth day of June One thousand eight hundred and Seventy eight Years. Two words and five letters deleted.

W.K.

J. Gibson Starke

*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.

1585

Elizabeth J. B. C. Ferguson

6th June

1878

— " —

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (1) ~~of the~~ Shire of Dumfries and Galloway and his Substitutes,—

The Petition of Peter Gordon Inspector of Poor Kirkcowan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Duff 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 Margaret Duff to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Peter Gordon Inspector of Poor Kirkcowan

Dated this 6th (3) day of June One thousand eight hundred and Seventy Eight

(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 Duff |
| 2 Sex and Age, | Female aged 58. |
| 3 Married, Single, or Widowed, | Single |
| 4 Condition of Life, and previous Occupation (if any), | Pauper. Out-door worker |
| 5 Religious Persuasion, so far as known, | Protestant |
| 6 Previous Place of Abode, | Killiemore Penninghame |
| 7 Place where Found and Examined, | Killiemore Penninghame |
| 8 Length of time Insane, | Ten days Since first Symptoms |
| 9 Whether first Attack, | No |
| 10 Age (if known) on first Attack, | Mrs |
| 11 When and where previously under Examination and Treatment, | Southern Counties Asylum Dumfries |
| 12 Duration of existing Attack, | Ten days |
| 13 Supposed Cause, | Unknown to me |
| 14 Whether subject to Epilepsy, | No |
| 15 Whether Suicidal, | Yes decided |
| 16 Whether Dangerous to others, | Yes decided |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkcowan Parish |
| 18 Date of becoming Chargeable, | 5th June as Insane |
| 19 Christian Name 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, | Rosanna McGuire or Duff Sister to Pauper Killiemore Penninghame |
| 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 ~~first~~ 6th day of June One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) Peter Gordon Inspector of Poor

Kirkcowan P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, Hugh McGregor Fowler
being a (1) Surgeon
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Killamoze Lisburn in the County of Lisburn separately from any other Medical Practitioner visited and personally examined (4) Margaret Duff Killamoze and saw the said Margaret Duff is a (5) Pauper and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The said Margaret Duff talks incoherently and incontinently obscene language, abuses every one I endeavour to avoid her accuses every one of being her enemy - she refuses clothing

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister states that she refuses to go to bed, uses obscene language constantly, and keeps up all the fire.

*Name and Medical Designation,* Hugh McGregor F
F.R.C.S.Edn

*Place of Abode,* Killeonan

DATED this Fifth day of June One thousand eight hundred and Seventy eight.

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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 Cunningham
being a (1) Licentiate of the Royal College of Physicians and Surgeons in Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Duff - Killeon Pauper and the said Margaret Duff is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disease, she talks incoherently & is under the impression the neighbours wish to do her harm

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been an inmate of the Southern Asylum five separate times

*Name and Medical Designation,* John Cunningham
Dep Insp

*Place of Abode,* Dumfries

DATED this Sixth day of June One thousand eight hundred and Seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes 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 McGregor Forbes being (1) LRCSEdn hereby certify, on soul and conscience, that I have this day, at (2) Kilmore Penninghame in the County of Wigtown, seen and personally examined Margaret Duff, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh McGregor Forbes, LRCSEdn.

DATED this Fifth day of June One thousand eight hundred and seventy eight

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Peter Gordon Inspector of Poor Kirkcowan Certificates under the hands of Hugh McGregor Forbes and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Duff, Kilmore Cunninghame (a Pauper) and that the said Margaret Duff, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Duff as a Patient into the (6) Public Asylum of Southern counties, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Duff which accompanied the said Petition.

DATED this Sixth day of June One thousand eight hundred and seventy eight years.

Lmaitland

*To the Superintendent of the (7) Public Asylum of* Southern counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
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Margaret Duff
6th June
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2)~~ ~~Dumfries Shire~~ *of* Dumfries & Galloway *and his Substitutes*—

The Petition of Ann Story, Rockcliffe Domains Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Story

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) son

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Story to the Crichton Institution and to sanction his admission into the said Asylum.

Ann Story

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 7th (4) day of June One thousand eight hundred and seventy 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, | Thomas Story |
| 2. Sex and Age, | Male – 43 |
| 3. Married, Single, or Widowed, | Widower |
| 4. Condition of Life, and previous Occupation (if any), | Farmer |
| 5. Religious Persuasion, so far as known, | Church of England |
| 6. Previous Place of Abode, | Rockcliffe – Cumberland – |
| 7. Place where Found and Examined, | Dumfries – |
| 8. Length of time Insane, | six months |
| 9. Whether First Attack, | no – he has before been strange after drinking |
| 10. Age (if known) on First Attack, | 30. |
| 11. When and where previously under Examination and Treatment, | never been before in an asylum. |
| 12. Duration of Existing Attack, | six months |
| 13. Supposed Cause, | 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, | — |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Ann Story – Rockcliffe Domains – Carlisle – Mother – No |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this seventh day of June One thousand eight hundred and seventy eight

(*To be signed by Party applying*) Ann Story

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Dall Macdonald being a (1) General practitioner MD Edinr Lond and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Castle Dumpies Dumpies in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas Stony Rockcliffe and the said Thomas Stony is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is depressed in spirits and thinks that enemies are coming to poison his victuals in Castle Dumpies.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother Captain Stony was to-day in Dumpies Mains - when in bed he cannot rest - is afraid as he was too large

*Name and Medical Designation,* A D Macdonald

*Place of Abode,* Castle Dumpies

DATED this 7th day of June One thousand eight hundred and seventy eight.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick J. Murray being a (1) Graduate of the University of Edinburgh Physician and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumpies in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas Stony Farmer Rockcliffe Cumberland and the said Thomas Stony is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great depression Imagines that he is ruined that he will starve - that he would see me at Hell

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The attendant informs me there is great depression

*Name and Medical Designation,* P. J. Murray

*Place of Abode* 33 Castle St Dumfries

DATED this 7th day of June One thousand eight hundred and 78

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Alexander Dall Macdonald being (1) MD Edinr Cumnock hereby certify, on soul and conscience, that I have this day, at (2) Castle-o-Dryfesdale in the County of Dumfries, seen and personally examined Thomas Story Farmer Rockcliffe, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A D Macdonald MD

DATED this 7th day of June One thousand eight hundred and seventy eight.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Jane Story Rockcliffe Drumains Carlisle Certificates under the hands of Alexander Dall Macdonald and Patrick M. Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Story, Farmer, Rockcliffe Cumberland (Extra Par.) and that the said Thomas Story is a (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 Story as a Patient into the (6) Public Asylum of Dickson Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Story which accompanied the said Petition.

DATED this Seventh day of June One thousand eight hundred and seventy eight years.

L Maitland

*To the Superintendent of the (7) Public Asylum of*

Dickson 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.

Thomas Story
June 7th 1878.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER 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 the (2) Shire~~ *and his Substitutes*—

The Petition of James Bell 30 Queens Place, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that The Rev Bryce Frood your Petitioner's (3) Brother in Law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Rev Bryce Frood 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.

James Bell

DATED this Ninth (4) day of June One thousand eight hundred and Seventy eight

(4) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Bryce Frood |
| 2. Sex and Age, | male - 50 |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous occupation (if any), | minister |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | Old Luce Wigtownshire |
| 7. Place where Found and Examined, | Dumfries. |
| 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, | — |
| 12. Duration of existing Attack, | a few days |
| 13. Supposed Cause, | not known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mrs Frood. The manse Glenluce. wife - none |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Ninth day of June One thousand eight hundred and Seventy eight

James Bell

(*To be Signed by Party applying*)

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, T. M. Murray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Swan Hotel Bank St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Bryce Frood Old Luce and the said Mrs Bryce Frood is a (5) Person of unsound mind and a proper person to be detained 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 very excitable says he has sent her letters to her having communicated with the Devil, has attacked Mrs Murray Carleton, and is about to kill herself

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her Brother in Law informed me that she goes about saying she will poison herself

Name and Medical Designation, T. M. Murray M.D.

Place of Abode, 33 Castle St Dumfries

Dated this 9th day of June One thousand eight hundred and 78

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Swan Hotel Bank St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Bryce Frood. Minister Old Luce Wigtownshire. and the said Bryce Frood is a (5) Person of unsound mind and a proper person to be detained 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 peculiar in his Gesticulations, Raving and talking incoherently. Suicidal Maniacal.—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Bell his brother in law and others say that this state of mind has been coming on for some time. He is quiet and has been so sometimes.

Name and Medical Designation, W. S. Kerr M.D.

Place of Abode, Dumfries

Dated this 9th day of June One thousand eight hundred and 78.—

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, P. M. Murray being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Shaw's Hotel Bank St. in the County of Dumfries, seen and personally examined Revd. Bryce Frood, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

P. M. Murray M.D.

DATED this 9th day of June One thousand eight hundred and 78

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lindesdale Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Bell 30 Queen's Place Dumfries Certificates under the hands of P. M. Murray and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) The Revd. Bryce Frood Minister of Old Luce Wigtownshire (Peter's Brother-in-law) and that the said Revd. Bryce Frood, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Revd. Bryce Frood 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 Revd. Bryce Frood which accompanied the said Petition.

DATED this Tenth day of June One thousand eight hundred and seventy eight.

L. Maitland

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Revd Bryce Flood -
June 9th 1878.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2)~~ Shire of Dumfries & Galloway *and his Substitutes,*—

The Petition of James Brown, Inspector of Poor, & Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew Wiseman a pauper your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Andrew Wiseman to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Brown, Insp. of Poor.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of June One thousand eight hundred and Seventy 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, | Andrew Wiseman |
| 2. Sex and Age, | M. 60. |
| 3. Married, Single, or Widowed, | Widower |
| 4. Condition of Life, and previous Occupation (if any), | General Labourer, previously a Mailor |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | Camelon. Falkirk |
| 7. Place where Found and Examined, | Sanquhar & Dumfries. |
| 8. Length of time Insane, | |
| 9. Whether First Attack, | |
| 0. Age (if known) on First Attack, | |
| 1. When and where previously under Examination and Treatment, | Not known, he being a stranger |
| 2. Duration of Existing Attack, | |
| 3. Supposed Cause, | |
| 4. Whether subject to Epilepsy, | |
| 5. Whether Suicidal, | |
| 6. Whether Dangerous to others, | |
| 7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Sanquhar |
| 8. Date of becoming Chargeable, | 12 June 1878. |
| 9. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Robert Wiseman, Son, a Moulder in Camelon. Not known |
| 0. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12th day of June One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) James Brown
Inspector of Poor

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned, Wm Kay. Surgeon. being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Barna Mc Kane's house, Sanquhar in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Andrew Wiseman Labourer and a pauper and the said Andrew Wiseman is a (5) person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He talks incoherently, imagines that he is to be robbed, and has various delu

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was found going naked yesterda and pulling grass with his hands

*Name and Medical Designation,* Wm Kay. Surgeon

*Place of Abode,* Sanquhar.

Dated this 12th day of June One thousand eig hundred and seventy eight.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Ed and of the Faculty of Physicians and Surgeons and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Stre Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Andrew Wiseman, p and the said Andrew Wiseman is a (5) person of u mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He has a vacant expression of the countenance, imagines that has been robbed, and that he saw his daug wedding yesterday.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He Upon Information. He was found naked walking about the near Sanquhar on Tuesday morning.

*Name and Medical Designation,* Hugh Cunningham

*Place of Abode* 25 Castle Street, Dumfries

Dated this 12th day of June One thousand eight hundred and seventy eight years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Hoffland Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Brown Inspector of Poor, Sanquhar, Certificates under the hands of William Kay, and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Andrew Wiseman Cameron Falkirk Pauper and that the said Andrew Wiseman is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew Wiseman as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew Wiseman which accompanied the said Petition.

DATED this twelfth day of June One thousand eight hundred and seventy eight

L Maitland

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
199
Andrew Wiseman
12th June
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Cowan, Roughman, Nether Murthat, Kirkpatrick Juxta.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Mary Cowan your Petitioner's (3) Wife.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Cowan to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

John Cowan

(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 June One thousand eight hundred and seventy eight

## 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 Proudfoot or Cowan |
| Sex and Age, | Female 45 |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation (if any), | Housewife |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | Beattock Park |
| Place where Found and Examined, | Nether Murthat |
| Length of time Insane, | 14 day |
| Whether first Attack, | Yes |
| 1 Age (if known) on first Attack, | 45 |
| 1 When and where previously under Examination and Treatment, | Never previously under treatment |
| 1 Duration of existing Attack, | 14 day |
| 1 Supposed Cause, | Change of life |
| 1 Whether subject to Epilepsy, | |
| 1 Whether Suicidal, | No |
| 1 Whether Dangerous to others, | Yes |
| 1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Not chargeable |
| 1 Date of becoming Chargeable, | |
| 1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Cowan - Husband No member of her family ever insane. |
| 2 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 June One thousand eight hundred and seventy eight

(*To be signed by Party applying*) John Cowan

P. p

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians in Edinr. and a Licentiate of the Royal College of Phys. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Nether Murthat Parish of Kirkpatrick Juxta in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs. Mary Cowan. Nether Murthat and that the said Mrs. Mary Cowan is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Supposes someone is going to kill herself & Son, that she is being strared to death wild excited manner

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The above facts and once or twice threatened her daughter with a knife

*Name and Medical Designation,* James Munro M.D.

*Place of Abode,* Moffat

DATED this Twelfth day of June One thousand eight hundred and seventy eight

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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. D'Oyly Grange being a (1) N.B. an C.M. of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Nethermurthat Parish of Kirkpatrick Juxta in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Cowan and that the said Mary Cowan is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Forget ~~[illegible]~~ what has passed quite [illegible] suffers from illusion — fancies she is being given poison in her food.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Fancies that her son was dead and picked up pieces of stick for his [illegible]

*Name and Medical Designation,* Wm. D'Oyly Grange M.B.

*Place of Abode,* Dickson House Moffat

DATED this 12 day of June One thousand eight hundred and 78.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Honorary Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Cowan Ploughman
Nether Murthat Kirkpatrick Juxta
Certificates under the hands of James Munro
and William D'Oyly Grange, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Mary Proudfoot or Cowan (Petitioners wife) and that the said Mrs Mary Proudfoot or Cowan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Mary Proudfoot or Cowan as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Mary Proudfoot or Cowan, which accompanied the said Petition.

DATED this Thirteenth day of June One thousand eight hundred and seventy eight years.

J. Gibson Starke

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
200
Mary Proudfoot &c
Cowan
13th June
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 William Wilson Inspector of Poor of the Parish of Holywood humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Robinson Labourer, avagrant, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Robinson 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.

William Wilson

DATED this Eighteenth (4) day of June One thousand eight hundred and Seventy Eight

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | George Robinson |
| 2. Sex and Age, | Male 35 years |
| 3. Married, Single, or Widowed, | Single Labourer |
| 4. Condition of Life, and previous occupation (if any), | |
| 5. Religious Persuasion, so far as known, | Church of England |
| 6. Previous Place of Abode, | Liverpool |
| 7. Place where Found and Examined, | Holywood & Maxwelltown |
| 8. Length of time Insane, | First |
| 9. Whether first Attack, | — — |
| 10. Age (if known) on first Attack, | — — |
| 11. When and where previously under Examination and Treatment, | — — |
| 12. Duration of existing Attack, | |
| 13. Supposed Cause, | |
| 14. Whether subject to Epilepsy, | No previous attacks |
| 15. Whether Suicidal, | — — |
| 16. Whether Dangerous to others, | |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Holywood |
| 18. Date of becoming Chargeable, | 17th June 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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, | The particulars are unknown and Robinson gives no answer to Enquiries |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 18th day of June One thousand eight hundred and Seventy Eight

(To be Signed by Party applying) William Wilson Inspr.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Scott being a (1) Graduate of the University of Edi[illegible] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Prison in Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) George Robinson a pr[illegible] and t[illegible] the said George Robinson is a (5) Lunatic and a proper person to be detai[illegible] under Care and Treatment, and that I have formed this opinion upon the followi[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The Inspector of Holywood says he found him on the top of an old house praying and fancies he ears in a pulpit [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Knows neither the year Month or day of the week — talks incoherently & pray constantly

Name and Medical Designation, } Wm Scott MD

Place of Abode, Dumfries

DATED this 18th day of June One thousand eig[illegible] hundred and 78

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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, Mark J. Symons being a (1) Bachelor of Medicine and Master Surgery of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Prison in Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) George Robinson and th[illegible] the said George Robinson is a (5) person of unsound mind and a proper person to be detaine[illegible] under Care and Treatment, and that I have formed this opinion upon the followin[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6). Talks incoherent & disconnectedly, prays constantly & loud. Does not remember what he worked at last. Is excited in manner.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) William Wilson Inspector of Poor of Holywood, informs me that Robinson believes he is going to be shot. It afraid anything of a black colour

Name and Medical Designation, } M. J. Symons. MB [illegible]

Place of Abode, Buccleuch St Dumfries

DATED this 18th day of June One thousand eight hundred and seventy seven

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke Honorary (1) Sheriff Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Wilson
Inspector of Poor, Holywood
Certificates under the hands of William Scott
and Mark I. Symons, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Robinson, Maxwelltown Bridge (a Pauper) and that the said George Robinson is a (5) Lunatic, and a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Robinson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Robinson, which accompanied the said Petition.

DATED this Eighteenth day of June One thousand eight hundred and seventy eight.

J. Gibson Starke

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
201
George Robinson
18th June
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) ~~County~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Alexander Newison Schoolmaster Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Newison 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 Catherine Newison to the Crichton Royal Institution and to sanction her admission into the said Asylum. at Dumfries

(3) State degree of relationship or other quality in which Petitioner stands to Lunatic.

Alex. Newison

DATED this 19th (4) day of June One thousand eight hundred and Seventy Eight 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, | Catherine Newison |
| 2. Sex and Age, | 27 years |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Teacher |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Thornhill |
| 7. Place where Found and Examined, | Do |
| 8. Length of time Insane, | ~~Some months~~ nearly two months |
| 9. Whether First Attack, | Yes — Thornhill |
| 10. Age (if known) on First Attack, | 27 |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of Existing Attack, | some weeks (seven) |
| 13. Supposed Cause, | Over brain work. neuralgia |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Native of Morton parish |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Alexander Newison Morton School House Thornhill never |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of June One thousand eight hundred and 78

(*To be signed by Party applying*) Alex. Newison

P P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Boyle Grierson being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Morton Sc[illegible] in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Catherine Henrison and that the said Catherine Henrison is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Entertains [illegible] refuses food, believes that people intend injure her, hears plaintive cries and voices, believes always that some unknown influence are producing an effect upon her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Impulsive and impatient at times when cannot be prevailed upon to take food [illegible] to undress. Sleepless as communicated her parents.

*Name and Medical Designation,* W. Grierson

*Place of Abode,* Thornhill

DATED this 18th day of June One thousand eight hundred and Seventy eight.

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Catherine Henrison, [illegible] daughter, Thornhill and that the said Catherine Henrison is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions regarding food & her relations. Tells [illegible] that her Father & mother have turned against her & are doing all they can to injure [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Father informs me that she [illegible] to take food stating that if she takes it, other people will be injured. She has many other delusions.

*Name and Medical Designation,* John Smith

*Place of Abode* Dumfries

DATED this 19th day of June One thousand eight hundred and 78 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 Boyle Grierson being (1) Licentiate of the Royal College of Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Morton School House in the County of Dumfries, seen and personally examined Catherine Newson ——, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

T B Grierson

DATED this 18th day of June One thousand eight hundred and seventy eight

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke Honorary Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) Alexander Newson Schoolmaster Morton Certificates under the hands of Thomas Boyle Grierson and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Catherine Newson Teacher Thornhill and that the said Catherine Newson 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 Catherine Newson 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~~ Catherine Newson which accompanied the said Petition.

DATED this Nineteenth day of June One thousand eight hundred and seventy eight

James Gibson Starke

*To the Superintendent of the* (8) Public *Asylum of* Crichton Royal Institution Dumfries

---

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(8) Public, District, Parochial, *or* Private.
(9) Public, District, Parochial, *or* Private.

Mrs Catharine Stewart

Irene 19th 1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER 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,—*

The Petition of Adam Clarke McLean wild Oak House Taunton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Stuart McLean your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charles Stuart McLean to the Royal Crichton 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.

A. McLean

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fourth day of June One thousand eight hundred and seventy 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, | Charles Stuart McLean |
| 2. Sex and Age, | Male 28 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Tutor |
| 5. Religious Persuasion, so far as known, | Church of England |
| 6. Previous Place of Abode, | Taunton. Somerset |
| 7. Place where Found and Examined, | |
| 8. Length of time Insane, | At intervals during last two years |
| 9. Whether First Attack, | |
| 10. Age (if known) on First Attack, | 22-23 Christmas 1872 |
| 11. When and where previously under Examination and Treatment, | London in private house, & Nottingham |
| 12. Duration of Existing Attack, | |
| 13. Supposed Cause, | over mental work & |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Not suicidal strictly speaking. but from other motives was apt to place himself in danger. |
| 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, | A. McLean - Wild Oak House Taunton |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fourth day of June One thousand eight hundred and seventy eight

(*To be signed by Party applying*) A. McLean

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Charles Stuart McLean Taunton, Somerset and that the said Charles Stuart McLean is a (5) person of Unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane appearance & delusions. Tells me that he has seen wood turned into marble in a miraculous manner

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr Richardson informs me that he has many delusions regarding to miraculous ~~influence~~ influence over people & that he has occasionally been violent.

*Name and Medical Designation,* John Smith M.D.

*Place of Abode,* 14 Castle St Dumfries

DATED this 20th day of June One thousand eight hundred and 78 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, Mark J. Symons.
being a (1) Bachelor of Medicine & Master of Surgery of Edinburgh University
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Charles Stewart McLean Taunton, Somerset and that the said Charles Stewart McLean is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 delusion states that he has seen wood changed into marble the process being gradual. That he has had superhuman influences over other people which were not under his own control.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Richardson informs me that he is violent on very slight provocation. That he has delusion that he has been subject to sudden dangerous impulses

*Name and Medical Designation,* Mark J Symons M.D.

*Place of Abode* Buccleuch St Dumfries

DATED this 21st day of June One thousand eight hundred and 78

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke, Honorary Sheriff Substitute of the (2) County of Dumfries, having had produced to me with a Petition at the instance of (3) Adam Clarke McLean, Wilcoak House, Taunton, Somerset— Certificates under the hands of John Smith, and Mark J. Symons, being two Medical Persons duly qualified in terms of an Act, intitaled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charles Stuart McLean, Teacher, Taunton, Somerset, and that the said Charles Stuart McLean, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Stuart McLean, 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 Charles Stuart McLean, which accompanied the said Petition.

DATED this twenty fourth day of June One thousand eight hundred and seventy eight.

Gibson Starke

*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.

1589

Charles Lucas McLean

24th June

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR 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,*—

The Petition of John Johnston, Inspector of Poor for Penninghame humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Armstrong or Jones 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 Armstrong or Jones 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.

J. Johnston

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fourth (4) day of June One thousand eight hundred and Seventy 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, | Mary Armstrong or Jones |
| 2. Sex and Age, | female. 24. |
| 3. Married, Single, or Widowed, | Single. |
| 4. Condition of Life, and previous Occupation (if any), | Illegitimate - Seamstress. |
| 5. Religious Persuasion, so far as known, | protestant |
| 6. Previous Place of Abode, | 11 Princes St Newton Stewart |
| 7. Place where Found and Examined, | Same. |
| 8. Length of time Insane, | two days at this time. |
| 9. Whether first Attack, | Yes |
| 10. Age (if known) on first Attack, | 21 years |
| 11. When and where previously under Examination and Treatment, | Not reported. attacks rapidly passing off and kept secret by family. |
| 12. Duration of existing Attack, | 2 days - |
| 13. Supposed Cause, | first absconded after being charged with illicit intercourse with a married man. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Yes. Life three attempted - twice by poison, once by strangling |
| 16. Whether Dangerous to others, | occasionally. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Penninghame |
| 18. Date of becoming Chargeable, | 24th June 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Govan - mother. Brother of putative father said to have been of weak mind. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty fourth day of June One thousand eight hundred and Seventy Eight years

(To be signed by Party applying) J. Johnston

Inspector of Poor for Penninghame

P.P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James G. Dickson
being a (1) Doctor of Medicine of the University of Glasgow
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) 11 Prince's
Newton Stewart
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Armstrong or Jones
pauper and
the said Mary Armstrong or Jones is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Maniacal excitement. Extreme violence
striking, kicking, & biting all who attempt
to control her. Language most filthy and
numerous delusions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother says that she has had frequent
of mental excitement during the last 2 y
when she has been quite ungovernable. Has
several times to prison herself.

*Name and Medical Designation,* James G. Dickson

*Place of Abode,* Newton Stewart

DATED this twenty third day of June One thousand eight
hundred and seventy eight.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Clark
being a (1) Licentiate of the Faculty of Physicians
and Surgeons Glasgow.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 11 Prince's
Newton Stewart
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Armstrong or Jones
Pauper. 11 Prince's St. Newton Stewart and that
the said Mary Armstrong or Jones is a (5) Person of
unsound mind. and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She says she is weary of life; and has
attempted to take her own life; twice by
poison, which was vomited on both occasions
by stimulation — Subject to delusions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother confirms above and states
She has threatened to cut her throat

*Name and Medical Designation,* James Clark, Surg

*Place of Abode,* Newton Stewart

DATED this twenty third day of June One thousand eight
hundred and seventy eight years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute of the (2) County of Wigtown. having had produced to me, with a Petition at the instance of (3) John Johnston Inspector of Poor for the Parish of Penninghame Certificates under the hands of James Gibbons Dickson M.D and James Clark, Surgeon, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Armstrong or Jones, pauper, and that the said Mary Armstrong or Jones is a (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 Armstrong or Jones as a Patient into the (6) Royal Public Asylum of Dumfries and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Armstrong or Jones which accompanied the said Petition.

DATED this twenty fourth day of June One thousand eight hundred and twenty eight years

Wm Mackie

*To the Superintendent of the (7) Royal Public Asylum of*
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
202

Mary Armstrong
or Jones
24th June
1878

5824

[FORM B[1]]

25 and 26 Vict. Cap. 54, Sect. 16.

ATION TO THE GENERAL BOARD OF LUNACY TO GRANT
SFER OF A **PATIENT** FROM ONE ASYLUM TO ANOTHER.

dersigned Inspector of Poor of Glasserton,
irous to transfer John Lamond
t a Patient in the Royal Asylum Gartnavel Glasgow and (1)
per Lunatic of the Parish of
I am Inspector of Poor, — from the said Asylum to the
n Co. Asylum, Dumfries hereby request the authority of
d to such transfer; and I subjoin a Statement of Particulars regarding the said
e Lamond — and a Medical Certificate with
to his mental and bodily condition.

(1) *If Lunatic is not a Pauper*, detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper*, a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James McCulloch
Inspector of Poor of Glasserton, Whithorn

(1) State degree of Relationship, or other capacity in which Applicant stands to Patient.

TED at Whithorn this 26th day of June
ousand Eight Hundred and Seventy eight.

## STATEMENT.

| | |
|---|---|
| istian Name and Surname of Patient at length, | John Lamond |
| and Age, | male 40 years |
| ried, Single, or Widowed, | single |
| dition of Life, and Previous Occupation (if any), | Railway Porter |
| igious Persuasion, so far as known, | Protestant |
| te of Admission into Asylum, | 2nd March 1878 |
| gth of time Insane, | over four months |
| hether first Attack, | Yes so far as known |
| e (if known) on first Attack, | 40 |
| ration of existing Attack, | over four months |
| pposed Cause, | unknown |
| hether subject to Epilepsy, | no |
| hether Suicidal, | no |
| hether Dangerous to others, | Has been so |
| rish to which the Lunatic (if a Pauper) is Chargeable, | Glasserton |
| ristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of h Family known to be, or to have been Insane, | ~~Sister - Anne Lamond~~ Sister - 11 Bank Place, Stockbridge Edinburgh. unknown. |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James McCulloch

DATED this 26th day of June One Thousand Eight
dred and Seventy eight.

*N.B.*—The foregoing particulars are required for the information of the authorities
hose care the Patient is to be transferred.

## MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned D Yellowlees.
being (1) M D Edin. F. F. P. S. Glasg.
hereby certify that I have this day at (2) Glasgow Royal Asyl
personally examined John Lamond at
Patient in said Asylum, and with respect to h is Mental State that he
labours under Dementia fol
an acute Maniacal attack
that he is probably the subject
General Paralysis ; and with respect
Bodily Health and Condition that they are at p
ent pretty good

and I further certify that, in my opinion, there is nothing in the Mental or
Condition of the Patient to contraindicate removal to the Asylum of the
Counties at Dumfries D Yellowl

DATED this 28th day of June One Thousand
Hundred and 78.

## SANCTION BY THE BOARD OF LUNACY.

*(Under this Sanction a Patient may be Transferred without an Order of the She*

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) the Inspec
of Poor Glasserton
to authorize the transfer of John Lamond
from Glasgow Royal Asylum to Dumfri
asylum, and the Board having considered such applicatio
the accompanying Medical Certificate, do hereby authorize the transfer of the
John Lamond as requested.

John Sibbald Dep: Commissio

DATED at Edinburgh, this 29th day of June
Thousand Eight Hundred and Seventy Eight.

This Sanction cannot be acted on after the Expiry of 14 days from date

Date of Sheriff's Order — 2nd Ma
18

2/203
John Lamond
1st July
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff — of ~~the (2) County of Dumfries~~ ~~&~~ Galloway *and his Substitutes,*—

The Petition of Alexander Kirk inspector of Poor Dalry humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jannet Murdock your Petitioner's (3) Pauper. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jannet Murdock to the S. Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Alexander Kirk Inspector

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (4) day of July One thousand eight hundred and Seventy Eight

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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, | Jannet Murdock |
| 2. Sex and Age, | Female age 44- as per Register |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Domestic Servant |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dalry Parish Galloway |
| 7. Place where Found and Examined, | Dalry Village |
| 8. Length of time Insane, | Four Months — Two Years ago |
| 9. Whether first Attack, | no |
| 10. Age (if known) on first Attack, | Forty two |
| 11. When and where previously under Examination and Treatment, | S.C. Asylum Dumfries |
| 12. Duration of existing Attack, | A few Days. |
| 13. Supposed Cause, | not Known |
| 14. Whether subject to Epilepsy, | no. |
| 15. Whether Suicidal, | no. |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dalry Parish Kirkcudbrightshire |
| 18. Date of becoming Chargeable, | on the first Day of July 1848- in present instance |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Murdock Illegitimate Son Resides at Egremont — Cumberland Sister and Brother Imbiciles |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 2nd day of July One thousand eight hundred and Seventy Eight

(*To be signed by Party applying*) Alex Kirk Inspector

P P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alfred M'Kinley Millman being a (1) Doctor of Medicine and a Member of the R. College of Surgeons of England and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the village of Dalry in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Janet Murdoch, residing in Dalry Village, County of Kirkcudbright and that the said Janet Murdoch is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Wild in all her movement, rambling and incoherent conversation, affected with various illusions and delusions.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John Dalziel - her brother in Law says she Ran away from her residence partially clothed without any object. Leaps dykes & glens, talking & shouting there objects, praying other absurd things, restless and without sleep

*Name and Medical Designation,* Alfred M'Kinley Millman

*Place of Abode,* New Galloway

DATED this second day of July One thousand eight hundred and seventy eight.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians & Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Murdoch, Pauper and that the said Janet Murdoch is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a wild expression of the countenance, is incoherent and is very restless.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of Poor informs me that she was under treatment in the Southern Counties Asylum some years ago.

*Name and Medical Designation,* Hugh Cunningham L.R.C.P.Edin. L.R.F.P.S.G.

*Place of Abode,* 25 Castle Street, Dumfries

DATED this Second day of July One thousand eight hundred and seventy eight 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, Alfred McKinley Millman being (1) a Doctor of Medicine & a member of the College of Surgeons in England hereby certify, on soul and conscience, that I have this day, at (2) Dalry Village in the County of Kirkcudbright, seen and personally examined Janet Murdoch, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alfred McKinley Millman

DATED this Second day of July One thousand eight hundred and seventy eight.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland, (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Kirk, Inspector of Poor, Dalry, Certificates under the hands of Alfred McKinley Millman and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled, "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jannet Murdoch, Dalry Village, Dalry, a pauper, and that the said Jannet Murdoch, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jannet Murdoch as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jannet Murdoch which accompanied the said Petition.

DATED this Second day of July One thousand eight hundred and seventy eight.

L Maitland

C.M.A.

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties

O Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2/202

2/204
Janet Murdoch
July 2
1878

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 Honorable the* (*) Sheriff of (†) ~~Shire~~ of Dumfries & Galloway *and his Substitutes*

The Petition of David Brown, Baker, Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Brown, Farmer, Rotchell, Dallon,

State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Wm Brown to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

David Brown.

The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this 6th day of July One thousand eight hundred and seventy 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, | William Brown |
| 2 Sex and Age, | Male in 31st year |
| 3 Married, Single, or Widowed, | Single. |
| 4 Condition of Life, and previous Occupation (if any), | Farmer |
| 5 Religious Persuasion, so far as known, | Protestant |
| 6 Previous Place of Abode, | Rotchell, Dallon |
| 7 Place where Found and Examined, | do, & Dumfries |
| 8 Length of time Insane, | about 6 weeks |
| 9 Whether first Attack, | Yes |
| 10 Age (if known) on first Attack, | |
| 11 When and where previously under Examination and Treatment, | |
| 12 Duration of existing Attack, | |
| 13 Supposed Cause, | Religion |
| 14 Whether subject to Epilepsy, | No |
| 15 Whether Suicidal, | No |
| 16 Whether Dangerous to others, | No |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18 Date of becoming Chargeable, | |
| 19 Christian Name and Surname, and Place of Abode of nearest known 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 Brown, Annan, Brother, No member ever insane. |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 6th day of July One thousand eight hundred and seventy eight

(*To be signed by Party applying*) David Brown.

P. P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians and of the Faculty of Physicians and Surgeons in [illegible] and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 6 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Brown, Rotchell, [illegible] and that the said William Brown is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He imagines that his friends are plotting against his life and he has a wild expression in his countenance

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother informs me that when at home he is constantly wandering about

Name and Medical Designation, Hugh Cunningham L.R.C.P.S.Edin. L.F.P.S.G.

Place of Abode, 25 Castle Street. Dumfries

DATED this sixth day of July One thousand eight hundred and seventy eight years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John. L. R. Robertson Regis. Physician being a (1) Mr Royal Coll. Phys. Edin. & Roy. Coll. Surg. Edin. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rotchell, in the Parish of Dalton, in the County of Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Mr. William Brown and that the said Mr. William Brown is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Gives hallucinations of delusions - Fancies Sister & Brothers against him - Counts by a Liberal Mob against him by own friends Thinks he is incessantly annoyed about Matters Religious - Incoherent Constant volubility of conversation.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Wife informs that he thinks his opening with the Liberal Party against him as his Uncle Mr. John Young of Rotchell, Sister of his Neighbours across the Stream water harassing him, other Superstitious Rites, amongst Stirring Blue Potatoes but whenever Liquor is introduced he Protestants that he was safe

Name and Medical Designation, John L. R. Robertson Regist. Physician & Surgeon

Place of Abode, The Green - Lockerbie

DATED this Third day of July One thousand eight hundred and Seventy Eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) David Brown, Banker Annan Certificates under the hands of Hugh Cunningham and John T. R. Wotherspoon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Brown, Farmer Rotshill Dalton (Petitioner's Brother) and that the said William Brown, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Brown as a Patient into the (6) Public Asylum of Southern Counties, —and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Brown, which accompanied the said Petition.

DATED this Sixth day of July, — One thousand eight hundred and seventy eight.

C.W.R. L Maitland

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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William Brown
6 July
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) ~~Shire~~ of Dumfries Galloway *and his Substitutes*—

The Petition of Joseph McCaig 12 Island St Galashiels

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alison Watson or McCaig 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 Alison Watson or McCaig to the Crichton Institution and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Joseph McCaig

Dated this Seventh (4) day of July One thousand eight hundred and seventy eight

(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, | Alison Watson or McCaig |
| 2. Sex and Age, | Female. 33 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | House wife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Galashiels |
| 7. Place where Found and Examined, | Buccleuch Hotel Moffat |
| 8. Length of time Insane, | one week |
| 9. Whether first Attack, | Yes |
| 10. Age (if known) on first Attack, | 33 |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | one week |
| 13. Supposed Cause, | Not Known |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Joseph McCaig. Galashiels Husband. Her father committed suicide when in charge of two attendants at Morningside Asylum by throwing himself before Carriage Jessie Watson in Asylum at present in Melrose |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventh day of July One thousand eight hundred and seventy eight

(*To be signed by Party applying*) Joseph McCaig

P. P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians Edinr. & a Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Hotel. Moffat Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alison Watson or McCaig Galashiels and that the said Alison Watson or McCaig is a (5) an insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Attempting to commit Suicide by procuring false teeth over her throat - attempting to strangle herself - constantly affirming that she has not [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The above facts and also throwing herself on the floor &c

Name and Medical Designation, James Munro M.D. L.R.C.

Place of Abode, Moffat

DATED this Seventh day of July One thousand eight hundred and seventy eight

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm D'Orsay Grange being a (1) Bachelor of Medicine & Master of Surgery of Cambridge Edinburgh. and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Moffat Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alison Watson or McCaig and that the said Alison Watson or McCaig is a (5) an insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Lays violent hands on any one near Catches at throat. Tears her hair

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

That she has been in the same state and shown fixed desire to attempt - commit Suicide

Name and Medical Designation, Wm D'Orsay Grange M.B.

Place of Abode, Dickson House Moffat

DATED this Seventh day of July One thousand eight hundred and Seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, Mark Hy Symons,
being (1) Bachelor of Medicine & Master of Surgery Cruchton Institution
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of Dumfriesshire, seen and personally examined
Alison Watson or McCaig, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Mark Hy Symons MBCM.

Dated this 4th day of July One thousand eight hundred and 78.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (3) Honorary Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) Joseph McCaig
12 Island Street, Galashiels
Certificates under the hands of James Munro
and William D'Oyly Grange, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Alison Watson or McCaig, Burdenhead Hotel, Moffat (Mathison's wife)
Alison Watson or McCaig, is (6) insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alison Watson or McCaig as a Patient into the (7) Public Asylum of Criechton 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 Alison Watson or McCaig which accompanied the said Petition.

Dated this Eighth day of July One thousand eight hundred and seventy eight.

James Gibson Starke

*To the Superintendent of the* (7) Public
*Asylum of* Criechton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Petition
of
Joseph McCaig Galashiels
for
admission of Mrs McCaig
into the Crichton Royal
Instn

1878

1590
Ann A. W. McCaig
7th July
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Lawson Inspector of Poor Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Porteous 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 Margaret Porteous to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

J Olm Lawson

(*) The date of the petition must be within fourteen clear days following the date of the Medical Certificates.

DATED this Tenth (*) day of July One thousand eight hundred and Seventy 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, | Margaret Porteous |
| 2. Sex and Age, | Female - 56 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Hawker of Rugs |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Nuns close Annan |
| 7. Place where Found and Examined, | Todds close Annan |
| 8. Length of time Insane, | Eight days |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 56 |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of Existing Attack, | Eight days |
| 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, | Annan |
| 18. Date of becoming Chargeable, | January 2nd 1865 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Tenth day of July, One thousand eight hundred and Seventy Eight (-8)

(*To be signed by Party applying*) J Olm Lawson

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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, and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Todd's Close Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Porteous, pauper and that the said Margaret Porteous is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

A tendency to destroy everything about her, clothes, panes of glass & dishes &c. Continual wandering about the house, night & day, moaning &c. Unreasonable replies to ordinary questions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Neighbours state that she was noisy & restless at nights living alone as she did, locking everyone out, & suspicion of the same, &c. —

*Name and Medical Designation,* Daniel Mackenzie M.A. M.C.

*Place of Abode,* Maryfield. Annan

DATED this 10th day of July One thousand eight hundred and seventy eight

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Johnstone Paterson being a (1) Member of the Royal College of Physicians & Surgeons, Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Todd's Close Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Porteous and that the said Margaret Porteous is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

A tendency to destroy not only furniture &c. but commit murder. In every respect unsafe

(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. J. Paterson Surgeon

*Place of Abode* High Street - Annan

DATED this 10th day of July One thousand eight hundred and 78

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Daniel Mackenzie being (1) A Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (2) Annan in the County of Dumfries, seen and personally examined Margaret Porteous, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Daniel Mackenzie

DATED this 10th day of July One thousand eight hundred and seventy eight

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~[illegible]~~ D. B. H. (1) ~~Honorary~~ Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lawson Inspector of Poor, Annan Certificates under the hands of Daniel Mackenzie and James Johnstone 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) Margaret Porteous Todd's close Annan (a Pauper) and that the said Margaret Porteous is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Porteous as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Porteous which accompanied the said Petition.

DATED this Tenth day of July One thousand eight hundred and seventy eight

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties ~~Asylum~~ Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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Margaret Porteous
10th July
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

# PETITION TO THE SHERIFF TO GRANT ORDER 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~~ ~~Kirkcudbright~~ *and his Substitutes.*

The Petition of John Mc Cubbin Newfield of Hills Lochrutton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Mc Cubbin 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 Samuel Mc Cubbin to the Southern Counties Asylum and to sanction his admission into the said Asylum.

John Mc Cubbin

(2) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (3) day of July One thousand eight hundred and Seventy 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, | Samuel Mc Cubbin |
| 2. Sex and Age, | Male, Thirty 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, | Town head, Little Culloch, Dalbeattie Newfield of Hills, Lochrutton |
| 7. Place where Found and Examined, | Three weeks |
| 8. Length of time Insane, | Second attack |
| 9. Whether first Attack, | Twenty nine |
| 10. Age (if known) on first Attack, | Southern Counties Asylum |
| 11. When and where previously under Examination and Treatment, | Three weeks |
| 12. Duration of existing Attack, | Cannot tell |
| 13. Supposed Cause, | No |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Supposed to be Kirkgunzeon |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Fifteenth July 1878 |
| 18. Date of becoming Chargeable, | John Mc Cubbin Father Newfield of Hills Lochrutton |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mother was nine years in an asylum |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifteenth day of July One thousand eight hundred and Seventy eight years

(To be Signed by Party applying) John McCubbin

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh Univers Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Newfield Cottage Lochmilton Rutherglen in the County separately from any other Medical Practitioner visited and personally examined (4) Samuel McCubbin. Labourer pauper and the said Samuel McCubbin is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has unusual appearance & delusions on religious subjects.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Father informs me that he refuses to work & at times to take food. That he when left alone is constantly talking & muttering to himself incoherently. Was previously in an asylum

*Name and Medical Designation,* John Smith MD

*Place of Abode,* 14 Castle St Dumfries

DATED this 15th day of July One thousand eight hundred and 78.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall MacDonald being a (1) Annual Practitioner & graduate Edinburgh University and being in actual practice as a (2) Annual practitioner hereby certify, on soul and conscience, that I have this day, at (3) Newfield Cottage Lochmilton Rutherglen separately from any other Medical Practitioner visited and personally examined (4) Samuel McCubbin pauper and the said Samuel McCubbin is a (5) person unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is melancholic and subject to fits of muttering to himself refuses food and attempts that he is deceived by the devil & other objects

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) he says he has been in an asylum previously

*Name and Medical Designation,* A D MacDonald

*Place of Abode,* Dumfries

DATED this 15th day of July One thousand eight hundred and seventy-eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) county of Dumfries
having had produced to me, with a Petition at the instance of (3) John McCubbin
Newfield of Hills Lochanton
Certificates under the hands of John Smith
and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Samuel McCubbin
Newfield of Hills aforesaid (Petitioner's son) and that the said
Samuel McCubbin, is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel McCubbin as a Patient into the (6) Public Asylum of Southern counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Samuel McCubbin which accompanied the said Petition.

DATED this Fifteenth day of July One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Samuel McCubbin
15. July
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff — ~~of the~~ (2) Counties of Dumfries & Galloway *and his Substitutes*—

The Petition of Janet Gordon residing in Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Gordon, your Petitioner's (3) ~~patient~~ husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Gordon to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity which Petitioner stands to Lunatic.

Janet Gordon

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighteenth day of July One thousand eight hundred and seventy 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, | Thomas Gordon |
| 2. Sex and Age, | male. 62 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | Basket maker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | do |
| 8. Length of time Insane, | Since Wednesday |
| 9. Whether first Attack, | no |
| 10. Age (if known) on first Attack, | not known |
| 11. When and where previously under Examination and Treatment, | Dumfries & G. Asylum |
| 12. Duration of existing Attack, | Since Wednesday |
| 13. Supposed Cause, | not known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Janet Gordon Loreburn Street Dumfries - wife. not known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None. |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of July One thousand eight hundred and seventy eight

(*To be Signed by Party applying*) X Janet Gordon

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 R. Murray being a (1) Graduate of the University of Edinburgh & Physician and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Court House Dumfries Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Thomas Gordon Lauder and the said Thomas Gordon is a (5) Lunatic and a proper person to be detained unsound mind under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He restless & excited – I suspect that he is attempting to injure himself and that he is trying to pull out of pocket

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Yesterday informed me that he meant about the house in Shut, that he had to do for him, that he struck his Daughter.

Name and Medical Designation, P. R. Murray M.D.

Place of Abode, 33 Castle St Dumfries

DATED this 15 day of July One thousand eight hundred and 78

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Smith being a (1) Graduate of Edinburgh Surgeon & Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Court House Dumfries Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Thomas Gordon, Baxter Lochrin St Dumfries and the said Thomas Gordon is a (5) Lunatic and a proper person to be detained unsound mind under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His actions & appearance & delusions, tells me that he hears the devil & voices speaking from the grave this morning. 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, John Smith M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 15 day of July One thousand eight hundred and 78.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, Patrick M. Murray being (1) Graduate of University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Court House Dumfries in the County of Dumfries, seen and personally examined Thomas Gordon, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

P. M. Murray M.D.

Dated this 15th day of July One thousand eight hundred and 78

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Janet Gordon residing in Dumfries Certificates under the hands of Patrick M. Murray and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Thomas Gordon Basket Maker Dumfries, (Pauper) and that the said Thomas Gordon is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Gordon as a Patient into the (8) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Gordon which accompanied the said Petition.

Dated this Nineteenth day of July One thousand eight hundred and seventy eight

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Thomas Gordon
15th July
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of* ~~the~~ (2) Dumfries & Galloway *and his Substitutes,—*

The Petition of Henry Montgomery, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Shields. 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 Shields to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Hellentomery Inspector of Poor of the Parish of Mochrum

DATED this Eighteenth (4) day of July One thousand eight hundred and Seventy Eight 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 Shields |
| 2 | Sex and Age, | Males. aged 64 years |
| 3 | Married, Single, or Widowed, | Widower |
| 4 | Condition of Life, and previous Occupation (if any), | Labourer |
| 5 | Religious Persuasion, so far as known, | Protestant |
| 6 | Previous Place of Abode, | Port William |
| 7 | Place where Found and Examined, | Do |
| 8 | Length of time Insane, | about two weeks |
| 9 | Whether first Attack, | Second attack |
| 10 | Age (if known) on first Attack, | About 49 |
| 11 | When and where previously under Examination and Treatment, | Dumfries Asylum |
| 12 | Duration of existing Attack, | about two weeks |
| 13 | Supposed Cause, | Intemperance |
| 14 | Whether subject to Epilepsy, | No |
| 15 | Whether Suicidal, | doubtful |
| 16 | Whether Dangerous to others, | yes |
| 17 | Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Parish of Mochrum |
| 18 | Date of becoming Chargeable, | 24 Feb 1875 |
| 19 | Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | All his family are in Australia one of his Daughters was sometime in Dumfries 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 Eighteenth day of July One thousand eight hundred and Seventy Eight years

(*To be signed by Party applying*) Hellentomery Inspector of Poor of the Parish of Mochrum

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert B. Selby being a (1) Doctor of Medicine - Edinburgh - & Licentiate of the [illegible] College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John Shields Pauper Portwilliam and at the said John Shields is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) says the Sheriff of [illegible] is keeping up between £100 & £200 [illegible] & that newspapers have come from Australia by telegraph [illegible] He has been dressing himself up with flowers & [illegible] boldly about the streets.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr John Davidson, Margaret Cumming & Police Constable Sim all state that he has threatened them with violence. Mr & Mrs McGill - state that he has been coveting old pieces [illegible] about the shore - for keeping horses in the evening [illegible]

Name and Medical Designation, Robert B. Selby M.D. & [illegible]

Place of Abode, Portwilliam

DATED this 18th day of July One thousand eight hundred and seventy eight

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Anderson being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Port William in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) John Shields, Pauper, Port William and the said John Shields is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I visited him while he was confined in a police cell. I saw him through a trap in the door engaged with a broom cleaning round the wood work of the cell with his blanket. meanwhile. He told me that Mr Montgomery Inspector of Police had actually stolen £104 from him & he got some remarks from constable Sim - so grossly that he is sure they must have come by

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I saw the remains of some steam he which he had gathered [illegible] on ground to which he had no right & when he told Mr Beattie veterinary surgeon he meant to examine traps. When accosted with by Mr Beattie he became violent & threatened his life. Mr Montgomery & Mr Beattie both tell me that he had a stormy altercation the street on July 18th with old rags & vegetables which he said not [illegible]. Margaret Cumming he said last sunday [illegible] on the street that he Sheriff Rhind told him he had a right to kill any one and that the sheriff was stood between him (Shields) & danger.

Name and Medical Designation, says Mr & Mrs John Davidson corroborate the above William Anderson M.B.

Place of Abode, Whithorn. Wigtownshire

DATED this eighteenth day of July One thousand eight hundred and seventy eight years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, Robert B. Selby being (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Fort William in the County of Inverness, seen and personally examined John Shields, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert B. Selby

DATED this 18th day of July One thousand eight hundred and seventy eight.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) H. Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Henry Montgomery, Inspector of Poor, Mochrum Certificates under the hands of Robert B. Selby and 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 Shields, Fortwilliam Fictown (a pauper), and that the said John Shields, is a (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 Shields as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Shields which accompanied the said Petition.

DATED this Twentieth day of July One thousand eight hundred and seventy eight.

L Maitland

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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John Shields
19th July
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

FORM A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (1) Counties~~ *of* Dumfries & Galloway *and his Substitutes—*

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Halliday, 8 King Street, Dumfries your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Halliday to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(2) State degree of Relationship, or other capacity which Petitioner stands to Lunatic.

John Dinwoodie

(3) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Nineteenth (3) day of July One thousand eight hundred and Seventy 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, | James Halliday |
| 2. Sex and Age, | Male 41 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | Nil |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 8 King Strat Dumfries |
| 7. Place where Found and Examined, | 8 King Street Dumfries |
| 8. Length of time Insane, | Latious from birth |
| 9. Whether first Attack, | |
| 10. Age (if known) on first Attack, | |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of existing Attack, | From birth |
| 13. Supposed Cause, | |
| 14. Whether subject to Epilepsy, | yes |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | yes on recovering from a fit |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18. Date of becoming Chargeable, | 6 Nov- 1863 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Jane Smith or Halliday now Dickson 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 Nineteenth day of July One thousand eight hundred and seventy eight

*(To be Signed by Party applying)* John Dinwoodie, Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, [illegible] being a (1) Graduate of the Faculty of Physicians and Surgeons and Master in the Art of Midwifery of the University of [illegible] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Halliday [illegible] and the said James 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 & says that he is used by the boys in the street who abuse and ill-treat him & that he has got to go into Dumfries with his father & he

(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 gets into violent passions & threatens to kill people & that he is afraid

*Name and Medical Designation.* William Marshall M.D. L.R.C.P.

*Place of Abode.* Dumfries

DATED this 19th day of July One thousand eight hundred and seventy eight years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) 8 King St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Halliday [illegible] and the said James Halliday is a (5) [illegible] and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His stupid appearance & incoherence of speech & inability to converse on the most simple subjects

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) upon his mother informing me that lately on recovering from the fits to which he is subject he has threatened to kill his mother & those around him,

*Name and Medical Designation.* John Smith M.D. [illegible]

*Place of Abode.* 4 Castle St Dumfries

DATED this 19th day of July One thousand eight hundred and 78.—

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire ~~Advocate~~ ~~Sheriff Substitute~~ of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Halliday 8 Irvine Street Dumfries (a pauper) and that the said James 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 James Halliday as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Halliday which accompanied the said Petition.

Dated this Nineteenth day of July One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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James Halliday
19th July
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form **A**]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of ~~the (2)~~ Dumfries ~~and~~ of Galloway *and his Substitutes,*

The Petition of James Austin Inspector of poor Closeburn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Tweedle or Anderson your Petitioner's (3) ~~Ward~~ 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 Tweedle or Anderson 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.

James Austin

(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 July One thousand eight hundred and Seventy Eight.

### 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 Tweedle or Anderson |
| Sex and Age, | Male 27 |
| Married, Single, or Widowed, | Single |
| Condition of Life, and previous Occupation (if any), | Stone Breaker |
| Religious Persuasion, so far as known, | Established Church |
| Previous Place of Abode, | Woodend |
| Place where Found and Examined, | Woodend |
| Length of time Insane, | + |
| Whether First Attack, | No |
| Age (if known) on First Attack, | 17 years |
| When and where previously under Examination and Treatment, | Southern Counties |
| Duration of Existing Attack, | Not known |
| Supposed Cause, | + |
| Whether subject to Epilepsy, | No |
| Whether Suicidal, | No |
| Whether Dangerous to others, | Yes |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Closeburn |
| Date of becoming Chargeable, | 24th mil |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Woodend John Little Half brother<br>No |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | Not known |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty Sixth day of July One thousand eight hundred and Seventy Eight

(*To be signed by Party applying*) James Austin

P. p.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, Edward Hogan
being a (2) Doctor of Medicine and Licentiate of
Royal College Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Woodlands Cottage Closeburn in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Tweedie or Anderson and that the said Thomas Tweedie or Anderson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Becomes violently excited & irritable. Imagines persons administration of poisonous medicine. Appears hearing voices & imbecile. Talk language & imperfect

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been to asylum on several occasions attempts Striking his wife & Stupor intermittent trembling.

Name and Medical Designation, Edi: Hogan M.D.L.

Place of Abode, Thornhill, Dumfries

DATED this Twenty fourth day of July One thousand eight hundred and seventy eight.

(2) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Gallaby
being a (2) Bachelor of Surgery & Licentiate of the Royal College Surgeons, Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Woodend Cottage, Closeburn in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Tweedie and that the said Thomas Tweedie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Very Restless excited; imagines that his friends are trying his food with various poisons & consequently accounts for his present state of that;

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His aunt states that he has been accustomed to take opium & that at times he takes large doses of laudanum & drinks to excess

Name and Medical Designation, William Gallaby M.B.

Place of Abode Thornhill Dumfries

DATED this twenty fifth day of July One thousand eight hundred and seventy eight.

(2) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1), Advocate, Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Austin, Inspector of Poor, Closeburn, Certificates under the hands of Edward Froggan, and William Gatteley, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Tweedie or Anderson, Wood end Cottage Closeburn, and that the said Thomas Tweedie or Anderson, is a (5) person (a pauper) of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Tweedie or Anderson — as a Patient into the (6) Public — Asylum of Southern Counties and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Tweedie or Anderson — which accompanied the said Petition.

DATED this Twenty sixth day of July — One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2
211

Thomas Tweeddle or
Anderson
26 July
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Counties *of* Dumfries & Galloway *and his Substitutes—*

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Adam Bell. 40 Bridge Street Dumfries your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Adam Bell to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Thirty first (4) day of July One thousand eight hundred and Seventy 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, | Adam Bell |
| 2. Sex and Age, | Male 22 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, | 40 Bridge Street |
| 7. Place where Found and Examined, | 40 Bridge Street |
| 8. Length of time Insane, | a few days |
| 9. Whether first Attack, | first |
| 10. Age (if known) on first Attack, | 22 years |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of existing Attack, | a few days |
| 13. Supposed Cause, | |
| 14. Whether subject to Epilepsy, | yes |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18. Date of becoming Chargeable, | 30 July 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Clark Bell father 40 Bridge St 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 Thirty first day of July One thousand eight hundred and Seventy eight

*(To be Signed by Party applying)* John Dinwoodie. Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and Licentiate of the College of Physicians and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 40 Bridge Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Adam Bell Labourer and the said Adam Bell 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) Seems very incoherent & refuses to answer questions & seems to imagine voices &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The mother states that he wanders at night and never sleeps at any time &c

*Name and Medical Designation,* William Marshall M.B. & C.M.

*Place of Abode,* Dumfries

DATED this 31st day of July One thousand eight hundred and seventy eight years

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham, being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians & Surgeons, Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 40 Bridge Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Adam Bell, Pauper and the said Adam 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 believes that there are people under the floor, and that they are blowing at him through a hole. He is an old man.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he stands all day with his arms extended.

*Name and Medical Designation,* Hugh Cunningham L.R.C.P. & L.R.C.S.

*Place of Abode,* 25 Castle Street, Dumfries

DATED this Thirty first day of July One thousand eight hundred and seventy eight years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire ~~Advocate~~ Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Marshall and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Adam Bell, 40 Bridge street, Dumfries (a pauper) and that the said Adam Bell 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 Adam Bell as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Adam Bell which accompanied the said Petition.

DATED this Thirty first day of July One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the (7)* Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2/212

Adam Bell

31st July

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., 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 Honorable the* (1) Sheriff of ~~the~~ (1) Dumfries & of Galloway *and his Substitutes,—*

The Petition of Daniel Crawford Vice President Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Crawford residing in Kirkmahoe 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 David Crawford 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.

Daniel Crawford

(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 August One thousand eight hundred and Sixty 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, | David Crawford |
| 2. Sex and Age, | Male Fifty |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Gentleman |
| 5. Religious Persuasion, so far as known, | Episcopal |
| 6. Previous Place of Abode, | Crichton Institution |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | four days |
| 9. Whether First Attack, | no |
| 10. Age (if known) on First Attack, | about 25 |
| 11. When and where previously under Examination and Treatment, | Crichton Royal Institution Dumfries 18[illegible] |
| 12. Duration of Existing Attack, | four days |
| 13. Supposed Cause, | Drink |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Applicant - Brother - no |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twelfth day of August One thousand eight hundred and Sixty eight

(*To be signed by Party applying*) Daniel Crawford

P. p.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Ingoldsby
being a (1) Graduate of the Faculty of Physicians
and Surgeons and College of St Andrews
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Burnbrae
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) David Crawford
the said David Crawford is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently
Imagines that his life is in danger, is
always afraid to be left alone, frequently looks behind him
and acts as if

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has been reported by an Inmate
of the Asylum

*Name and Medical Designation,* } W. Ingoldsby M.D.

*Place of Abode,* Dumfries

DATED this 9th day of August One thousand eight
hundred and seventy eight years

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Smith
being a (1) Registered Graduate Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Carlton Institution,
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) David Crawford. and
the said David Crawford is a (5) lunatic
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) His manner
& appearance & rambling
incoherent speech.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has been an inmate of this Asylum
(Carlton Institution) for several years

*Name and Medical Designation,* } John Smith M.D.
Physician & Surgeon

*Place of Abode* Carlton Institution Dumfries

DATED this 9th day of August One thousand eight
hundred and 78 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 Marshall (and Collen of St Andrews) being (1) Graduate of the Faculty of Physicians and Surgeons Glasgow, hereby certify, on soul and conscience, that I have this day, at (2) Buchanan St Dumfries in the County of Dumfries, seen and personally examined David Crawford, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M: D &c

DATED this 9th day of August One thousand eight hundred and Seventy eight years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Daniel Crawford, Wine Merchant, Glasgow, Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Crawford residing in Lochmaben (Rt. Mother) and that the said David Crawford is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Crawford 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 David Crawford which accompanied the said Petition.

DATED this Twelfth day of August, One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Petition
of
Daniel Crawford
merchant, Glasgow.
for
admission of David Crawford
residing in Lochwinnoch
Asylum

1593
David Crawford
12th Sept.
1876

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ——— *of the* (2) Dumfries & Galloway *of* ——— *and his Substitutes.*—

The Petition of James Kelly Inspector of Poor Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Rankin Labourer —

(3) State degree of Relationship or other Authority in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (3) Kalrymple Street, Stranraer (a pauper.) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Rankin ——— to the Southern Counties Asylum at Dumfries and to sanction his admission into the said Asylum.

James Kelly

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this nineteenth (4) day of August — One thousand eight hundred and seventy 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, | William Rankin |
| 2. Sex and Age, | male — 42. — |
| 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, | 25 Kalrymple Street, Stranraer |
| 7. Place where Found and Examined, | for a few weeks — |
| 8. Length of time Insane, | & about five weeks ago — |
| 9. Whether First Attack, | 37 Southern Counties Asylum — Repeatedly |
| 10. Age (if known) on First Attack, | about five weeks |
| 11. When and where previously under Examination and Treatment, | Drink |
| 12. Duration of Existing Attack, | No |
| 13. Supposed Cause, | Yes |
| 14. Whether subject to Epilepsy, | Yes |
| 15. Whether Suicidal, | Stranraer |
| 16. Whether Dangerous to others, | 19 aug 1878 |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Wife Mary Mc Bride or Rankin |
| 18. Date of becoming Chargeable, | 25 Kalrymple Street |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Stranraer |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this nineteenth day of August One thousand eight hundred and seventy eight years.

(*To be signed by Party applying*) James Kelly

P. P.

## MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians of Edinburgh & a Licentiate of the Faculty of Phys & Surgs and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) No 21 Dalrymple St Stranraer in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) William Rankin and the said William Rankin 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.:—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4) Has an excited look and answers questions in an excited manner. Told me the medicine I gave him did him a great deal of good but that he would take no more of it as it pained him greatly when he was sleeping. Said he had been at the work since I was attending which is

(5) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (5) His wife Mary Rankin says that he accuses her of going with other men and refusing money to support him. Has threatened her both violence and to murder her. Has put her out of the house and locked the door. Says he goes out into the Court before he rises and dances and acts in a very excited manner

Name and Medical Designation, Hugh Cochrane MCP&S

Place of Abode, Stranraer

DATED this Nineteenth day of August One thousand eight hundred and seventy eight 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, David Easton being a (1) Doctor of medicine & Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 21 Dalrymple Street Stranraer in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) William Rankin, and the said William Rankin 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.:—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4) He is Sullen & looking, and when excited he becomes very excited. Has a great hatred towards Mary Rankin his wife and ages her of the worst outrageous conduct &c. Without any provocation he says she must leave him and he will allow her so much per week &c.

(5) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (5) Mary Rankin & Mc Bride his wife says he has attacked & threatened her several times, has put her out & locked the door & broken articles of furniture & thrown them after her says he will blow his own & his wife's brains out & suspicious & those around him. Does not like with his own. Is suspicious & those around him. Does not like with his own. Is suspicious & those around him seems the Court dances & sings till he is almost exhausted. Then seems he speaking to the Chimney tops. Says he has no need to work, he has plenty of money &c. Mrs Davidson corroborates the statements of Mary Rankin

Name and Medical Designation, David Easton

Place of Abode Stranraer

DATED this 19th day of August One thousand eight hundred and seventy eight years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Sheriff (1) Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) James Kelly Inspector of Poor Stranraer Certificates under the hands of Hugh Cochrane and David Easton, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Rankin, Labourer, Dalrymple, Stranraer, and that the said William Rankin is a (5) pauper of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Rankin as a Patient into the (6) Southern Counties Asylum at Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Rankin which accompanied the said Petition.

DATED this twentieth day of August One thousand eight hundred and seventy eight

P MacLean Sheriff Substitute

*To the Superintendent of the* (7) District
*Asylum of* Southern Counties
at Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

√ William Rankine

20th August

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 of Galloway and his Substitutes,—

The Petition of Jardine Carruthers 10 Scotch St. Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Carruthers.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Son

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Carruthers to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Jardine Carruthers

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (4) day of August One thousand eight hundred and Seventy 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 Carruthers |
| 2. Sex and Age, | Male Twenty three |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Ironmonger |
| 5. Religious Persuasion, so far as known, | Congregationalist |
| 6. Previous Place of Abode, | Carlisle |
| 7. Place where Found and Examined, | Dumfries. |
| 8. Length of time Insane, | Eight weeks |
| 9. Whether First Attack, | first attack |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment, | Cumberland & Westmoreland Asylum Garlands Carlisle |
| 12. Duration of Existing Attack, | |
| 13. Supposed Cause, | Study, Thought & Disappointment |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Jardine Carruthers (Father) 10 Scotch St. Carlisle. None on either side |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of Aug One thousand eight hundred and 78

(*To be signed by Party applying*) Jardine Carruthers

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Carruthers, Ironmonger Carlisle and the said James Carruthers is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His continuous rambling manner of speech & delusions regarding his future prospects in life.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Father informs me that during the eight weeks he is quite changed mentally, he has many delusions & that he has been brought direct from Garlands Asylum

*Name and Medical Designation,* John Smith

*Place of Abode,* 14 Castle St. Dumfries

DATED this 20th day of August One thousand eight hundred and 78 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, Mark J. Symons being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 45 Buccleuch Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Carruthers Ironmonger Carlisle and the said James Carruthers is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is rambling and incoherent in conversation. Has delusions regarding his future actions. Believes that the water he drinks influences his natural disease.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Father states that he has delusions regards religion & business. And that he was violent.

*Name and Medical Designation,* Mark J. Symons M.B.

*Place of Abode* Buccleuch St: Dumfries

DATED this 20th day of August One thousand eight hundred and 78.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Smith being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries in the County of Dumfries, seen and personally examined James Carruthers, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

DATED this 20th day of August One thousand eight hundred and 78 years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Esquire (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Jardine Carruthers 10 Scotch Street Carlisle Certificates under the hands of John Smith and Mark I Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Carruthers Ironmonger Carlisle and that the said James Carruthers is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Carruthers 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 Carruthers which accompanied the said Petition.

DATED this Twentieth day of August One thousand eight hundred and seventy eight

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1595
James Carruthers
20 August
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

*Unto the Honourable the* (*) Sheriff *of the* (*) Counties of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie, Inspecter of Poor of the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Faulder, Dumfries Poorhouse 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 Faulder to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(*) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

S. D. Insp

John Dinwoodie

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twentieth (*) day of August One thousand eight hundred and Seventyeight—

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Joseph Faulder |
| 2. Sex and Age, | Male, 69 years |
| 3. Married, Single, or Widowed, | Single — |
| 4. Condition of Life, and previous occupation (if any), | do Fisherman &c |
| 5. Religious Persuasion, so far as known, | — — |
| 6. Previous Place of Abode, | Ann — |
| 7. Place where Found and Examined, | Dumfries Poorhouse |
| 8. Length of time Insane, | — — |
| 9. Whether first Attack, | — — — |
| 10. Age (if known) on first Attack, | — — — |
| 11. When and where previously under Examination and Treatment, | — — — |
| 12. Duration of existing Attack, | — — — |
| 13. Supposed Cause, | — — — |
| 14. Whether subject to Epilepsy, | — — — |
| 15. Whether Suicidal, | — — — |
| 16. Whether Dangerous to others, | — — — |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Ann — |
| 18. Date of becoming Chargeable, | 19th August 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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, | not known — |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twentieth day of August One thousand eight hundred and Seventyeight

S. D. Insp

(*To be Signed by Party applying*) John Dinwoodie Inspecter

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Craigdallie being a (1) Graduate of the Society of Physicians and Surgeons Glasgow and College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Faulds Pauper and the said Joseph Faulds is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Looks vacant and is incapable of the meaning of most questions put to him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Governor states that he would have to watch one of the women as she was the instigator of one of the disturbances

Name and Medical Designation, William Craigdallie M.D. L.R.C.P.E.

Place of Abode, Dumfries

DATED this 19th day of August One thousand eight hundred and Seventy eight years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh and Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Joseph Faulds and the said Joseph Faulds is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 & manner indicate Insanity of some kind

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Robertson informs me that he has noticed him for some time past conversing & muttering to himself

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St - Dumfries

DATED this 22 day of August One thousand eight hundred and 78 years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Laudydale Maitland Esquire (1) Honorary Sheriff Substitute of the (2) County of Dumfries — ——— having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor of the Parish of Dumfries, Certificates under the hands of William Marshall ——— and 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) Joseph Foulder Dumfries Poorhouse (a pauper) and that the said Joseph Foulder ——— is a (5), unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Foulder as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Foulder ——— ——— which accompanied the said Petition.

DATED this Twenty second day of August One thousand eight hundred and seventy eight years.

L Maitland

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2
214
Joseph Faulder
22 August
1878

2
214
Joseph Faulder
22 August
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Alexander Sharpe, Writer, Moffat

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Middleton of Riddingwood your Petitioner's (3) Brother-in-law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Middleton 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.

Alex. Sharpe.

(4) The date of the Petition must be within fourteen clear days following the date of the Medical Certification.

DATED this 23rd (4) day of August One thousand eight hundred and Seventy 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, | William Middleton |
| 2. Sex and Age, | Male - Sixty two years |
| 3. Married, Single, or Widowed, | Single. |
| 4. Condition of Life, and previous Occupation (if any), | Gentleman Farmer - |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Riddingwood, Kirkmahoe |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | One month |
| 9. Whether First Attack, | Second attack |
| 10. Age (if known) on First Attack, | Sixty one years |
| 11. When and where previously under Examination and Treatment, | Crichton Royal Institution Dumfries |
| 12. Duration of Existing Attack, | one month |
| 13. Supposed Cause, | Physical debility. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Yes. |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | His only Brother James Middleton is at present insane and an inmate of the Crichton Royal Institution |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23rd day of August One thousand eight hundred and Seventy eight.

(*To be signed by Party applying*) Alex. Sharpe

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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. M. Inman of Edinburgh, being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Haddleton Farmer Reddingwood and the said William Haddleton 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) States that he attempted to commit suicide that morning, (unwilling to go to the Asylum)

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Brother in Law informed me that he is very depressed - has been in the habit of

*Name and Medical Designation,* J. M. Inman

*Place of Abode,* 33 Castle St Dumfries

DATED this 23rd day of August One thousand eight hundred and 78

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Alexander Dale Maxwell being a (1) graduate of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 33 Castle Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Haddleton Farmer Reddingwood and the said William Haddleton 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) Melancholic appearance and demeanour. Is averse to speak and that very little is gone against. Some time ago he 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) Mr Black & Co. that he cried very piteously this morning and was in the Asylum before

*Name and Medical Designation,* A. D. Maxwell M.D.

*Place of Abode* 33 Castle St Dumfries

DATED this 23rd day of August One thousand eight hundred and seventy-eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, P. M. Murray
being (1) ~~Graduate of the University of Edinburgh~~
hereby certify, on soul and conscience, that I have this day, at (2) 33 Castle St Dumfries
in the County of Dumfries, seen and personally examined
William Haddleston Riddingwood, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

P. M. Murray M.D.

DATED this 23rd day of August One thousand eight hundred and 78.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Honorary Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander Sharpe
Writer Maxwelltown
Certificates under the hands of Patrick M. Murray —
and Alexander Dall Macdonald —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
William Haddleston Riddingwood Tinkermuir and that the said
William Haddleston is a (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 Haddleston — 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 yer herewith the said Medical Certificates, and a Statement regarding the said William Haddleston — which accompanied the said Petition.

DATED this ~~Twenty fourth~~ day of August One thousand eight hundred and seventy eight

L Maitland

*To the Superintendent of the* (7) Public
*Asylum of* ~~Crichton~~ Royal Institution
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1596

William Hiddleston

23 August

1874

— " —

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff — *of* ~~the~~ (2) Dumfries and ~~of~~ Galloway — *and his Substitutes,*—

The Petition of Mr Robert Smellie Merchant Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Barbara Little — your Petitioner's (3) Neighbour and acquaintance — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Barbara Little — 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.

Robert Smellie

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twentyfourth (4) day of August — One thousand eight hundred and Seventy Eight 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, | Barbara Little. |
| Sex and Age, | Female. Aged 35 years. |
| Married, Single, or Widowed, | Single |
| Condition of Life, and previous Occupation (if any), | Formerly a Governess. in Gentlemans. Family. |
| Religious Persuasion, so far as known, | Protestant. |
| Previous Place of Abode, | Drove Road Langholm. |
| Place where Found and Examined, | At her Residence Drove Road. Langholm |
| Length of time Insane, | For about twelve Months. But Gradually |
| Whether First Attack, (No.) | getting worse within the last three Months. |
| Age (if known) on First Attack, | About 23 years. |
| When and where previously under Examination and Treatment, | Southern Counties Asylum Dumfries. |
| Duration of Existing Attack, | For about twelve Months. |
| Supposed Cause, | Labours under some Mental delusions. |
| Whether subject to Epilepsy, | No. |
| Whether Suicidal, | No. |
| Whether Dangerous to others, | Has so far shown no Symptoms. |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| Date of becoming Chargeable, | — |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Little, Railway Porter Motherwell and Brother. Matthew Little. Half Brother Engineer London. — None Insane — But some of them rather simple. |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | None — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 24th day of August — One thousand eight hundred and Seventy Eight —

(*To be signed by Party applying*) Robert Smellie

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Robertson.
being a (1) Bachelor of Medicine and Master of Surgery of the University of Edinburgh - (MB & CM)
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Drove Road Langholm. in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Barbara Little - Drove Road Langholm
the said Barbara Little - is a (5) person of unsound mind. and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She considers [illegible] her hostile to her. She has delusions as that men [illegible] from good angels women from bad. She seems more [illegible] over parts of her former life which she mixes up together [illegible] incoherent manner and is unfit to take her place at [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: She refuses to take her food. She gets violent and breaks furniture glass &c. She goes out on the streets or [illegible] without having her clothes on (Mrs Harris & neighbours)

*Name and Medical Designation,* John Robertson MB CM

*Place of Abode,* Charles St Old - Langholm -

DATED this twenty third day of August One thousand [illegible] hundred and seventy eight.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Johnstone Carlyle
being a (1) Doctor of Medicine and Licentiate of Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Drove Road Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Barbara Little Drove Road
the said Barbara Little is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Frequently [illegible] under great mental excitement breaks furniture windows &c is quite incoherent. She labours under various delusions, such as her neighbours relatives blaming her for imaginary wrongs &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Goes out on to the street without almost any clothing on. She refuses her food. Mrs Jardine a neighbour also says she went on 11th inst. into the E.U Church here almost [illegible]

(Mrs Harris, Mrs Jardine & neighbours.)

*Name and Medical Designation,* W. J. Carlyle M.D. Surgeon

*Place of Abode* Langholm

DATED this 24th day of August One thousand [illegible] hundred and seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Smellie, Merchant Langholm Certificates under the hands of John Robertson and William Armstrong Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Barbara Little Grove Road Langholm and that the said Barbara Little, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Barbara Little as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Barbara Little, which accompanied the said Petition.

DATED this twenty seventh day of August One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Barbara Lilette
27 August
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff — of (2) Dumfries and Galloway — and his Substitutes.—

The Petition of John M'Knight Inspector of Poor Langholm.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine M'Lellan

(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 Catherine M'Lellan to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

John M'Knight Inspector of Poor Parish of Langholm

(4) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

DATED this Twenty sixth (4) day of August One thousand eight hundred and Seventy 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, | Catherine M'Lellan, |
| 2. Sex and Age, | Female aged 16 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Schoolgirl residing with her Parents. |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | Factory Entry Langholm |
| 7. Place where Found and Examined, | Factory Entry Langholm |
| 8. Length of time Insane, | Four Months |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | About Four Months |
| 13. Supposed Cause, | Supposed Irregular State of Body |
| 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, | Canonbie |
| 18. Date of becoming Chargeable, | 26th August 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 M'Lellan Father and Catherine Page or M'Lellan Mother Factory Entry Langholm 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 26th day of August One thousand eight hundred and Seventy Eight years

(*To be signed by Party applying*) John M'Knight Inspector of Poor Parish of Langholm

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Robertson being a (1) Bachelor of Medicine and Master of Surgery of the University of Edinburgh (MB & CM) and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Factory Entry - Langholm - in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Catherine McLellan - pauper Factory Entry - Langholm - and that the said Catherine McLellan 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) She considers her father hostile to her - and that her mother whom she alleges a devil incarnate has killed her a number of times - thinks she sees people and that they ask her questions while she both asks the questions and answers them herself.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Information to the same effect from her mother Catherine Page or McLellan - and her father Peter

*Name and Medical Designation,* John Robertson MB & CM

*Place of Abode,* Charles St Old - Langholm

DATED this twenty sixth day of August One thousand eight hundred and seventy eight -

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Johnstone Carlyle being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Factory Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Catherine McLelland Factory Entry, Langholm and that the said Catherine McLelland 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 very [illegible] in a state of excessive mental excitement [illegible] her mother has murdered her many times a day. Is quite incoherent in answering questions. When awake keeps up conversation with imaginary persons &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She frequently refuses food her mother says that her mother is going to murder her father says she cries out during the night at times so loud to annoy the neighbours saying they are devils.

*Name and Medical Designation,* W. J. Carlyle M.B. Lic.

*Place of Abode* Langholm

DATED this 26th day of August One thousand eight hundred and 78 -

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John McTonight, Inspector of Poor, Langholm Certificates under the hands of John Robertson, ——— and William Johnstone Carlyle, ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine McLellan, Factory entry, Langholm, Pauper and that the said Catherine McLellan — (is an) Insane person and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine McLellan ——— as a Patient into the (6) Public — Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine McLellan ——— which accompanied the said Petition.

DATED this twenty seventh day of August — One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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Catherine McLellan

27th August

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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~~ Dumfries and Galloway of Edinburgh and his Substitutes,—

The Petition of John Clark Forrest Banker Hamilton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Forrest of Treesbanks Parish of Glassford your Petitioner's (2) Elder Brother at present residing at Oakmount Lasswade under the care of Mr Parker medical man is at present in a state of Mental Derangement, and 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 Forrest ——— to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum. Your words &c &c.

John Clark Forrest

(2) State degree of relationship or other quality in which Petitioner stands to Lunatic.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 26th (4) day of August One thousand eight hundred and seventy 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, | David Forrest |
| 2. Sex and Age, | Male - Age 47 years. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | At one time Lawyers Clerk |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Oakmount Private Asylum Lasswade |
| 7. Place where Found and Examined, | Do. Do. |
| 8. Length of time Insane, | For about years. about 5 years |
| 9. Whether First Attack, | No |
| 10. Age (if known) on First Attack, | Unknown. |
| 11. When and where previously under Examination and Treatment, | Morningside Asylum - Gilmour House Asylum Gibston |
| 12. Duration of Existing Attack, | Do not know |
| 13. Supposed Cause, | Cannot say |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No, at least I think not |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Clark Forrest Banker Hamilton his immediately younger Brother who some years ago appointed his Curator Bonis by the Court of Session. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of August One thousand eight hundred and seventy eight years.

(*To be signed by Party applying*) John Forrest

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Walker Seunet.
being a (1) Graduate of St Andrews and a Licentiate of the Faculty of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Oakmount Lasswade Midlothian. in the County
separately from any other Medical Practitioner visited and personally examined (4) David Forest of Keeshaw in the Parish of Heriot, and
the said David Forest. is a (5) Lunatic
and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
1st His appearance - restless - and unclean in his habits
2nd His Conversation is absurd & not connected and unable to give a sensible answer to questions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By his brother - John Clark Forest -
"That he is quite unable to keep up a rational conversation and that he entertains absurd fancies about Railways &c. and that he has been so for the last twelve years.

*Name and Medical Designation,* Walter Walker Seunet

*Place of Abode,* Lasswade Midlothian

DATED this 23rd day of August One thousand eight hundred and seventy eight.

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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, Charles James Allan
being a (1) Member of the University of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Oakmount Lasswade Edinburgh
separately from any other Medical Practitioner visited and personally examined (4) David Forest - patient Oakmount Lasswade Midlothian and
the said David Forest is a (5) Lunatic
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6). Rambling conversation - Constantly talking to himself - preaching, and extravagant - Impossible to get a direct answer from him to any question

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
As above by Miss Saville - sister in Oakmount

*Name and Medical Designation,* Charles J. Allan

*Place of Abode* Lasswade

DATED this 24th day of August One thousand eight hundred and seventy eight 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, ~~Medical Practitioner~~ Alexander Thomson a doctor of being (1) ~~Graduate of the University of Edinburgh~~ Medicine hereby certify, on soul and conscience, that I have this day, at (2) Castle Street in the County of Dumfries, seen and personally examined David Forrest, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

£1

And I further certify that the case of the said person is one of Emergency.

Alex. Thomson MD &c.

DATED this 28th day of August. One thousand eight hundred and seventy eight. years.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Landale Maitland Esquire (3) Sheriff Substitute of the (4) Counties of ~~Edinburgh~~ Dumfries having had produced to me, with a Petition at the instance of (5) John Clark Forrest, Banker, Murthouse, Hamilton Certificates under the hands of Walter Walker Lennox, M.D. and Charles James Allan, 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 (6) David Forrest (Petitioners Brother) and that the said David Forrest, 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 David Forrest, as a Patient into the (8) Public Asylum of Dumfries Royal Infirmary, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Forrest which accompanied the said Petition.

DATED this Twenty ninth day of August One thousand eight hundred and seventy eight. Pro urbi dated.

Landale Maitland

*To the Superintendent of the (9) Public Asylum of Dumfries Royal Infirmary Dumfries.*

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, for a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

1597
David Forrest
28th August
1878
— " —

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the~~ (2)
of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Johnston, Inspector of Poor
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jemima Scott
your Petitioner's (3) pauper
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jemima Scott 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.

J. Johnston
Inspector of Poor for Penninghame

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty seventh (4) day of August One thousand eight hundred and seventy 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, | Jemima Scott |
| 2. Sex and Age, | female - 39 years |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | outdoor labourer. |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Knight Minton Stewart |
| 7. Place where Found and Examined, | same |
| 8. Length of time Insane, | about three weeks, occasional |
| 9. Whether first Attack, | No |
| 10. Age (if known) on first Attack, | about 34 years |
| 11. When and where previously under Examination and Treatment, | Dumfries Asylum |
| 12. Duration of existing Attack, | fitful attacks for last 3 weeks |
| 13. Supposed Cause, | was engaged to be married but man withdrew on learning parents insanity - Had child to him 6 weeks ago and has since been weak and distressed - |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes - Strangulation twice attempted |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Penninghame |
| 18. Date of becoming Chargeable, | 27 August 1878. |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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. Wm Scott. No - family all under average intelligence |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty seventh day of August One thousand eight hundred and Seventy eight years

(To be signed by Party applying) J. Johnston P. P
Inspector of Poor.

2

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217
Semina Scott
28 August
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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 & Galloway *and his Substitutes,*—

The Petition of ~~Archibald~~ John Jamieson Clough Johnstone Lettertie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Jamieson your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Jamieson 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 Luna.

John Jamieson
~~Archibald Jamieson~~
~~Brother~~

(4) The date of the Petition must be within fourteen clear days following the dates of Medical Certificates.

DATED this Third (4) day of September One thousand eight hundred and Seventy eight

## 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 Jamieson |
| Sex and Age, | Male. 40. |
| Married, Single, or Widowed, | Married. |
| Condition of Life, and previous Occupation (if any), | Farmer. |
| Religious Persuasion, so far as known, | Protestant. |
| Previous Place of Abode, | Kirkbank |
| Place where Found and Examined, | Kirkbank. |
| Length of time Insane, | 5 weeks |
| Whether First Attack, | Threatings before |
| Age (if known) on First Attack, | Don't Know. |
| When and where previously under Examination and Treatment, | No place. |
| Duration of Existing Attack, | 5 weeks. |
| Supposed Cause, | Unknown. aggravated by alcohol. |
| Whether subject to Epilepsy, | No. but brother was subject. |
| Whether Suicidal, | No tendency shown. |
| Whether Dangerous to others, | No. |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| Date of becoming Chargeable, | John |
| Christian Name and Surname, and Place of Abode of nearest known 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~~ Jamieson Clough. Johnstone. His brother (a doctor) Committed Suicide was supposed to be due to drinking |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this First day of September One thousand eight hundred and Seventy-eight.

(*To be signed by Party applying*) ~~John M. Davidson~~ John Jamieson

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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. Davidson being a (1) Brick Coy Medicine & Master of Surgery and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kirk Johnstone Parish in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Jamieson 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) Suspicious manner — Delusion Negaronis his wife's infidelity

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has turned his wife out. Has a dislike to two youngest children

*Name and Medical Designation,* John M. Davidson [illegible]

*Place of Abode,* Johnstone By Lockerbie

DATED this 1st day of September One thousand eight hundred and Seventy - Eight

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Jamieson, Tam Johnstone Clough 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) His stupid insane appearance & rambling incoherency of speech. Tells me that his wife has behaved wrongly to him but cannot explain how or when

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* John Smith [illegible]

*Place of Abode* 14 Castle St Dumfries

DATED this 3rd day of September One thousand eight hundred and 78.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes 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 Maxwell Davidson being (1) Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Kirkbank, Johnstone, in the County of Dumfries, seen and personally examined Robert Jamieson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John M Davidson

DATED this 1st September One thousand eight hundred and Seventy Eight.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Jamieson Clough Johnstone Lochrubie Certificates under the hands of John M. Davidson 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) Robert Jamieson, Farmer, Kirkbank, Johnstone (Pole's brother) 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 as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Jamieson, which accompanied the said Petition.

DATED this Fourth day of September One thousand eight hundred and seventy eight.

L Maitland

C.M.K.

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

1598
Robert Jamieson
2 September
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Shire~~
of Dumfries Galloway *and his Substitutes,—*

The Petition of Elspeth Currie or Rutherford,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Christina Rutherford,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) daughter

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Christina Rutherford to the Crichton Asylum and to sanction the admission into the said Asylum.

Elspeth Currie or Rutherford

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this second (4) day of September One thousand eight hundred and seventy eight

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Mary Christina Rutherford. |
| 2. Sex and Age, | female. 23 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Strawberry Bank. Ruthwell |
| 7. Place where Found and Examined, | Strawberry Bank Ruthwell |
| 8. Length of time Insane, | Two Months |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | Twenty four years |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of Existing Attack, | Two months |
| 13. Supposed Cause, | unknown —. |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Places of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Elspeth Currie or Rutherford Strawberry Bank. Ruthwell mother, no other member of family known to have been insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this second day of September One thousand eight hundred and seventy-eight

(*To be signed by Party applying*) Elspeth Currie or Rutherford

## MEDICAL CERTIFICATE, No. 1.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Strawberry Bank Parkmichael Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Mary Christina Rutherford Strawberry bank Parkmichael and the said Mary Christina Rutherford is a (5) person of Unsound mind and a proper Person to be detained 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 excited & violent appearance & rambling abusive statements & unreasonable accusations of every member of her family

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother informs me that during the last two months she is much changed in manner abusing every body without cause & becomes at times quite unmanageable. She behaves in a very unbecoming manner in church yesterday

*Name and Medical Designation,* John Smith M

*Place of Abode,* 14 Castle St Dumfries

DATED this second day of September One thousand eight hundred and 78.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, Thomas Reid being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Strawberry Bank Parkmichael Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Mary Christina Rutherford Strawberry Bank Parkmichael and the said Mary Christina Rutherford is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Violent & Furious, Wild accusations, and suspicions of harm from every person, paroxysms of passion coming on suddenly and without cause

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother says she leaves home and flies from people for delirious quarrels. Left an ornament in the Shandelier and cried out in the church

*Name and Medical Designation,* Thomas Reid M.B. C.M.

*Place of Abode* Dumfries

DATED this second day of September One thousand eight hundred and seventy eight.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Elspeth Currie or Rutherford Strawberry Bank Kirkmichael, Certificates under the hands of John Smith and Thomas Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Christina Rutherford Strawberry Bank (Kirkmichael) (Petro Daughter) and that the said Mary Christina Rutherford is a (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 Christina Rutherford 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 Christina Rutherford which accompanied the said Petition.

DATED this Second day of September, One thousand eight hundred and seventy eight.

L Maitland

Cmt.

*To the Superintendent of the* (7) Public
*Asylum of*
Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2

1599

Mary Christina
Rutherford
2 September
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff —— (~~substitute~~) (2)
of Dumfries and Galloway and his Substitutes for Wigtownshire

The Petition of Robert Hugh Radford, Inspector of Poor for the Parish of Kirkcowan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Nathaniel McConnell 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 Nathaniel McConnell to the Dumfries & Galloway Asylum ~~institution for Lunatics~~ and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

R H Radford Insp.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourth (4) day of September One thousand eight hundred and Twenty 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, | Nathaniel McConnell |
| 2. Sex and Age, | Male – age unknown. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Porter |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Glebe Street Stranraer |
| 7. Place where Found and Examined, | Police cells Stranraer front House |
| 8. Length of time Insane, | not known |
| 9. Whether First Attack, | — |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | — |
| 13. Supposed Cause, | — |
| 14. Whether subject to Epilepsy, | not known |
| 15. Whether Suicidal, | no. |
| 16. Whether Dangerous to others, | yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | at present chargable to Leswalt Parish. |
| 18. Date of becoming Chargeable, | ~~Fourth~~ September 1878. |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Not known. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | McConnells mother the only relative in this part of the country so far as known is dead, the Petitioner has no source to get informations in order to answer the above. |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of September One thousand eight hundred and Twenty Eight
(Five words deleted before signing)

(*To be signed by Party applying*) R H Radford Insp.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Easton being a (1) Doctor of medicine & Licentiate of the College of Surgeons Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Police Office Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Nathaniel Mc Connell and that the said Nathaniel Mc Connell 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) He is very excited and wild looking, is constantly talking in an incoherent manner. Claims under a great variety of delusions. He says that he is a member of the Hamilton families in the neighbourhood that he can whistle steam whenever he likes & that he has great influence with the Earl of Stair. &c &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Says that yesterday Mc Connell was walking about the streets all but naked in an unseemly manner, singing in an excited manner into various houses & acting about this locality. That he attacked a child that happened to be passing & several attempts to injure others. And of his conduct causing a great disturbance & has policemen to have him removed to the Office. That for some months past he has gradually getting worse and that he has become a great nuisance

Name and Medical Designation, David Easton M.D.

Place of Abode, Stranraer

DATED this 4th day of Sept One thousand eight hundred and seventy eight years.

to be taken. Superintendent Macneil & Constable Cochrane corroborate above.

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians of Edinburgh and a Licentiate of the Faculty of Physicians & Surgeons and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) The Police Office Stranaer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Nathaniel McConnell and that the said Nathaniel McConnell is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks in a very excited manner. He claims relationship with most of the County Gentlemen. for instance he says he is grandson Uncle to the Earl of Stair. He has a whistle which he blows and by this act he can do anything.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Superintendent McNeil says he gets outrageous on the streets and attacks boys without any cause. Yesterday he attacked a little girl in Church St and threw her violently on the street and bruised her face. Yesterday he was walking about the streets with his coat open and appeared to have no clothes below.

Name and Medical Designation, Hugh Cochrane M.R.C.P.E.

Place of Abode Stranaer

DATED this 4th day of September One thousand eight hundred and seventy eight years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Robert Hugh Bradford Inspector of Poor for the parish of ~~Stranraer~~ Leswalt Certificates under the hands of David Easton M. D. Stranraer and Hugh Cochran M.D. there, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Nathaniel McConnell, Porter Stranraer and that the said Nathaniel McConnell is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Nathaniel McConnell as a Patient into the (6) Southern Counties Asylum of Dumfries (Public) 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 Nathaniel McConnell which accompanied the said Petition.

DATED this fourth day of September One thousand eight hundred and seventy eight — One Word deleted before signing

P. MacLean
Sheriff Substitute

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2

2
218
Nathaniel McConnell
5th September
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Counties *of* Dumfries & Galloway *and his Substitutes—*

The Petition of William Wells 2 East Brougham Place Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Wells your Petitioner's (3) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Wells to the Northern Counties Asylum and to sanction the admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 9th (4) day of Sept One thousand eight hundred and Seventy eight

William Wells

## STATEMENT.

*If any 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 Wells |
| 2. Sex and Age, | Female 45 years of age |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | Asylum Attendant |
| 5. Religious Persuasion, so far as known, | Apostolic Catholic |
| 6. Previous Place of Abode, | Institution |
| 7. Place where Found and Examined, | 30 College St |
| 8. Length of time Insane, | at intervals for 12 years |
| 9. Whether first Attack, | No |
| 10. Age (if known) on first Attack, | 33 years |
| 11. When and where previously under Examination and Treatment, | Dumfries Asylum |
| 12. Duration of existing Attack, | One Months |
| 13. Supposed Cause, | No known cause |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | None |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | William Wells 2 East Brougham Place Edinburgh. Father. No other relative known to be |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 9th day of Sept One thousand eight hundred and Seventy eight

(*To be Signed by Party applying*) William Wells

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall Macdonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 30 College Mansell Lawn, Kirkcudbright in the County of separately from any other Medical Practitioner visited and personally examined (4) Jane Wells 30 College & Mansell Lawn, Kirkcudbright and that the said Jane Wells is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a peculiar vacant Wrapt Minded appearance, keeps herself constantly employed at times, Catches at flies, Covers herself with Cabbage Plants and has other delusions such as that she was born in an asylum Greenock and has left her clothes and went into the town

(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, A D Macdonald

Place of Abode, 18 Castle St - Dumfries

Dated this 24th day of Sept One thousand eight hundred and eighty-eight.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 30 College Mansell Lawn, Kirkcudbright in the County of separately from any other Medical Practitioner visited and personally examined (4) Jane Wells. 30 College Mansell Lawn. in company with Dr Stenhouse and the said Jane Wells 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) Her manner appearance & many delusions. States that oil is constantly coming out of her body.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Douglas informs me that she has been very peculiar in her manners, & amongst other attempted to go into the river with a dog & delusions as to being subjects

Name and Medical Designation, John Smith M.B.

Place of Abode, 14 Castle St. Dumfries

Dated this 9th day of September One thousand eight hundred and 88.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, Alexander Ball MacDonald being (2) a Parish Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 30 College St Maxwelltown in the County of Kirkcudbright, seen and personally examined Jane Wells, and that the said Jane Wells person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A D MacDonald MD

Dated this 9th day of Sept. One thousand eight hundred and seventy eight

(2) State medical qualification. (3) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff (1) Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Wells 2 East Broughton Place Edinburgh Certificates under the hands of Alexander Ball MacDonald and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Wells 30 College Street Maxwelltown and that the said Jane Wells is a (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 Wells as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Wells which accompanied the said Petition.

Dated this Ninth day of September One thousand eight hundred and seventy eight

David Boyle Hope

*To the Superintendent of the (7)* Public *Asylum of* Southern Counties

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
214
Jane Wells
10th September
1878

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.

Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) The Sheriff of the (2) Counties of Dumfries & Galloway and his Substitutes,—

The Petition of John Drummond Carlisle.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas MacKenith

(3) State degree of Relationship or other reason in which Petitioner stands to Lunatic.

your Petitioner's (3) Uncle is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas MacKenith to the Crichton Royal Institution and to sanction his admission into the said Asylum

John Drummond

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Sept~~ 9th (4) day of Sept One thousand eight hundred and 78

### STATEMENT.

*If any 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 MacKenith |
| 2. Sex and Age, | Male 60 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Commission Agent |
| 5. Religious Persuasion, so far as known, | Church of England |
| 6. Previous Place of Abode, | 6 George Street |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | A week |
| 9. Whether First Attack, | ~~Yes~~ Yes |
| 10. Age (if known) on First Attack, | ~~59 years~~ |
| 11. When and where previously under Examination and Treatment, | A week |
| 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, | None |
| 18. Date of becoming Chargeable, | None |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Drummond Lybank Dumfries Brother Jessie MacKenith. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 9th day of Sept One thousand eight hundred and 78

(*To be signed by Party applying*) John Drummond

P. P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians [illegible] Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle [illegible] Dumfries in the County [illegible] Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Mackereth Commercial Traveller, Carlisle, and that the said Thomas Mackereth is a (5) person of unsound mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

His facial expression indicates mental disease —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Is under the impression that people will kill him — He fancies that his soul is forever — Very excitable at times —

*Name and Medical Designation,* John Cunningham

*Place of Abode,* 25 Castle Street

DATED this 9th day of September One thousand [illegible] hundred and seventy eight

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 and of the Faculty of Physicians & Surgeons in [illegible] and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Court House Dumfries in the County [illegible] separately from any other Medical Practitioner visited and personally examined (4) Thomas Mackereth, Commercial Traveller, Carlisle and that the said Thomas Mackereth is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 and vacant in the expression of his [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr Drinkall informs me that he suffers from delusions, and at times is more excited.

*Name and Medical Designation,* Hugh Cunningham L.R.[illegible] L.F.[illegible]

*Place of Abode* 25 Castle Street, Dumfries

DATED this Ninth day of September One thousand [illegible] hundred and seventy eight years —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned John Cunningham being (1) Licentiate of the Royal College of Physicians & Surgeons Edin. hereby certify, on soul and conscience, that I have this day, at (2) 25 Castle St, Dumfries in the County of Dumfries, seen and personally examined Thomas Mackreith, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Cunningham Mrs RCPS Ed

DATED this 9th day of September One thousand eight hundred and seventy eight

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Drinkall Aglionby Carlisle Certificates under the hands of John Cunningham and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas MacKreith 6 George Street Carlisle and that the said Thomas MacKreith is a (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 MacKreith as a Patient into the (6) Public Asylum of Crichton Royal 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 MacKreith which accompanied the said Petition.

DATED this Ninth day of September One thousand eight hundred and seventy eight

L Maitland

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

1601
Thomas Mackerith
9 September
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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 (1)~~ of Dumfries and Galloway *and his Substitutes*—

The Petition of David Smith Assistant Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Dickson Labourer 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 Hugh Dickson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(2) State degree of Relationship, or other capacity which Petitioner stands to Lunatic.

DATED this thirteenth (3) day of September One thousand eight hundred and seventy eight

D Smith Asst Inspector

(3) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

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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, | Hugh Dickson |
| 2. Sex and Age, | Male 29 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | Labourer |
| 5. Religious Persuasion, so far as known, | protestant |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | Police Office Dumfries |
| 8. Length of time Insane, | a few days |
| 9. Whether first Attack, | No |
| 10. Age (if known) on first Attack, | 29 yrs |
| 11. When and where previously under Examination and Treatment, | Southern Counties Asylum |
| 12. Duration of existing Attack, | a few days |
| 13. Supposed Cause, | Intemperance |
| 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 Colinton |
| 18. Date of becoming Chargeable, | 11 Sept 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Dickson his Uncle not Known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this thirteenth day of September One thousand eight hundred and seventy eight

(*To be Signed by Party applying*) D Smith Asst Insp$^{r}$

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 the University of Glasgow &c - Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Police Office, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Hugh Dickson, Labourer, no fixed residence, and the said Hugh Dickson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Violent behaviour incoherent speech and general appearance.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by Miles Mc Innes, night Sergeant of police, that he acted in a very violent manner & smashed his head against the gaol wall broke window

*Name and Medical Designation,* Alex Thomson

*Place of Abode,* 27 Lewis Street Dumfries

DATED this Eleventh day of September One thousand eight hundred and seventy eight 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, being a (1) Graduate of the faculty of Physicians & Surgeons Glasgow and Fellow of the College of Physicians and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Police office Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Hugh Dickson (a pauper) and the said Hugh Dickson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Long incoherent talk, violent and furious demeanour and conduct so as to be dangerous to be at large

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The police state that he conducted himself in the Police office on yesterday with a violent temper

*Name and Medical Designation,* Marshall M.D. &c

*Place of Abode,* Dumfries

DATED this 11th day of Sept One thousand eight hundred and Seventy eight 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) the Burgh Police Office in the County of Dumfries, seen and personally examined Hugh Dickson, labourer, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson MD

Dated this Eleventh day of September One thousand eight hundred and seventy eight years.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) David Smith, Assistant Inspector of Poor, Dumfries Certificates under the hands of Alexander Thomson, and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Dickson, labourer, (Pauper) Police Office Dumfries, and that the said Hugh Dickson, 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 Hugh Dickson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Dickson, which accompanied the said Petition.

Dated this Thirteenth day of September One thousand eight hundred and seventy eight years.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of Southern Counties. Dumfries.*

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, or Private.

2

2
220
Hugh Dickson
11th September
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of Andrew Lorimer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Lorimer

(2) State degree of Relationship or other quality 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 David Lorimer to the Crichton Institution and to sanction his admission into the the said Asylum.

Andrew Lorimer

(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 September One thousand eight hundred and Twenty eight

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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, | David Lorimer |
| 2. Sex and Age, | Male - 25 - |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Farmers son. Ironmonger |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | North Shields |
| 7. Place where Found and Examined, | Borland, Parton |
| 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, | — |
| 12. Duration of existing Attack, | 4 weeks |
| 13. Supposed Cause, | Overwork both mentally |
| 14. Whether subject to Epilepsy, | — |
| 15. Whether Suicidal, | Rather |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Andrew Lorimer Borland Parton, Kirkindbrightshire An Aunt slightly so |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of Sep One thousand eight hundred and Twenty eight

(*To be signed by Party applying*) Andrew Lorimer

P. p

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Boreland [illegible] in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) David Lorimer and that the said David Lorimer is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 melancholic. Can scarcely be got to speak - at times [illegible] excited look at which time he is suspicious [illegible] fear of being sought after

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father says he passes sleepless nights in constant dread of some calamity [illegible] himself or others from some fancied [illegible] committed

*Name and Medical Designation,* Walter Lorraine [illegible]

*Place of Abode,* Castle Douglas

DATED this Eleventh day of September One thousand eight hundred and seventy eight years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Nivison being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Boreland [illegible] in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) David Lorimer and that the said David Lorimer is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 & melancholic. Seems to be in [illegible] and is suspicious of soldiers & policemen. It is with difficulty he can be induced [illegible] or answer questions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father says he is restless at night & [illegible] in fear of some dreadful punishment [illegible] - count of some awful crime he thinks he [illegible] committed

*Name and Medical Designation,* John Nivison M.B. & C.M.

*Place of Abode,* Castle Douglas

DATED this Eleventh day of September One thousand eight hundred and Seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland Honorary (3) Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Andrew Lorimer, Boreland, Parton, Kirkcudbrightshire.
Certificates under the hands of Walter Lorraine
and John Nivison , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Lorimer, Boreland, Parton, Kirkcudbrightshire and that the said David Lorimer is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Lorimer as a Patient into the (6) Public Asylum of Creighton 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 David Lorimer which accompanied the said Petition.

DATED this Twelfth day of September One thousand eight hundred and seventy eight years.

L Maitland

*To the Superintendent of the* (7) Public
*Asylum of* Creighton Institution.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1602

David Lorimer

12th September

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

*Unto the Honourable the* (1) Sheriff *of the* (2) Court of Dumfries *and his Substitutes,*—

The Petition of John Lowden Inspector of Poor of the Parish of Ur humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Berries 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 Berries to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

John Lowden Inspector

DATED this 17th day of September One thousand eight hundred and Seventy eight 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, | Mary Berries |
| Sex and Age, | female. aged 56 years |
| Married, Single, or Widowed, | Widow |
| Condition of Life, and previous Occupation (if any), | Protestant |
| Religious Persuasion, so far as known, | Castle Douglas |
| Previous Place of Abode, | Castle Douglas |
| Place where Found and Examined, | yes |
| Length of time Insane, | |
| Whether first Attack, | |
| Age (if known) on first Attack, | |
| When and where previously under Examination and Treatment, | cannot say no |
| Duration of existing Attack, | |
| Supposed Cause, | |
| Whether subject to Epilepsy, | |
| Whether Suicidal, | |
| Whether Dangerous to others, | |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Parish of Urr |
| Date of becoming Chargeable, | 14th September 1878 |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | William Mc Morrie. father. None of his family or relations were ever 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 14th day of September One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) John Lowden Inspector

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mary Herries, a pauper from Castle Douglas and that the said Mary Herries is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Her general appearance and excited and incoherent conversation

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Told by Mr. Sowden, Inspector of Poor parish of Urr, that she has for some time been excited, and restless, and threatened to drown herself

*Name and Medical Designation,* Alex. Thomson M.D.

*Place of Abode,* Castle Street - Dumfries

DATED this Seventeenth day of September One thousand eight hundred and Seventy Eight years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 20 Castle Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Herries, pauper from Castle Douglas and that the said Mary Herries is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She is peculiarly excited, talking wrong often incoherently. Says she lately lost [illegible] of her temper.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Told by Mr. Snowden. she has lately become [illegible] and excited. using threatening language.

*Name and Medical Designation,* W. S. Kerr M.D.

*Place of Abode,* Dumfries

DATED this 17th day of Sept. One thousand eight hundred and Seventy eight 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) Walter Lorraine a Graduate of Edin: University hereby certify, on soul and conscience, that I have this day, at (2) Queen St Castle Douglas in the County of Kirkcudbright, seen and personally examined Mary McMorrine or Herries, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Walter Lorraine MB.

DATED this 14th day of September One thousand eight hundred and seventy eight

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland Thomson Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) John Lowden Inspector of Poor Urr Certificates under the hands of Alexander Thomson and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Mary Herries Castle Douglas a pauper and that the said Mary Herries 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 Herries as a Patient into the (7) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Herries which accompanied the said Petition.

DATED this Seventeenth day of September One thousand eight hundred and seventy eight years

L Maitland Thomson

*To the Superintendent of the (8)* Public *Asylum of* Southern Counties

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2
222
Mary Herries
17th September
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict. Cap.* 71 *Sect.* 34.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

*Unto the Honourable the* (*) Sheriff ~~*of the* (*)~~ County of Dumfries and his Substitutes,—

The Petition of John Stark, Inspector of Poor, Johnstone humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Nichol is at present in a state of Mental Derangement, and 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 Nichol to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(Signed) John Stark

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this thirteenth (*) day of September One thousand eight hundred and seventy-eight.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Nichol |
| 2. Sex and Age, | Male. 46 yrs. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Teacher till 10 yrs ago (latterly nil) |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | no fixed place of abode for 10 yrs. |
| 7. Place where Found and Examined, | Johnstone Bridge, Parish of Johnstone |
| 8. Length of time Insane, | more or less for 10 yrs |
| 9. Whether first attack, | No |
| 10. Age (if known) on first Attack, | 36 yrs. |
| 11. When and where previously under Examination and Treatment, | Southern Cos. Asylum, Dumfries |
| 12. Duration of existing Attack, | 4 mos. since he became visibly worse |
| 13. Supposed Cause, | not known |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Not so far as his mother knows. |
| 16. Whether Dangerous to others, | At times he is violent |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Johnstone, which claims on Hutton & Holywood |
| 18. Date of becoming Chargeable, | 30 Sept 1878. |
| 19. Christian Name 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, | Marion Little or Nichol, Johnstone Bridge Not so far as is known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signed)* Name, John Stark

Dated this thirteenth day of September One thousand eight hundred and seventy eight

* To be signed by the Party applying.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Maxwell Davidson being a (1) Bachelor of Medicine and a Master of Surgery and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Johnston Burgh, Parish of Johnstone in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Nichol, Pauper Johnstone Burgh. and that the said John Nichol is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
   Shy suspicious manner.
   Peculiar nervous humour.
   Sleeplessness & restless roving about.
   Complains of a fulness & confusion in the head.
   Has changed nothing on religious topics.
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
   Violent bursts of temper.
   Believes that his friends are drugging him.
   Has slept some nights with his razor under his pillow.
   Great desire for solitude.
   Has threatened to stab his mother and sister.

(SIGNED) Name and Medical Designation, John M Davidson MB. Cm

Place of Abode, Johnstone Burgh By Lockerbie

DATED this Thirtieth day of September One thousand eight hundred and Seventy-Eight.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Maclachlan being a (1) Bachelor of Medicine & a Master of Surgery and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Johnstone Bridge, Johnstone Parish — in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Nichol, Pauper Johnston Burgh and that the said John Nichol is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, And that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Unhealthy & restless demeanour, constantly shifting his position, sleeplessness, great concern about thoughts which run into his head about Heaven, God, the Crucifixion & other things. Two nights ago a noise whispered something into his ear & he awoke, who human forms in his room & was afraid.
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother states that he sleeps little, is never resting wandering about both night & day, has once or twice tried to finish her as also his sister. Upon one occasion had a razor concealed under his pillow.

(SIGNED) Name and Medical Designation, James Maclachlan M.B. & C.M.

Place of Abode, Lockerbie

DATED this thirtieth day of Sept. One thousand eight hundred and Seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)*

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that is a (1) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

*Name,* _____

*Place of Abode,* _____

DATED this day of One thousand eight hundred and

(1) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Stark Inspector of Poor, Johnstone Certificates under the hands of John Maxwell Davidson and James Maclachlan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John ~~Maxwell Davidson~~ Nichol, Retired Teacher, Johnstone Bridge (a Pauper) and that the said John Nichol is a (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 Nichol as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Nichol which accompanied the said Petition. Two words deleted.

(~~SIGNED~~) David Boyle Hope

DATED this Second day of October, One thousand eight hundred and seventy eight.

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

2

2
223
John Nichol
2 October
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form 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 Dumfries & Kirkcudbright ~~of the~~ (2) ~~Stewartry~~ of ~~Kirkcudbright~~ *and his Substitutes,*—

The Petition of Rose Wilson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Kennedy

(3) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Cousin

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Kennedy to the Creighton Institution and to sanction her admission into the said Asylum.

Rose Wilson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this fourth (4) day of October One thousand eight hundred and Seventy 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, | Jane Kennedy |
| 2. Sex and Age, | Female 70 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | no particular occupation |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Gatehouse |
| 7. Place where Found and Examined, | Gatehouse |
| 8. Length of time Insane, | 3 weeks |
| 9. Whether First Attack, | second attack |
| 10. Age (if known) on First Attack, | 45 years, at the Creighton |
| 11. When and where previously under Examination and Treatment, | institution, less than a year |
| 12. Duration of Existing Attack, | religious despair |
| 13. Supposed Cause, | no |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mary Kemp her sister resides in Gatehouse, no member of the family insane before |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this fourth day of October One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) Rose Wilson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Nichol Cox
being a (1) Licentiate of the Royal College of
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Fleet Street
Lutterworth & Church Street Kirkcudbright in the County
visited and personally examined (4) Jane Kennedy separately from any other Medical Practitioner
the said Jane 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) Religious delusions
refusing food

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Believes she is possessed of a devil - violent & violence

*Name and Medical Designation,* James Nichol Cox, Surgeon

*Place of Abode,* Lutterworth & Church Street

DATED this fourth day of October One thousand
hundred and seventy-eight

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 (2) M.D. & Edin. & Surgeon
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright
Kirkcudbright in the County
visited and personally examined (4) Jane Kennedy separately from any other Medical Practitioner
the said Jane 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) Refuses food
Gives Religious Monomania - Sleeplessness
Loss of flesh &c. -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She believes her soul to be lost - violence
in her conduct &c.

*Name and Medical Designation,* Wm Johnstone M.D.

*Place of Abode* Kirkcudbright -

DATED this fourth day of October One thousand eight
hundred and seventy eight -.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson (1) Esqr Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Rose Wilson

Certificates under the hands of Richard Coe and William Johnstone, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics; and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Kennedy and that the said Jane 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 Jane Kennedy 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 Jane Kennedy which accompanied the said Petition.

DATED this fourth day of October One thousand eight hundred and Seventy eight

Alex. Nicolson

*To the Superintendent of the (7) ~~Southern~~ Crichton Asylum of Dumfries.*

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1604
Jane Kennedy
4th october
1878

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 Dumfries ~~Shire~~ & Galloway *of the* (2) *and his Substitutes*—

The Petition of William Wilson Inspr. of Poor Holywood humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Selkirk your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Selkirk 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.

Dated this Fourteenth (4) day of October One thousand eight hundred and Seventy Eight years.

William Wilson Inspr.

(4) The date of the Petition must be within four-ten 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 Selkirk |
| 2. Sex and Age, | Male 42 years |
| 3. Married, Single, or Widowed, | Married - |
| 4. Condition of Life, and previous occupation (if any), | Stockingmaker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Holywood |
| 7. Place where Found and Examined, | Holywood |
| 8. Length of time Insane, | 3 Weeks - |
| 9. Whether first Attack, | Yes - |
| 10. Age (if known) on first Attack, | 42 years |
| 11. When and where previously under Examination and Treatment, | — — — — |
| 12. Duration of existing Attack, | 3 Weeks - |
| 13. Supposed Cause, | — — |
| 14. Whether subject to Epilepsy, | — No — — |
| 15. Whether Suicidal, | — No — |
| 16. Whether Dangerous to others, | — — |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Holywood. |
| 18. Date of becoming Chargeable, | 12th October 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Newlands. Wife. Holywood — — — — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — — — — |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourteenth day of October One thousand eight hundred and Seventy Eight years —

(*To be Signed by Party applying*) William Wilson Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Holywood Hill in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Selkirk, Stockmaker, Pauper and the said William Selkirk is a (5) Insane of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane appearance & delusions. Tells me that God has told him that there is a man in his house who will shoot him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he is constantly in terror of being shot & that he cannot sleep at night for fear. His looks & actions frighten her very much

*Name and Medical Designation,* John Smith M.D.

*Place of Abode,* 14 Castle St. Dumfries

DATED this 12th day of October One thousand eight hundred and 78 years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Scott being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Southern Asylum in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Selkirk Stockmaker Pauper and the said William Selkirk 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 states that he is freightened for strangers shooting at him and rendered him incapable for work.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of Poor of Holywood statement as above

*Name and Medical Designation,* Wm Scott MD

*Place of Abode,* Dumfries

DATED this 14th day of October One thousand eight hundred and seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Holywood Village in the County of Dumfries, seen and personally examined William Selkirk, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD FC

DATED this 12th day of October One thousand eight hundred and 78 years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) William Wilson Inspector of Poor Holywood Certificates under the hands of John Smith and William Scott; being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) William Selkirk Stockinmaker, Holywood Village (Dumfries) and that the said William Selkirk is (6) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Selkirk as a Patient into the (7) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Selkirk which accompanied the said Petition.

DATED the Fourteenth day of October One thousand eight hundred and seventy eight.

David Boyle Hope

To the Superintendent of the (8) Public Asylum at Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2
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William Selkirk
12th October
1878

[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

# ICATION TO THE GENERAL BOARD OF LUNACY TO GRANT NSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

undersigned
sirous to transfer William Carruthers
nt a Patient in Ayr District Asylum and (1)
uper Lunatic of the Parish of Tinwald
from the said Asylum to the
outhern Counties Asylum Dumfries
hereby request the authority of
rd to such transfer; and I subjoin a Statement of Particulars regarding the said
and a Medical Certificate with
to his mental and bodily condition.

William Cowan
(2) Inspector of Poor

(1) *If Lunatic is not a Pauper*; detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper*: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

VED at Tinwald this first day of October
usand eight hundred and Seventy Eight

## STATEMENT.

| | |
|---|---|
| stian Name and Surname of Patient at length, | William Carruthers |
| and Age, | Male: 32 years |
| ied, Single, or Widowed, | Married |
| dition of Life, and Previous Occupation if any), | Mineral borer |
| gious Persuasion, so far as known, | Protestant |
| e of Admission into Asylum, | 15th July 1878 |
| gth of time Insane, | nearly 3 months |
| ther first Attack, | No- third attack |
| (if known) on first Attack, | 24 years |
| ation of existing Attack, | nearly 3 months |
| osed Cause, | Unknown |
| ther subject to Epilepsy, | No |
| ther Suicidal, | No |
| ther Dangerous to others, | |
| sh to which the Lunatic (if a Pauper) is Chargeable, | Tinwald |
| istian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane, | Margt. Lees or Carruthers Wife Cumside. Stair Ayrshire |

ertify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) William Cowan

TED this first day of October One thousand eight
d and Seventy Eight

*B.*—The foregoing particulars are required for the information of the authorities to
are the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Charles H Stace being (1) an M.D. & L.R.C.S.E. hereby certify that I have this day at (2) the Ayr County A personally examined William Carruthers at prese Patient in said Asylum, and with respect to his Mental State that he is demented, & carity [illegible] sometimes rustles

(1) State Medical Qualification.
(2) Name Asylum.

; and with respect to Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily dition of the Patient to contraindicate removal to the ~~Asylum of~~ South Counties Asylum, Dumfries

Charles H Stace

DATED this 3d day of October One thousand hundred and 78

---

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sher*

Application having been made to the Board by (1) the Inspector Poor, of Tinwald to authorize the transfer of William Carruthers from Ayr District Asylum to Dumfri Royal Asylum, and the Board having considered such application the accompanying Medical Certificate, do hereby authorize the transfer (2) of the William Carruthers as requested.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

John Sibbald Commission

DATED at Edinburgh, this Fourth day of October thousand eight hundred and seventy-eight.

Date of Sheriff's Order — 16th Jul

2/225

William Carruthers 12th October 1878

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Hastings, Coachman, Nottebank, humbly sheweth that it appears from the subjoined Statement and accompanying Thornhill Medical Certificates, that Robina Hastings, your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robina Hastings to the Southern Counties, Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other Security in which Petitioner stands to Lunatic.

John Hastings

DATED this Fourteenth (4) day of October, — One thousand eight hundred and seventy eight.

(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, | Robina Hastings |
| 2. Sex and Age, | 39 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | |
| 5. Religious Persuasion, so far as known, | Evangelical Union |
| 6. Previous Place of Abode, | Fardingbank in Durrisdeer. |
| 7. Place where Found and Examined, | Thornhill |
| 8. Length of time Insane, | About Six weeks. |
| 9. Whether first Attack, | First Attack as far as known. |
| 10. Age (if known) on first Attack, | — 39 |
| 11. When and where previously under Examination and Treatment, | — Never previously under treatment. |
| 12. Duration of existing Attack, | |
| 13. Supposed Cause, | Likely to have been constitutional ailment |
| 14. Whether subject to Epilepsy, | Not subject to Epilepsy |
| 15. Whether Suicidal, | Not decided but indicated |
| 16. Whether Dangerous to others, | Scarcely Dangerous |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | ~~[illegible]~~ Not chargeable |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Hastings, her brother (above designed.) |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | No further remarks. |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 18th day of October One thousand eight hundred and seventy eight (*To be signed by Party applying*) John Hastings

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Thomas Boyle Grierson being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thornhill Mortonhall Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robina Hastings, the said Robina Hastings 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) Violent actions spoke all to herself she was without reason had no comprehension of where she was and if she knew any of her friends that were about her from this condition would not recognise them at times natured toast.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother and other friends spoke of her violence that she would injure those near her and that at first she threatened to destroy herself.

Name and Medical Designation, Thos Grierson

Place of Abode, Thornhill Morton.

Dated this 12th day of October One thousand eight hundred and Seventy eight.

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Smith being a (1) Licentiate of Edinburgh hereby Physician & Surgeon and being in actual practice as a (2) 14 Castle Dumfries hereby certify, on soul and conscience, that I have this day, at (3) Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robina Hastings. Patient Hastings bank. Dumfries the said Robina Hastings is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She was melancholic appearance & incoherency of Cannot enter into conversation or answer properly.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Brother informs me that during the last six weeks she has been quite insane at first threatening to commit suicide & to injure those near her melancholic & Lunatic in nature.

Name and Medical Designation, John Smith

Place of Abode, 14 Castle D Dumfries

Dated this 12th day of October One thousand eight hundred and 78 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 Boyle Grierson being (1) Licentiate of the Royal College of Surgeons, Edinburgh, hereby certify, on soul and conscience, that I have this day, at (2) Thornhill in the County of Dumfries, seen and personally examined Rebecca Hastings, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

T B Grierson

DATED this 12th day of October One thousand eight hundred and Seventy eight

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Hastings Coachman Nithbank Thornhill Certificates under the hands of Thomas Boyle Grierson and 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) Robina Hastings, Fardingbank, Durisdeer (Petrs Sister) and that the said Robina Hastings is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robina Hastings as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robina Hastings which accompanied the said Petition.

DATED this Fourteenth day of October, One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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Robina Hastings
12th october
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form 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, Office or Stewartry.

*Unto the Honourable the* (3) Sheriff ~~of the (3)~~ County of Dumfries ~~Sine~~ & Galloway *and his Substitutes*—

The Petition of William Dinkale residing in Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mackereth your Petitioner's (3) Cousin is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Mackereth to the Crichton Asylum and to sanction his admission into the said Asylum.

State degree of Relationship, or other capacity in which Petitioner stands to lunatic.

William Dinkale

The date of the Petition must be within four-teen clear days following the dates of the Medical Certificates.

Dated this 19 (4) day of October One thousand eight hundred and seventy 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, | John Mackereth |
| 2. Sex and Age, | Male Thirty One |
| 3. Married, Single, or Widowed, | Widower |
| 4. Condition of Life, and previous occupation (if any), | Commercial Traveller |
| 5. Religious Persuasion, so far as known, | Not Known |
| 6. Previous Place of Abode, | 6 George Street Carlisle |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | Eight weeks |
| 9. Whether first Attack, | Yes |
| 10. Age (if known) on first Attack, | |
| 11. When and where previously under Examination and Treatment, | Carlisle |
| 12. Duration of existing Attack, | Eight weeks |
| 13. Supposed Cause, | Iniatory |
| 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, | Carlisle |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Mackereth 6 George St Carlisle Father Yes Father |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 19 day of October One thousand eight hundred and seventy eight

(To be Signed by Party applying) William Dinkale

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh Univ. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Mackereth, Cabinet Travelling, Carlisle at the said John Mackereth is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 silly appearance & erroneous ideas regarding his abilities & doings.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Charles Gray his attendant informs me that during the last 8 weeks he has been quite insane & unable to manage affairs

*Name and Medical Designation,* John Smith

*Place of Abode,* 14 Castle St. Dumfries

DATED this 19th day of October One thousand hundred and 78 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, Henry Lee Norris Jr being a (1) Graduate of the Universal University (Mt. and Recentiate of the Royal College of Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Mackereth and the said John Mackereth is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Agitated bearing Marked tendency to rambling and incoherence in conversation — Delusions as to occupation during the past few weeks

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He having assured me that he was actively engaged business up to this morning, while his attendant Charles Gray informs me that he has been quite unable to transact business

*Name and Medical Designation,* Henry Lee Norris Jr

*Place of Abode,* 22 Castle Street Dumfries

DATED this 19th day of October One thousand hundred and seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, John Smith being (2) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St. Dumfries in the County of Dumfries, seen and personally examined John Mac Kerette, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D. &c.

Dated this 19th day of October One thousand eight hundred and 78 years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Drinkall, residing in Carlisle Certificates under the hands of John Smith and Henry Lee Norris, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mackerette, 6 George Street Carlisle (Petitioner's cousin) and that the said John Mackerette, is a (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 Mackerette as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Mackerette, which accompanied the said Petition.

Dated this Twenty first day of October, One thousand eight hundred and seventy eight years.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1605

John Mackerith. S

19th October

1878

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

ICATION TO THE GENERAL BOARD OF LUNACY TO GRANT
NSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

undersigned Alexander Ferguson, Inspector of Poor, parish of Dryfesdale
esirous to transfer William Johnstone
nt a Patient in Royal Asylum, Gartnavel, Glasgow, and (1)
per Lunatic of the parish of which I am the
ector of Poor
from the said Asylum to the
l Asylum, Dumfries hereby request the authority of
and to such transfer; and I subjoin a Statement of Particulars regarding the said
Iliam Johnstone and a Medical Certificate with
to his mental and bodily condition.

(1) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Alex Ferguson

(2) Inspector of Poor, Parish of Dryfesdale

DATED at Lockerbie this 12th day of October
housand eight hundred and 78.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

## STATEMENT.

| | |
|---|---|
| ristian Name and Surname of Patient at length, | William Johnstone |
| x and Age, | Male. 57 years |
| arried, Single, or Widowed, | Married |
| ~~Condition of Life, and Previous Occupation~~ (if any), | Traveller |
| eligious Persuasion, so far as known, | Protestant |
| ate of Admission into Asylum, | 18th September 1875 |
| ength of time Insane, | Several Years |
| hether first Attack, | ~~Yes~~ No |
| ge (if known) on first Attack, | about 35 years |
| uration of existing Attack, | 3 years |
| upposed Cause, | Domestic trials |
| hether subject to Epilepsy, | No |
| hether Suicidal, | No |
| Whether Dangerous to others, | No |
| Parish to which the Lunatic (if a Pauper) is Chargeable, | Dryfesdale parish |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane, | Sister Mrs Downie, 35 West Scotland Street, Glasgow. - None |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Alex Ferguson Insp.

DATED this 12th day of October One thousand eight
ndred and 78.

N.B.—The foregoing particulars are required for the information of the authorities to
ose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Robert Blair

(1) State Medical Qualification.
(2) Name Asylum.

being (1) Graduate in Medicine & Surgery, Glasgow Uni
hereby certify that I have this day at (2) the Glasgow Royal Asylum,
personally examined William Johnstone at pre
Patient in said Asylum, and with respect to his Mental State that he la
under delusions - says he hears voices
the distance repeating his thoughts an
talking of the past life, and that o
voices disturb his sleep.
; and with respect
Bodily Health and Condition that they are ordinary.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily
dition of the Patient to contraindicate removal to the Asylum of Dumfri

Robert Blair M

Dated this eleventh day of October One thousand eig
hundred and seventy-eight.

---

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheri*

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) the Inspecto
of Poor, Dryfesdale
to authorize the transfer of William Johnstone
from Glasgow Royal Asylum to Dumfri
Royal Asylum, and the Board having considered such application
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the
William Johnstone as requested.

(2) Valid for fourteen days from date.

John Sibbald Commissioner

Dated at Edinburgh, this 14th day of October
thousand eight hundred and seventy-eight.

Date of Sheriff's Order — 18 Sept.

2/
2227
William Johnstone
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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 & Galloway *and his Substitutes,*—

The Petition of J. Daye Barker

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Ellis Barker 94 Piccadilly London your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charles Ellis Barker 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.

J. Daye Barker

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (4) day of November One thousand eight hundred and seventy 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, | Charles Ellis Barker |
| 2 Sex and Age, | Male 36. |
| 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, | Crichton Asylum since |
| 7 Place where Found and Examined, | Dumfries |
| 8 Length of time Insane, | Life |
| 9 Whether First Attack, | Yes |
| 10 Age (if known) on First Attack, | Born |
| 11 When and where previously under Examination and Treatment, | Crichton Royal Institution 9 yrs. Treatment 10 months |
| 12 Duration of Existing Attack, | |
| 13 Supposed Cause, | |
| 14 Whether subject to Epilepsy, | No |
| 15 Whether Suicidal, | No |
| 16 Whether Dangerous to others, | Sometimes if made angry, but naturally perfectly quiet & harmless. |
| 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, | J. Daye Barker Naval & Military Club Piccadilly London Brother |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | No. |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of October One thousand eight hundred and 70

(*To be signed by Party applying*) J. Daye Barker

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 U and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Charles Ellis Barker the said Charles Ellis Barker is a (5) person of unsound mind and a proper Person to be stated under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane appearance & delusions. States that it is necessary he should be in an Asylum owing to certain diseases which afflict him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been during the last 12 years an inmate of an Asylum

*Name and Medical Designation,* John Smith

*Place of Abode,* 14 Castle St. Dumfries

DATED this 2 day of November One thousand hundred and 78 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 Dall Macdonald being a (1) Graduate of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Charles Ellis Barker the said Charles Ellis Barker is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Cannot be unsafe at large and states that it is necessary that he should be in an Asylum owing to certain diseases & he

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been for the last 12 years in an asylum from the same

*Name and Medical Designation,* A D Macdonald

*Place of Abode* 18 Castle St. Dumfries

DATED this 20 day of November One thousand hundred and seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Smith being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries in the County of Dumfries, seen and personally examined Charles Ellis Barker, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c.

DATED this 2nd day of November One thousand eight hundred and 78 years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) J. Daye Barker, Naval & Military Club, Piccadilly, London Certificates under the hands of John Smith and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charles Ellis Barker, Tichurst Asylum Surge (Petts Brook) and that the said Charles Ellis Barker, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Ellis Barker 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 Charles Ellis Barker which accompanied the said Petition.

DATED this Fourth day of November One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Petition
of
I. L. Barker.
for
admission of his Brother
C. E. Barker into the Senate
Royal Institution

1606
Charles Ellis Barker
2 November
1678

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honorable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of Hugh Morrison 242 W George St Glasgow in the County of Lanark Clothier

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Chalmers or Morrison your Petitioner's (3) Wife 242 W George St Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Chalmers or Morrison to the Govan Royal Institution Govan and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Hugh Morrison

(4) The date of the Petition must be within fourteen clear days allowing the dates of the Medical Certificates.

DATED this 1st (4) day of November One thousand eight hundred and 78.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Ann Chalmers or Morrison |
| 2. Sex and Age, | 58 years of age |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Brought up with her Father. Herdsman Shawl & Carpet Weaver |
| 5. Religious Persuasion, so far as known, | Church of Scotland |
| 6. Previous Place of Abode, | 242 West George St Glasgow |
| 7. Place where Found and Examined, | 242 West George St Glasgow |
| 8. Length of time Insane, | About 4 years very violent |
| 9. Whether First Attack, | Many attacks |
| 10. Age (if known) on First Attack, | 54 years |
| 11. When and where previously under Examination and Treatment, | Govan House almost constant & extreme Convalescent Asylum Gartnavel Sometimes violent & dangerous very dangerous at times |
| 12. Duration of Existing Attack, | |
| 13. Supposed Cause, | |
| 14. Whether subject to Epilepsy, | |
| 15. Whether Suicidal, | |
| 16. Whether Dangerous to others, | |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Hugh Morrison 242 West George St Husband and I am not aware of any |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | No Special Circumstances known |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 1st day of November One thousand eight hundred and Seventy Eight

(*To be signed by Party applying*) Hugh Morrison

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Algernon. Wood Smith being a (1) Fellow of the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 20, Franklin Place 242, West George St. Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Mrs Ann. Chalmers or Morrison Wife of Hugh. Morrison, Esq., 242. W. George St. Glasgow and the said Mrs Ann. Chalmers or Morrison is a (5) Person of unsound mind . . . . . and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) A previous attack of Insanity, and certified so in November, 1876, by Dr. [illegible] and myself. Fits of great excitement in which [illegible] herself into "theatrical attitudes" - followed by weeping [illegible] Is suspicious of her husband, without cause &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Son Hugh told me today, that she attempted to go over a window (this year) from the [illegible] Storey of the Moffat Hydropathic Establishment. Her [illegible] says she wanders all night over their house, and [illegible] sleep without having their doors locked, at which she battens.

Name and Medical Designation, } A. Wood Smith, [illegible]

Place of Abode, 5, Newton Terrace, [illegible]

DATED this thirty-first day of October One thousand eight hundred and Seventy-eight.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Duncan Maclaren being a (1) Fellow of the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 20 Brandon Place 242 West George Street Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Mrs Ann Chalmers or Morrison - Wife of Hugh Morrison Esq. 242 West George Street Glasgow and the said Mrs Ann Chalmers or Morrison is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her manner is [illegible] and like that of an insane person, during my conversation with her suddenly started from her seat, & stamped her foot & vociferated, [illegible] her body into attitudes without any reason, & talked violently about her.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband says she has been in confinement for insanity before her conduct is such that it is impossible to live with her. She crawls [illegible] & walks through the house during the night. Her son Hugh says she [illegible] at him to-day. The servant in the house says she has struck her four times.

Name and Medical Designation, } James D. Maclaren M.D. & [illegible]

Place of Abode 16 Newton Terrace - Glasgow

DATED this thirty first day of October One thousand eight hundred and Seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campsie (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of Hugh Morrison
242 West George Street Glasgow husband of patient
Certificates under the hands of Algernon Wood Smith —
and James Duncan Maclaren, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Ann Chalmers or Morrison, 242 West George Street, Glasgow and that the said Ann Chalmers or Morrison 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 Ann Chalmers or Morrison as a Patient into the Crichton District Asylum at Dumfries — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Chalmers or Morrison which accompanied the said Petition.

DATED this 1st day of November One thousand eight hundred and 48.

Geo. Campsie

*To the Superintendent of the (4)* Crichton Lunatic Royal
*Asylum at* at Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1607
Ann Chamberson
Morrison
5th November
1878
— " —

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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) Sheriff or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Dumfries and Galloway and his Substitutes,—

The Petition of John M'Knight Inspector of Poor Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Borthwick or Reid 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 Borthwick or Reid to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

John M'Knight Inspector of Poor Langholm

(3) State degree of Pauperism or other circumstances in which Petitioner stands to Lunatic.

DATED this Fourteenth (4) day of November One thousand eight hundred and Seventy Eight years

(4) The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Borthwick or Reid. |
| 2. Sex and Age, | Female aged 43 years. |
| 3. Married, Single, or Widowed, | Married. |
| 4. Condition of Life, and previous Occupation (if any), | Worked in Woollen Mills |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Eskdale Street Langholm. |
| 7. Place where Found and Examined, | Eskdale Street Langholm. |
| 8. Length of time Insane, | Somewhere about two years. |
| 9. Whether First Attack, | First Attack. |
| 10. Age (if known) on First Attack, | 41 years |
| 11. When and where previously under Examination and Treatment, | Never previously under treatment. |
| 12. Duration of Existing Attack, | Somewhere about two years. Since first seen. |
| 13. Supposed Cause, | Improper treatment by her 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, | Langholm Parish Dumfries Shire. |
| 18. Date of becoming Chargeable, | 12th November 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Peter Borthwick Weaver Eskdale Street Langholm — Her Mother was for some time before her death in a Similar Insane State and an Uncle had been an Inmate of an Asylum. Insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourteenth day of November One thousand eight hundred and Seventy Eight.

(*To be signed by Party applying*) John M'Knight Inspector of Poor Langholm P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Johnstone Carlyle being a (1) Doctor of medicine and Licentiate of the Royal College of Surgeons in Edinburgh

and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Back Eskdale Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Borthwick or Reid Pauper at Back Eskdale St Langholm and the said Margaret Borthwick or Reid is a (5) person of unsound mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She laboured under the delusion that one half of her body was in [illegible] burning the other half on earth living. Is [illegible] & suffering from great excitement

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Snowdon her sister says she is sleepless, has [illegible] daily periods of great excitement & yells with fear [illegible] imaginary evils. She persistently refuses food [illegible] labours under the delusion that she is in Hell.

*Name and Medical Designation,* W. J. Carlyle [illegible] Surgeon

*Place of Abode,* Langholm

DATED this 10th day of November One thousand [illegible] hundred and 78

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Robertson being a (1) Bachelor of Medicine and Master of Surgery of University of Edinburgh.

and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Back Eskdale St. Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Borthwick or Reid Eskdale St Langholm Pauper and the said Margaret Borthwick or Reid is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is the subject of various delusions. When I went to see her she thought I was imprisoned and could not escape again. She said that herself was to be torn by wild beasts, walk round the [illegible] naked and be swallowed by whales.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Sister Mrs Snowdon confirms these and other delusions and says that she never seems to be asleep and refuses

*Name and Medical Designation,* John Robertson MB. Ch.

*Place of Abode* Langholm

DATED this thirteenth day of November One thousand [illegible] hundred and Seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John McKnight, Inspector of Poor, Langholm
Certificates under the hands of William Johnstone Carlyle,
and John Robertson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Borthwick or Reid, Eskdaill St Langholm (a Pauper) and that the said Margaret Borthwick or 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 Margaret Borthwick or Reid as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Borthwick or Reid which accompanied the said Petition.

DATED this Fifteenth day of November One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2

2
228

Margaret Borthwick
or Reid
16th November
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Seward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff — of ~~the (2)~~ Dumfries & Galloway ~~of~~ — *and his Substitutes,*—

The Petition of William French, Beryscar, Lochrerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth French, (Petitioners daughter) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth French — to the Southern ~~Cochlin Asylum~~ Dumfries and to sanction her admission into the said Asylum. Three words deleted.

~~(SIGNED)~~ William French

(1) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twentieth (3) day of Nov. One thousand eight hundred and seventy eight

## 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 French |
| Sex and Age, | Female thirty seven |
| Married, Single, or Widowed, | Single |
| Condition of Life, and previous Occupation (if any), | No Occupation |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | Beryscar |
| Place where Found and Examined, | Beryscar |
| Length of time Insane, | Nine days |
| Whether first attack, | Yes |
| Age (if known) on first Attack, | Thirty seven |
| When and where previously under Examination and Treatment, | |
| Duration of existing Attack, | Nine days |
| Supposed Cause, | A family dispute |
| Whether subject to Epilepsy, | No |
| Whether Suicidal, | No sign shown |
| 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 his Family known to be or to have been Insane, | William French, Beryscar, Lochrerbie. Father. No member so far as is known has been insane |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

~~(SIGNED)~~* Name, William French

DATED this 20th day of Nov. One thousand eight hundred and seventy eight

* To be signed by the Party applying.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Maclachlan being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Berryscar, Lockerbie (Parish Hutton) in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth French, Vinnie Berryscar, Lockerbie and that the said Elizabeth French is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Violent & excited conduct, throwing the things in the house about, sleeplessness, constant incoherent talk, threatening those about her with violence

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) William French her father says that she has not slept for three nights, has been very restless excited, taking little food.

(SIGNED) *Name and Medical Designation,* James Maclachlan M.D.

*Place of Abode,* High Street, Lockerbie

DATED this 20th day of Nov. One thousand eight hundred and seventy eight.

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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 M. Davidson being a (1) Bachelor of Medicine & Master of Surgery of University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Berryscar, Lockerbie, Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Elizabeth French and that the said Elizabeth French is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Violent manner.
Meaningless and incoherent talk.
Clapping of hands & stamping of feet.
Very excited look & flashing eye.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has taken little or no food for some days
Has slept none for some nights.

(SIGNED) *Name and Medical Designation,* John M. Davidson M.D.

*Place of Abode,* Beechfield, Johnstone By Lockerbie

DATED this Twentieth day of November One thousand eight hundred and seventy-eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)*

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Elizabeth French, Berryscar, Lochrbie is a (1) person of unsound mind hereby further certify that the Case of the said Elizabeth French is One of Emergency, and I recommend the immediate removal of the said Elizabeth French to an Asylum accordingly.

*Name,* James Maclachlan M.B.&C.M.

*Place of Abode,* High Street, Lochrbie

DATED this twentieth day of Nov. One thousand eight hundred and seventy eight

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William French, Berryscar, Lochrbie Certificates under the hands of James Maclachlan and John M Davidson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth French Berryscar Lochrbie (Petitioner's Daughter) and that the said Elizabeth French, is a (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 French as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth French which accompanied the said Petition.

~~(Signed)~~ David Boyle Hope

DATED this Twenty first day of November, One thousand eight hundred and seventy eight.

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

2

2
229

Elizabeth French
21st November
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...eriff or Steward. ...ire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the~~ (2) of Dumfries & Galloway *and his Substitutes,*—

The Petition of Eleanor Cairns. Argyle House Dollar

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Cairns

...State degree of ...ship or other ...ty in which Peti... ...stands to Luna...

your Petitioner's (3) brother

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Cairns to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Eleanor Cairns

...he date of the ...must be with... ...econ clear days ...g the dates of ...edical Certifi...

DATED this twentyth (4) day of November One thousand eight hundred and seventy eight.

### STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| ...ristian Name and Surname of Patient at ...length, | William Cairns |
| ...x and Age, | 56 |
| ...arried, Single, or Widowed, | Single |
| ...ndition of Life, and previous Occupation (if any), | |
| ...ligious Persuasion, so far as known, | Congregationalist |
| ...evious Place of Abode, | Dollar Clackmannanshire |
| ...ce where Found and Examined, | Railway Station Dumfries |
| ...ngth of time Insane, | No. |
| ...ether First Attack, | 22 |
| ...e (if known) on First Attack, | |
| ...en and where previously under Examination and Treatment, | Crichton Royal Institution |
| ...ation of Existing Attack, | some days. |
| ...posed Cause, | not known |
| ...ether subject to Epilepsy, | no |
| ...ether Suicidal, | no |
| ...ether Dangerous to others, | yes. |
| ...sh or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| ...e of becoming Chargeable, | — |
| ...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 Insane, | Miss Cairns Argyle House Dollar - Sterling: Sister Miss L Cairns at present an inmate of Crichton Royal Institution |
| ...ial circumstances (if any) preventing the ...sertion of any of the above particulars, | |

...ertify, that, to the best of my knowledge, the above particulars are correctly stated.

...TED this 23rd day of November One thousand eight hundred and seventy eight

(*To be signed by Party applying*) Eleanor Cairns

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Mark J. Symons being a (1) Doctor of Medicine of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Railway Station, Dumfries. in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Cairns, Gentleman Dollar the said William Cairns is a (5) person of unsound mind, and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That he is excited in manner, incoherent and [illegible] in conversation — Believes that he is [illegible] to Palestine to drive out the Turks [illegible] own hands.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: Dr. Gilchrist informs me that he [illegible] excitable

*Name and Medical Designation,* Mark J. Symons. M.D.

*Place of Abode,* 45 Buccleuch St. Dumfries

DATED this twenty-second day of November One thousand [illegible] hundred and seventy-eight.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University &c and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Cairns, Gentleman Dollar the said William Cairns is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talking incoherently. Restless. Excited.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: He was a patient here before.

*Name and Medical Designation,* W. S. Kerr M.D.

*Place of Abode* Dumfries

DATED this 22nd day of Novr One thousand [illegible] hundred and Seventy-Eight 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, Mark J. Symons being (1) Doctor of Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Dumfries Station in the County of Dumfries, seen and personally examined William Cairns, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Mark J. Symons MD. MRCM.

DATED this twenty second day of November One thousand eight hundred and twenty eight

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Eleanor Cairns, Argyle House Dollar, Certificates under the hands of Mark J. Symons and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Cairns Argyle House Dollar (Attn Butler) and that the said William Cairns is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Cairns as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Cairns which accompanied the said Petition.

DATED this Twenty third day of November One thousand eight hundred and twenty eight.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of*

Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1608
William Cairns
22 November
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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. Lieutenant or Stewartry.

*Unto the Honourable the* (1) ~~Sheriff~~ of the (2) ~~Shire~~
of Dumfries and his Substitutes,

The Petition of Robert Nicholson Oakfield Ryton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Daughter Georgina Nicholson

is at present in a state of Mental Derangement, and 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 Nicholson to the Crichton Institution and to sanction her admission into the said Asylum.

Robert Nicholson

State degree of affinity or other reason in which Petitioner stands to Lunatic.

The date of the Order must be within seven clear days following the dates of the Medical Certificates.

DATED this 28th (4) day of November One thousand eight hundred and seventy 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, | Georgina Nicholson |
| 2. Sex and Age, | Female. Twenty six. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | None |
| 5. Religious Persuasion, so far as known, | Church of England. |
| 6. Previous Place of Abode, | Oakfield Ryton. |
| 7. Place where Found and Examined, | |
| 8. Length of time Insane, | Twelve weeks. |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment, | Nowhere. |
| 12. Duration of Existing Attack, | Twelve weeks. |
| 13. Supposed Cause, | Not known. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Robert Nicholson, 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 November One thousand eight hundred and seventy eight

(*To be signed by Party applying*) Robert Nicholson

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 24 Castle Street Dumfries in the Dumfries separately from any other Medical Practitioner visited and personally examined (4) Georgina Nicholson Spinster Ryton County of Durham the said Georgina 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) Has delusions thinks she is Lady Worth is married and has a family - talks incoherently

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by Mrs Rayne, Surgeon, Newcastle upon Tyne - that she has had delusions for some time - habits dirty - passes urine & faeces where she lies - is violent at times

*Name and Medical Designation,* Alex Thomson

*Place of Abode,* 24 Castle Street Dumfries

DATED this twenty sixth day of November One thousand hundred and twenty eight 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, Mark J. Symons being a (1) Doctor of Medicine of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Georgina Nicholson Spinster as the said Georgina 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 is restless excited incoherent and has delusions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Gilchrist informs me that she is dirty in her habits excited & violent

*Name and Medical Designation,* M. J. Symons M.B.

*Place of Abode* Buccleuch St Dumfries

DATED this twenty sixth day of November One thousand eight hundred and seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Alexander Thomson being (1) a Doctor of Medicine of the Universities of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 24 Castle Street in the County of Dumfries, seen and personally examined Georgina Nicholson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex. Thomson M.D. &c.

DATED this Twenty sixth day of November One thousand eight hundred and Seventy eight years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Robert Nicholson, tobacconist Ryton Durham Certificates under the hands of Alexander Thomson, and Mark J. Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Georgina Nicholson tobacconist Ryton Durham (Mrs daughter) and that the said Georgina Nicholson, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Georgina Nicholson — as a Patient into the (6) Public — Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Georgina Nicholson, — which accompanied the said Petition.

DATED this Twenty eighth day of November, One thousand eight hundred and seventy eight.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of*
Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1609

Georgina Nicholson

26th November

1878

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form 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, Bailie or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the~~ (1) Counties of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew Halliday 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 Andrew Halliday 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 patient.

John Dinwoodie

Dated this Sixth (3) day of December One thousand eight hundred and Seventy eight

(3) The date of the Petition must be within four or four 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, | Andrew Halliday |
| 2. Sex and Age, | 31 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | do— Sailor |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Georgetown |
| 7. Place where Found and Examined, | do. |
| 8. Length of time Insane, | Several Months |
| 9. Whether first Attack, | yes |
| 10. Age (if known) on first Attack, | about 31 years |
| 11. When and where previously under Examination and Treatment, | was never under treatment before |
| 12. Duration of existing Attack, | Several Months — |
| 13. Supposed Cause, | Sunstroke |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries — |
| 18. Date of becoming Chargeable, | 5th Dec 1878 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known); and whether any Member of Family known to be or to have been Insane, | not known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | not known |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixth day of December One thousand eight hundred and Seventy eight

(To be Signed by Party applying) John Dinwoodie, Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith.
being a (1) Graduate of Edinburgh Univ
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 6 Castle St
in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Andrew Halliday
Pauper.
the said Andrew Halliday 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) His insane appearance, & threatening demeanour &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife informs me that during the last six months his mind has been quite wrong. He was not speaking, at other times very violent, became violent & abused her very much last night.

*Name and Medical Designation,* John Smith M.D.

*Place of Abode.* 14 Castle St. Dumfries

DATED this 5th day of December One thousand eight hundred and 78 years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and Fellow of the Royal College of Physicians
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Asylum
Dumfries
in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Andrew Halliday Esq. Pauper
and
the said Andrew 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) He is noisy and seems averse to answering any questions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By his wife who states that of late he has kept his bed and sometimes assumes that

*Name and Medical Designation,* W. Marshall M.D. &c

*Place of Abode.* Dumfries

DATED this 6th day of Dec One thousand eight hundred and seventy eight years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, John Smith
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Georgetown
in the County of Dumfries, seen and personally examined
Andrew Halliday, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD

Dated this 3th day of December One thousand eight hundred and 78 years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff ~~Substitute~~
of the (3) County of Dumfries John Dinwoodie,
~~Factor~~ of Poor Dumfries,
having had produced to me, with a Petition at the instance of (3) John Smith,
Certificates under the hands of John Smith,
and William Marshall, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Andrew Halliday, Georgetown Dumfries (a pauper) and that the said Andrew 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 Andrew Halliday as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew Halliday which accompanied the said Petition.

Dated this Sixth day of December One thousand eight hundred and seventy eight.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

2
230
Andrew Halliday
5th December
1878
" "

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Ayr *and his Substitutes,—*

The Petition of Johann Grant Hugh Campbell Crawford Ashjian, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Sister Jane Crawford is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Crawford to the Lunatic Asylum Montrose and to sanction the admission into the said Asylum.

(3) State degree of kindred or other cause which Petitioner avers to Lunatic.

Dumfries

X Allan C. Crawford

The date of the Petition must be within seven clear days preceding the dates of the Medical Certificates.

DATED this Sixth (4) day of December One thousand eight hundred and Eighty Eight.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Jane Crawford |
| Sex and Age, | Female |
| Married, Single, or Widowed, | Single |
| Condition of Life, and previous Occupation (if any), | No occupation |
| Religious Persuasion, so far as known, | Presbyterian |
| Previous Place of Abode, | Thirdpart near Perth |
| Place where Found and Examined, | Perthshire Combination Poorhouse Scottcraig |
| Length of time Insane, | 21 years |
| Whether First Attack, | yes |
| Age (if known) on First Attack, | 25 years of age |
| When and where previously under Examination and Treatment, | Certified Lunatic Asylum Montrose since 1867 |
| Duration of Existing Attack, | Not known |
| Supposed Cause, | do |
| Whether subject to Epilepsy, | do |
| Whether Suicidal, | do |
| Whether Dangerous to others, | do |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 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, | Allan C. Crawford Johnny Street Perth do |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

SIGNED this Sixth day of December One thousand eight hundred and Eighty Eight.

(To be signed by Party applying) X Allan C. Crawford

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert Allan, M.B. & C.M.
being a (1) Bachelor in Medicine and Master of Surgery of the University of Glasgow,
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Greenend Cottage, Ardrossan Road, Saltcoats, Ayr in the County
separately from any other Medical Practitioner
visited and personally examined (4) Jane Crawford at present residing at Greenend Cottage, Saltcoats
the said Jane Crawford is a (5) person of unsound mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She maintained an obstinate silence when spoken to be tioned by me, and several times during she suddenly went on her knees on the floor in the attitude of prayer.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: The Misses Wilson, under whose care she is present, inform me that the patient frequently to do them personal injury, that she often [illegible] dresses &c. that she sometimes violently scolds a [illegible] she imagines to be present though he has been [illegible] years, even spitting at the place where she supposes him to be seated, and that she takes every opportunity of attempting to escape from them.

Name and Medical Designation, Robert Allan, M.B.

Place of Abode, Arran Place, Ardrossan

DATED this Fifth day of December One thousand hundred and seventy eight.

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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, Robt. S. Kinnier, Surgeon
being a (1) General Medical Practitioner
and being in actual practice as a (2) Surgeon in Saltcoats
hereby certify, on soul and conscience, that I have this day, at (3) Greenend Cottage, Ardrossan Road, Saltcoats Ayr in the County
separately from any other Medical Practitioner
visited and personally examined (4) Jane Crawford at present residing at Greenend Cottage, Saltcoats
the said Jane Crawford is a (5) person of unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) From her restless and excited manner, [illegible] with her voice and making all kinds of noise to disturb or annoy the family. Suppose that she [illegible] and the fact that she requires constant care and [illegible] and frequently to be kept under restraint.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: The Misses Wilson with whom she is present residing tell me that she has more than [illegible] stolen secretly away from home and causing her great alarm and that she has been formerly in an Asylum

Name and Medical Designation, Robt. S. Kinnier, L.S.

Place of Abode Hamilton Stt. Saltcoats

DATED this Fifth day of December One thousand hundred and seventy eight years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I William Alexander Orr (1) Paterson Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) Allan Campbell Crawford Wrang Ohnl Bulk
Certificates under the hands of Robert Allan, Ardrossan
and Robert S. Kenner Saltcoats, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Crawford petitioners sister and that the said Jane Crawford is a (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 Crawford as a Patient into the Public Royal ~~Asylum of~~ Crichton 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 which accompanied the said Petition.

DATED this Sixth day of December One thousand eight hundred and seventy eight

William A. Paterson

*To the Superintendent of the* (7) Public Crichton Royal
~~Asylum of~~ Asylum Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1610
Jane Crawford
10 December
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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. Bailie or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) County~~ of Dumfries ~~Galloway~~ and his Substitutes,—

The Petition of James Williamson Joiner Dalbeattie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Williamson your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Williamson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

State degree of kindship or other fact in which Petitioner stands to Lunatic.

James Williamson

The date of the Certificate must be within seven clear days preceding the dates of the Medical Certificates.

DATED this Sixteenth (4) day of December One thousand eight hundred and Seventy Eight.

## 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 Williamson |
| Sex and Age, | Male — 18 years and 6 months |
| Married, Single, or Widowed, | Single |
| Condition of Life, and previous Occupation (if any), | Joiner |
| Religious Persuasion, so far as known, | Established Church |
| Previous Place of Abode, | Maxwell street Dalbeattie |
| Place where Found and Examined, | — Dalbeattie |
| Length of time Insane, | Since August 1878 |
| Whether First Attack, | First attack. |
| Age (if known) on First Attack, | 18 years |
| When and where previously under Examination and Treatment, | Never |
| Duration of Existing Attack, | Since August 1878 |
| Supposed Cause, | Not known |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | no |
| Whether Dangerous to others, | no. |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 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, | James Williamson. Maxwell Street Dalbeattie. — father. The uncle of the patient has been in the Asylum twice. |
| 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 December One thousand eight hundred and Seventy eight

(*To be signed by Party applying*) James Williamson

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Paterson Lewis M.D. —
being a (1) Graduate of the University of Glasgow —
and being in actual practice as a (2) General Practitioner —
hereby certify, on soul and conscience, that I have this day, at (3) Maxwell Dalbeattie — in the County of Kirkcudbright — separately from any other Medical Practitioner visited and personally examined (4) Robert Williamson, residing at 52 Maxwell St. Dalbeattie — and the said Robert Williamson — is a (5) person of unsound mind — and a proper Person to be dealt under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) manner & conversation indicative of insanity — says that people conspire against him & hurt him with machinery and annoy by putting them up his clothes — says at one time that his mind is not right at another time that it is — says he often feels undulated.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father tells me that he is restless and wanders about will not settle to his work —

*Name and Medical Designation,* John Paterson Lewis M.D.

*Place of Abode,* Dalbeattie,

DATED this Twelfth — day of December One thousand hundred and seventy eight —

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Graduate of the University of Edinburgh —
and being in actual practice as a (2) General Practitioner —
hereby certify, on soul and conscience, that I have this day, at (3) Maxwell street Dalbeattie — in the County of Kirkcudbright — separately from any other Medical Practitioner visited and personally examined (4) Robert Williamson — Maxwell Street - Dalbeattie — and the said Robert Williamson — is a (5) person of unsound mind — and a proper person to be dealt under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Tells me that the whole world conspires against him and that he is frequently ordered to strike people. Maintains that he is their wives —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: Has taken to wandering from home

*Name and Medical Designation,* Robert McKechar M.D.

*Place of Abode* Dalbeattie

DATED this Thirteenth day of December One thousand hundred and Seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Williamson,
Inner Dalbeattie
Certificates under the hands of John Pearson Lewis
and Robert McClerdan, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Williamson, Inner, Dalbeattie (Petitioner's son) and that the said Robert 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 Robert Williamson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Williamson which accompanied the said Petition.

DATED this Sixteenth day of December, One thousand eight hundred and seventy eight

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of*
Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2/231

Robert Williamson

16th December

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

*Unto the Honourable the* (1) Sheriff of the (2) ~~Shire~~ of Dumfries & Galloway *and his Substitute*

The Petition of Henrietta Wills, Castle Street, Lochmaben, in

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henrietta Wills

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 Henrietta Wills to the Crichton Asylum and to sanction her admission into the said Asylum.

Henrietta Wills

Dated this 23rd (4) day of December One thousand eight hundred and seventy eight

(1) Sheriff or Steward. (2) Shire or Stewartry.

(3) State degree of Relationship or other capacity in which Petitioner stands to the Patient, &c.

(4) The date of the Petition must be within four-teen days allowing for 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, | Henrietta Wills |
| Sex and Age, | female 27 years |
| Married, Single, or Widowed, | single |
| Condition of Life, and previous occupation (if any), | spinster |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | Lochmaben |
| Place where Found and Examined, | Castle Street Lochmaben |
| Length of time Insane, | three weeks |
| Whether first Attack, | first attack |
| Age (if known) on first Attack, | 27 year |
| When and where previously under Examination and Treatment, | |
| Duration of existing Attack, | three weeks |
| Supposed Cause, | nervous exhaustion |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | no |
| Whether Dangerous to others, | no |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| Date of becoming Chargeable, | |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mrs Henrietta Wills mother Castle Street Lochmaben One brother at present in the Southern Counties 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 23rd day of December One thousand eight hundred and seventy eight

(*To be Signed by Party applying*) Henrietta Wills

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the Co Dumfries separately from any other Medical Pract visited and personally examined (4) Henrietta Wells. Cas Lochmaben. Dressmaker and the said Henrietta Wells is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her wild appearance rambling incoherent speech & inability to understand or answer questions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Brother informs me that during the three weeks she has been in the state described me above. often wild & very much excited

*Name and Medical Designation,* John Smith

*Place of Abode,* 14 Castle St. Dum

DATED this 23rd day of December One thousand hundred and 78 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, Thomas Reid being a (2) Graduate of Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Castle St Lochmaben in the Co Dumfries separately from any other Medical Pract visited and personally examined (4) Henrietta Wells. Castle St Lochmaben the said Henrietta Wells is a (5) insane person and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherent talk wild rambling about the room. smearing and can answer no questions or appears understand anything said or done to her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) her says. she refuses food. medicine and to quiet in bed.

*Name and Medical Designation,* Thomas Reid MD

*Place of Abode,* Lochmaben

DATED this 23rd day of December One thousand hundred and seventy eight

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, John Smith being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day at (2) 14 Castle St. Dumfries in the County of Dumfries, seen and personally examined Henrietta 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.

John Smith MW &c

DATED this 23d day of December One thousand eight hundred and 78 years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Henrietta Wells, Castle Street Lochmaben Certificates under the hands of John Smith and Thomas Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henrietta Wells Castle Street Lochmaben (Petitioner daughter) and that the said Henrietta Wells 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 Henrietta Wells as a Patient into the (6) Public Asylum of Creighton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henrietta Wells which accompanied the said Petition.

DATED this Twenty fourth day of December, One thousand eight hundred and seventy eight years

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Creighton Institution

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1611
Henrietta Wells
23 December
1878

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

iff or Steward, e or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2)~~ County of Dumfries & Galloway *and his Substitutes,*—

The Petition of Adam Semple Inspector of Poor of Glencairn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Broadfoot, or Porter 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 Broadfoot or Porter to the Southern County Asylum and to sanction her admission into the the said Asylum.

tate degree of ship or other in which Peti- tands to Luna-

A Sixteenth S Adam Semple Inspector

DATED this ~~Fourteenth~~ (4) day of December One thousand eight hundred and Seventy-Eight years

he date of the must be with- teen clear days g the dates of Medical Certifi-

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## 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, | Elizabeth Broadfoot, or Porter |
| ex and Age, | Female 22 years of age |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation (if any), | Out-door Worker |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | Sanquhar |
| Place where Found and Examined, | Dunreggan, Parish of Glencairn |
| Length of time Insane, | About Four week |
| Whether first Attack, | First attack |
| Age (if known) on first Attack, | 22 years |
| When and where previously under Examination and Treatment, | — |
| Duration of existing Attack, | About Four week |
| Supposed Cause, | Gastric Fever |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | no |
| Whether Dangerous to others, | yes |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Parish of Glencairn |
| Date of becoming Chargeable, | 12th December 1878 |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Adam Porter, Husband residing in Dunreggan, Parish of Glencairn – No member ~~the~~ of family known to be or have been Insane |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourteenth day of December One thousand eight hundred and Seventy Eight

(*To be signed by Party applying*) Adam Semple, Inspector of Poor of Glencairn

P. p

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Mr Scougall, being a (1) Graduate of the University of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Moniaive, Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Mrs Porter and the said Mrs Porter 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)

could not get her to answer me a question sat and stared at me with quite a wild appearance

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

abusing her child without mercy, talks incoherently, denies her Motherin and wants in bed all the night — From her Mother in

*Name and Medical Designation,* Mr Scougall

*Place of Abode,* Saurestone, Glenesslan

DATED this fourteenth day of December One thousand eight hundred and ninety eight years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Picken Mein, being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dunipace Moniaive Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Mrs Adam Porter and the said Mrs Adam Porter is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Talks incoherently. Singing & Crying alternately at other times silent. has evidently a design against her child, talks about it destroying the Market

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Afraid to leave the baby from her sight Continually talking to herself and contradicting herself — habits — From her Mother in Law & Mrs Porter

*Name and Medical Designation,* John Picken Mein

*Place of Abode,* Moniaive Dumfries

DATED this Fifteenth day of December One thousand eight hundred and seventy eight years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ——— (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Adam Semple,
Inspector of Poor, Glencairn
Certificates under the hands of Andrew Lowrie.
and John Pickan Muir, ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Elizabeth Broadfoot or Porter, Pauper,
Glencairn. (a Pauper)
Elizabeth Broadfoot or Porter is a (5) Lunatic,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Broadfoot or Porter as a Patient into the (6) Public — Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Broadfoot or Porter, — which accompanied the said Petition.

DATED this Sixteenth day of December One thousand eight hundred and seventy eight years.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties.
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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Elizabeth Broadfoot
or Porter
16th December
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the~~ (1)
of Dumfries and Galloway and his Substitutes,—

The Petition of William Mackie, Inspector of Poor, Leglour humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Barrell- presently in the Police Office, Leglour 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 John Barrell- to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

Wm Mackie Inspector of Poor

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty first (3) day of December One thousand eight hundred and Seventy eight

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

1. Christian Name and Surname of Patient at length, . . . . . John Barrell-
2. Sex and Age, . . . . . Male, aged 30 years.
3. Married, Single, or Widowed, . . . Single
4. Condition of Life, and previous Occupation (if any), . . . . Pauper, never followed any occupation that but has been about Leglour a youth.
5. Religious Persuasion, so far as known, . Protestant
6. Previous Place of Abode, . . . Leglour
7. Place where Found and Examined, . . Leglour
8. Length of time Insane, . . . Has been peculiar from childhood but of late becomes more unruly & violent & was brought before the Sheriff & certified as insane on the 21st Dec. current
9. Whether First Attack, . . . Yes
10. Age (if known) on First Attack, . . 30
11. When and where previously under Examination and Treatment, . . . Never previously treated
12. Duration of Existing Attack, . . . See no 8 - Certified on 21st Dec. current
13. Supposed Cause, . . . Congenital - weakness increased by idle habits
14. Whether subject to Epilepsy, . . No
15. Whether Suicidal, . . . No
16. Whether Dangerous to others, . . Yes at least - certified to.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . . Leglour
18. Date of becoming Chargeable, . . 21 Dec. 1878
19. Christian Name and Surname, and Place of Abode of nearest known 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 Catherine McIver resides in Leglour No member of family known to have been insane but am informed that a brother of his mothers was eccentric & that there is mental weakness on the mothers side.
20. Special circumstances (if any) preventing the insertion of any of the above particulars, None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty first day of December One thousand eight hundred and Seventy Eight years.

(*To be signed by Party applying*) Wm Mackie Inspector of Poor

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James G. Dickson being a (1) Doctor of Medicine. University of Gl

and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) the poli office, Wigtown in the Coun Wigtown separately from any other Medical Practitio visited and personally examined (4) John Barrett, paupe Botany Street, Wigtown and the said John Barrett is a (5) person unsound mind and a proper Person to be dea under Care and Treatment, and that I have formed this opinion upon the follo grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Quick pulse; white tongue: vascular turgesc head. Considerable excitement and restlen Expresses himself with under vehemence. Conf of ideas.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (

His mother states that latterly his whole manner has c that he is moody; irritable, suspicious. a she has been afraid of him for some time.

Mr McCardle Hawker } Assaulted his mother last night with a stick & when defended her [illegible] razor with threats.

Name and Medical Designation, James G. Dickson

Place of Abode, Newton Stewart

DATED this 21st day of December One thousand hundred and seventy eight years.

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Charles McBride being a (1) Doctor of Medicine of the Glasgow

and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Police Office, Wigtown in the Coun Wigtown separately from any other Medical Practiti visited and personally examined (4) John Barrett Botany Street Wigtown and the said John Barrett is a (5) person of unsound mind and a proper person to be deta under Care and Treatment, and that I have formed this opinion upon the follo grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6). At times to speak and is then disdainful, at other is garrulous and irritable. When spoke his pride seems offended and he either [illegible] back or answers in a scornful way. Adopts a

(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 restless at nigh frequently starts to sing at that Has struck her without any pro

Name and Medical Designation, Charles McBri

Place of Abode Wigtown

DATED this 21 day of December One thousand ei hundred and seventy eight years —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Mackie Inspector of Poor Wigtown and
Certificates under the hands of James G. Dickson M.D. Newton Stewart and Charles McBride M.D. Wigtown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Barrett, Pauper and that the said John Barrett, Pauper is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Barrett Pauper as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Barrett which accompanied the said Petition.

DATED this twenty first day of December One thousand eight hundred and seventy eight

John Doig.

*To the Superintendent of the* (7) Southern Counties
*Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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John Barrett

23 December

1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

riff or Steward. re or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) County~~ of Dumfries Galloway, *and his Substitutes,*—

The Petition of Thomas Milner Junr. Blacknest, Morton, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Kellock or Hunter your Petitioner's (3) Aunt is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Kellock or Hunter to the Southern Asylum ~~Crichton Royal Institution~~ for Lunatics and to sanction her admission into the said Asylum. Six words deleted

State degree of ...ship or other ...y in which Peti... stands to Luna...

The date of the ...on must be with... ...rteen clear days ...ing the dates of Medical Certifi...

I. Thomas Milner Jun.

DATED this ~~24th~~ 25th ~~day of~~ December One thousand eight hundred and seventy-eight.

## 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, | Isabella Kellock or Hunter |
| Sex and Age, | Female - 72 years |
| Married, Single, or Widowed, | Widow |
| Condition of Life, and previous Occupation (if any), | Domestic servant |
| Religious Persuasion, so far as known, | United Presbyterian |
| Previous Place of Abode, | Oxford |
| Place where Found and Examined, | Carron Bridge, Thornhill. |
| Length of time Insane, | Imbecile for some time |
| Whether First Attack, | Yes |
| Age (if known) on First Attack, | — |
| When and where previously under Examination and Treatment, | Not before |
| Duration of Existing Attack, | — |
| Supposed Cause, | — |
| Whether subject to Epilepsy, | No |
| Whether Suicidal, | No |
| Whether Dangerous to others, | No |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 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, | The Petitioner<br>No |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | None. |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~24th~~ 25th ~~day of~~ December One thousand eight hundred and seventy-eight

(*To be signed by Party applying*) Thomas Milner Jun.

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Stoddart
being a (1) Doctor of Medicine and a Licentiate
Royal College of Surgeons - Edinburgh -
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Carrs
in the Co
Dumfries -
separately from any other Medical pract
visited and personally examined (4) Isabella Kellock or Hun
the said Isabella Kellock or Hunter is a (5) person
unsound mind
and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Complains incoherency of speech - Mania
Childish - Constant unfastening of the
and trying to destroy them —

2. Other facts (if any) indicating Insanity communicated to me by others (7)

Same as stated above - but she
and took off all her clothes at one
Friends can get no sense out of her

Name and Medical Designation, } Edw. Stoddart L.R.C.S.Edin.

Place of Abode, Dumfries.

DATED this Twenty fifth day of December One thousand
hundred and Seventy Eight —

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Gallotly
being a (2) Bachelor of Medicine & Surgery
the Royal College of Surgeons, Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Carrs
in the County
Dumfries
separately from any other Medical Practit
visited and personally examined (4) Isabella Kellock or Hunter
the said Isabella Kellock or Hunter is a (5) person
unsound mind
and a proper person to be de
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Constant conversation always
& attack and any coherency -
- restless restlessness. use
wanting to destroy her clothes

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Constantly talking about every
incoherent - occasionally has
violent - Imagines she sees
at times

Name and Medical Designation, } Wm Gallotly MB.

Place of Abode Thornhill

DATED this Twenty fifth day of December One thousand eight
hundred and Seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Milner, Junior, Blacknest, Morton
Certificates under the hands of Edward Hoggan
and William Gallatly, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kellock or Hunter, widow, barrowbridge (Pauper) and that the said Isabella Kellock or Hunter, a (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 Kellock or Hunter as a Patient into the (6) Public — Asylum of ~~Crichton Institution~~ and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Kellock or Hunter which accompanied the said Petition.

DATED this Twenty fifth day of December One thousand eight hundred and seventy eight. Two words deleted.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of*
Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2

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Isabella Kellock or
Hunter
26. December
1878
— a —

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

iff or Steward. e or Stewartry.

*Unto the Honourable the* (1) Sheriff of ~~the~~ (1) Dumfries ~~of~~ and Galloway *and his Substitutes,—*

The Petition of Thomas Kennedy Inspector of Poor of the Parish of Stony Kirk humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Booth residing at Sandmill

ate degree of ship or other in which Peti- ands to Lena-

your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Booth to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

Thomas Kennedy Inspector of Poor

date of the ust be with- n clear days the dates of dical Certifi.

Dated this twenty seventh (3) day of December One thousand eight hundred and seventy eight 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 ength, | James Booth |
| and Age, | male, 58½ years |
| ried, Single, or Widowed, | widower |
| dition of Life, and previous Occupation f any), | Labourer |
| gious Persuasion, so far as known, | Protestant |
| ious Place of Abode, | Sandmill, Stony Kirk |
| e where Found and Examined, | Lake cottage do |
| th of time Insane, | not known previous to 25th Dec. 78 |
| ther first Attack, | Fourth |
| (if known) on first Attack, | Thirty years |
| n and where previously under Examina- n and Treatment, | In Southern Counties Asylum in 1850, 1865 and 1867 |
| tion of existing Attack, | cannot tell |
| osed Cause, | intoxication - prolonged |
| ther subject to Epilepsy, | no |
| ther Suicidal, | no |
| ther Dangerous to others, | not at present |
| n or Union to which the Lunatic (if a upar) is Chargeable, | Stony Kirk |
| of becoming Chargeable, | 27th April 1850 |
| ian Name and Surname, and Place of ode of nearest known Relative of the tient, and degree of Relationship (if own), and whether any Member of mily known to be or to have been In- e, | James Booth, son, residing at Sandmill Stony Kirk |
| l circumstances (if any) preventing the ertion of any of the above particulars, | — |

tify, that, to the best of my knowledge, the above particulars are correctly stated.

ed this Twenty seventh day of December One thousand eight hundred and Seventy-eight

(*To be signed by Party applying*) Thomas Kennedy Inspector

P. P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Charles Morland Ross being a (1) Doctor of Medicine and L. R. C. S. Ed and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Lake Cott Stony Kirk in the Coun Wigtown separately from any other Medical Practitio visited and personally examined (4) James Booth a pau of the Parish of Stony Kirk and the said James Booth is a (5) person of unsound mind and a proper person to be deta under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His incoher of speech. Wandering, broken, and extr in his conversation. produced I believ from continued intoxication

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* C. M. Ross

*Place of Abode,* Stoney Kirk

DATED this Twentysixth day of December One thousand hundred and Seventy Eight

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physici of Edinburgh & a Licentiate of the Faculty of Phys Hung and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Clachan in the Parish of Stoneykirk in the Coun Wigtown separately from any other Medical Practitio visited and personally examined (4) James Booth a Pauper of the Parish of Stoneykirk and the said James Booth is a (5) person of unsound mind and a proper person to be deta under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has an excite appearance and rambles greatly in his lat In his conversation he said he had to cart her to Dumfries (20 miles). Immediately after a s of excitement he bursts forth in amusing song

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) daughter states for some time he has been ve excited and at times abuses them He cannot at night and leaves the house and does not for days. At a Hotel in Sandhead he was ac and had to be ejected by force after smashing several things

*Name and Medical Designation,* Hugh Cochrane LRCPEU LFPS Glasg

*Place of Abode,* Stranraer

DATED this Twenty Seventh day of December One thousand hundred and Seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Maclean Spurs (1) Sheriff substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of Poor of the parish of Stoneykirk Certificates under the hands of Charles Morlens Ross M.D. Stoneykirk and Hugh Cochrane M.D. Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Booth residing at Sandmill Stoneykirk and that the said James Booth is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Booth as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Booth which accompanied the said Petition.

a pauper

P. Maclean

DATED this Twenty seventh day of December One thousand eight hundred and seventy eight teen

P. Maclean Sh. Sub.

*To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries*

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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James Booth
28th December
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriffdom or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of John M'Clachan, Inspector of Poor Portpatrick

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Gordon or Mills residing ~~your Petitioner's~~ (3) in Portpatrick, a 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 Gordon or Mills to the Southern Counties Asylum at Dumfries and to sanction her admission into the the said Asylum.

John M'Clachan

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificate

Dated this thirtieth (4) day of December One thousand eight hundred and seventy 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, | Agnes Gordon or Mills |
| 2. Sex and Age, | female - 44 - |
| 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, | Portpatrick |
| 7. Place where Found and Examined, | Cock Street - Portpatrick |
| 8. Length of time Insane, | Not known |
| 9. Whether first Attack, | Yes |
| 10. Age (if known) on first Attack, | - |
| 11. When and where previously under Examination and Treatment, | Never before under treatment |
| 12. Duration of existing Attack, | Not known |
| 13. Supposed Cause, | Do |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Portpatrick |
| 18. Date of becoming Chargeable, | 30th December 1878. |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Robert Mills Tailor Portpatrick |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this thirtieth day of December One thousand eight hundred and seventy eight.

(To be signed by Party applying) John M'Clachan

P p

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians and a Licentiate of the Faculty of Physicians & Surgeons
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Cook St
Portpatrick - in the Parish of Portpatrick in the
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Mrs Miles - a pauper
the said Mrs Miles is a (5) person of
unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Appears to be
quite incoherent in her talk. She undressed herself in a very incoherent manner. She undressed
herself in a very incoherent manner. She undressed herself in a very incoherent manner.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others (7)
The Inspector of Poor informed me that she had an
idiot daughter & a step daughter residing in the village of
Her neighbours Andrew Bruce and his wife have
in the house and that John McDonald, joiner, was

*Name and Medical Designation,* Hugh Cochrane
FRCPEd & FRS

*Place of Abode,* Stranraer

DATED this thirtieth day of December One thousand
hundred and Seventy eight:

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William M'Neil
being a (1) Doctor of Medicine of the University of Edinburgh
and a member of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Cook St
Portpatrick in the County of
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Mrs Mills the wife of
Mills Tailor residing there
the said Mrs Mills is a (5) person of
unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) When I entered the
room she jumped up and excitedly recited some
lines as follows: "He Rey laboured up the Cape as the Collies of the
Cead. for they all have joined against me" &c She then makes
Desperate she would be and had gymnack the Conservation
was very violent & cannot be understood.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (7)
Her husband Robt Mills stays that until to Saturday
She was in her usual state of health. She then appeared to be excited
with getting up a Cape apparently for
him and a Neighbour Brown ~~[illegible]~~ to have her out of the house
him has to be kept under watch lest she should cause
James Brown corroborates above Name and Medical Designation, } Wm M'Neil M.D.
says she is quite a change from

*Place of Abode,* Stranraer

DATED this thirtieth day of December One thousand
hundred and Seventy eight.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Maclean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John McCracken
Inspector of Poor Portpatrick
Certificates under the hands of Hugh Cochrane and William McNeal
~~and~~ both Doctors of Medicine residing at Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Agnes Gordon or Mills residing in Portpatrick a pauper, and that the said
Agnes Gordon or Mills is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO, HEREBY AUTHORIZE you to receive the said Agnes Gordon or Mills as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Gordon or Mills which accompanied the said Petition.

DATED this Thirtyfirst day of December One thousand eight hundred and seventy eight

P. Maclean
Sh. Sub.

*To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries*

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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Agnes Gordon or
Mills
1st January
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, or Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries & Galloway ~~of the~~ (2) ..... and his Substitutes,—

The Petition of James C Ferguson 3 St Cuthbert St Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Jane Brown Christal or Ferguson your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Jane Brown Christal or Ferguson to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

James C Ferguson

State degree of Lordship or other way in which Petitioner is related to Lunatic.

Dated this second (4) day of January One thousand eight hundred and Seventy nine years.

The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Elizabeth Jane Brown Christal or Ferguson |
| Sex and Age, | Female 44 |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation (if any), | Home wife |
| Religious Persuasion, so far as known, | Church of Scotland |
| Previous Place of Abode, | Kirkcudbright - 3 St Cuthberts St. |
| Place where Found and Examined, | Kirkcudbright Dumfries |
| Length of time Insane, | a fortnight. |
| Whether first Attack, | 2nd Attack |
| Age (if known) on first Attack, | 43. |
| When and where previously under Examination and Treatment, | In Crichton Royal Institution |
| Duration of existing Attack, | 2 weeks. |
| Supposed Cause, | Constitutional |
| Whether subject to Epilepsy, | no. |
| Whether Suicidal, | No |
| Whether Dangerous to others, | No. |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| Date of becoming Chargeable, | — |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James C. Ferguson 3 St Cuthbert St. Kirkcudbright |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | A sister Mary Jane Christal Ferguson at present an inmate in the Crichton R. Institution (5) |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this second day of January One thousand eight hundred and Seventy nine years.

(*To be signed by Party applying*) James C Ferguson

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Johnstone being a (1) M.D. of Edin &c

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Carlton Rd Kilmarnock separately from any other Medical Practitioner visited and personally examined (4) Mrs Elizabeth Ferguson, and the said Mrs Elizabeth Ferguson is a (5) Pauper of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Mental she is suffering from Delusions &c &c

2. Other facts (if any) indicating Insanity communicated to me by others (7)
Mental Relatives friends &c &c
She is also very

*Name and Medical Designation,* } Wm Johnstone

*Place of Abode,* Kilmarnock

DATED this 2 day of January One thousand hundred and 79.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith being a (1) Graduate of Edinburgh &c

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Carlton Rd Dumfries in the Royal Infirmary Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth J. B. Ferguson Married wife of Robert Ferguson, and the said Elizabeth J. B. Ferguson is a (5) Pauper of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her appearance & delusions leads me to believe cannot distinguish between men & women

2. Other Facts (if any) indicating Insanity communicated to me by others (7)
was previously under treatment in Carlton Royal Infirmary

*Name and Medical Designation,* } John Smith

*Place of Abode,* 14 Carlton Rd Dumfries

DATED this 2 day of January One thousand hundred and 79.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, Wm Johnstone M.D. Ed.
being (1) a general Practitioner
hereby certify, on soul and conscience, that I have this day, at (2) Castle Street, Kirkcudbright
in the County of Kirkcudbright, seen and personally examined
Mrs Elizabeth Ferguson, and that the said Mrs Elizabeth Ferguson
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Wm Johnstone M.D.

DATED this 2nd day of Jany, One thousand eight hundred and 79.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff, Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) James C. Ferguson,
3 St Cuthbert's Street Kirkcudbright,
Certificates under the hands of William Johnston
and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Jane Brown Christal or Ferguson 3 St Cuthbert Street, Kirkcudbright & Petitioners wife and that the said Elizabeth Jane Brown Christal or Ferguson is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Jane Brown or Ferguson — 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 Jane Brown Christal or Ferguson which accompanied the said Petition.

DATED this Third day of January One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Petition
of
Jas C. Fergusson, Sheri
for
reception of Elizabeth Jen
Brown Christal or Ferg
into the Crichton Royal
2nd Janu

1612

Elizabeth S.B. Christals
or Fergusson
2d January
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

*Unto the Honourable the* (1) Sheriff ~~of the~~ County of Dumfries ~~Kirkcudbright~~ *and his Substitutes,*—

The Petition of William Graham

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Haggarty or McNelly 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 Haggarty or McNelly to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

Wm McMillan Inspector of Poor Hoddom

Dated this Second (3) day of January One thousand eight hundred and Seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Jane Haggarty or McNelly |
| Sex and Age, | Female about 40 |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation (if any), | Mendicant — not known |
| Religious Persuasion, so far as known, | Roman Catholic |
| Previous Place of Abode, | Not Known |
| Parish where Found and Examined, | Lockerbie |
| Duration of time Insane, | ~~Two~~ Three days |
| Whether first Attack, | Not Known |
| Age (if known) on first Attack, | Not known |
| When and where previously under Examination and Treatment, | Not known |
| Supposed Duration of existing Attack, | Four days |
| Ascertained Cause, | Not Known |
| Whether subject to Epilepsy, | No |
| Whether Suicidal, | Threatens Suicide |
| Whether Dangerous to others, | No |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Hoddom |
| Date of becoming Chargeable, | 3 October 1878 |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Her Husband Peter McNelly Cannot be found |
| Any circumstances (if any) preventing the collection of any of the above particulars, | She is a Mendicant and ~~has~~ became unwell, and now cannot give particulars |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Second day of January One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) Wm McMillan Insp: Hoddom

P.P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Barton Gass being a (1) Licentiate of Royal Coll. Surgeons Edin. & Licentiate of Roy. Coll. Phys. Edin. and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Ecclefechan in the Parish of Hoddom in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Haggarty or Mc Nelly pauper, Ecclefechan the said Jane Haggarty or Mc Nelly is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless and sleepless. Talks most incoherently at time. Threatens self destruction

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Isabella Shannon says that pauper often tries to get out by the window. Frequently refuses to bed, & gets very unruly and noisy if left alone at night

*Name and Medical Designation,* J. Barton Gass

*Place of Abode,* Ecclefechan

DATED this second day of January One thousand [illegible] hundred and seventy nine

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Lic: Roy: Coll: Phys: Edin: & Lic: Fac: Phys: Surgeons Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Ecclefechan in the parish of Hoddom in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Haggarty or Mc Nelly pauper, Ecclefechan the said Jane Haggarty or Mc Nelly is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The pauper [illegible] no remembrance of events or dates; fancies [illegible] she has seen individuals previously whom [illegible] has not seen

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Isabella Shannon says that pauper is [illegible] restless, particularly at night, that she makes efforts to get out undressed; and that she frequently refuses to rest anywhere but on [illegible]

*Name and Medical Designation,* William Carruthers

*Place of Abode,* Kirkpatrick Fleming

DATED this 2nd day of January One thousand [illegible] hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) William Graham, Inspector of Poor, Hoddam
Certificates under the hands of James Barton Gass
and William Carruthers being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Haggarty or McNelly Ecclefechan, (a Pauper) and that the said Jane Haggarty or McNelly is a (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 Haggarty or McNelly as a Patient into the (6) Public Asylum of Southern counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Haggarty or McNelly which accompanied the said Petition.

DATED this Third day of January One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of*
Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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Jane Haggarty or
McNally
3d January
1878

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

FORM 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. Fiscal or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2)~~ Counties of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Duncan Reid—

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 Duncan Reid to the Southern Counties Asylum and to sanction his admission into the said Asylum.

John Dinwoodie

The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Fourth (4) day of January One thousand eight hundred and Seventynine.

---

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Duncan Reid |
| 2. Sex and Age, | Male 64 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | do Sailor |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Gorlieston |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | Since yesterday |
| 9. Whether first Attack, | not Known |
| 10. Age (if known) on first Attack, | — |
| 11. When and where previously under Examination and Treatment, | not Known wether ever under treatment before or not |
| 12. Duration of existing Attack, | Since Yesterday |
| 13. Supposed Cause, | no cause known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | would be if pysically able |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries meantime |
| 18. Date of becoming Chargeable, | 4th January 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | not Known — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of January One thousand eight hundred and Seventynine

(*To be Signed by Party applying*) John Dinwoodie, Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh Univ
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Royal Infirmary, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Duncan Reid, Pauper
the said Duncan Reid is a (5) lunatic
and of unsound mind and a proper person to be taken under Care and Treatment, 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; Violent & many delusions. States that he is at present living in London

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others : (7)
Mr. Stewart, House Surgeon states that he attempted to smash the doors round him & set fire to the Infirmary last night

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 4th day of January One thousand hundred and 79.

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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, Mark J. Symons being a (1) Doctor of Medicine of Edinburgh Univ
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Royal Infirmary, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Duncan Reid
the said Duncan Reid is a (5) person
and of unsound mind and a proper person to be taken under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself : (6) Delusions: talking incoherently. Says he has been fighting with the Devil & firing shots at person at the other end of the World

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others : (7)
Mr. Stewart House Surgeon of the Infirmary informs me that he tried to set fire to the Infirmary last night

Name and Medical Designation, Mark J Symons M.D.

Place of Abode, 4 Buccleuch St Dumfries

DATED this 4th day of January One thousand hundred and 79.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, John Smith
being (1) Medical Officer of Dumfries Lunatic Asylum
hereby certify, on soul and conscience, that I have this day, at (2) Royal Infirmary,
in the County of Dumfries, seen and personally examined
Duncan Reid, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D.

DATED this 4th day of January One thousand eight hundred and 79.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland, — (1) Steward Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor Dumfries
Certificates under the hands of John Smith
and Mark J. Symms, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Duncan Reid,
Royal Infirmary, Dumfries (a Pauper) and that the said
Duncan 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 Duncan Reid as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Duncan Reid, which accompanied the said Petition.

DATED this Seventh day of January — One thousand eight hundred and seventy ~~eight~~ nine years. are word deleted.

L Maitland

*To the Superintendent of the (7)* Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2

2
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Duncan Reid &
4th January
1879
a

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...riff or Stewart, ...e or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~*of the*~~ (2) *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of ~~Shepherd Sewell~~ Thomas Salkeld Sewell of Workington in the County of Cumberland Gentleman humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jonathan Joseph Sewell your Petitioner's (3) Son 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 Jonathan Joseph Sewell to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

...tate degree of ...ship or other ...which Peti... ...stands to Luna.

Thos. S. Sewell

...e date of the ... must be with... ...en clear days ...the dates of ...dical Certifi...

DATED this ~~seventh~~ ninth (4) day of January — One thousand eight hundred and seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| ...istian Name and Surname of Patient at length, | Jonathan Joseph Sewell |
| ...and Age, | Male 32. (Twenty two) |
| ...rried, Single, or Widowed, | Single |
| ...dition of Life, and previous Occupation (if any), | Chemist and Druggist |
| ...igious Persuasion, so far as known, | Church of England |
| ...vious Place of Abode, | Hall Mills Workington |
| ...ce where Found and Examined, | do. and Dumfries |
| ...gth of time Insane, | two months |
| ...ether First Attack, | Yes. |
| ...(if known) on First Attack, | Twenty two |
| ...en and where previously under Examination and Treatment, | never previously under treatment |
| ...ration of Existing Attack, | First noticed about 14th November 1878 |
| ...posed Cause, | Over Study |
| ...ether subject to Epilepsy, | No. |
| ...ether Suicidal, | Yes. |
| ...ether Dangerous to others, | No. |
| ...ish or Union to which the Lunatic (if a Pauper) is Chargeable, | not chargeable |
| ...e of becoming Chargeable, | |
| ...istian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Shepherd Sewell. Hall Mills Workington. Father of patient No member of Known to have been insane |
| ...ial circumstances (if any) preventing the insertion of any of the above particulars, | none |

...ertify, that, to the best of my knowledge, the above particulars are correctly stated.

...TED this ~~seventh~~ ninth day of January — One thousand eight hundred and seventy nine

(*To be signed by Party applying*) ~~Shep. Sewell~~ Thos. S. Sewell P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Mackenzie Bar[illegible] being a (1) Bachelor of Medicine & Master [illegible] of Edinburgh University and being in actual practice as a (2) General practi[illegible] hereby certify, on soul and conscience, that I have this day, at (3) 14 Ca[illegible] in the [illegible] Dumfries separately from any other Medical P[illegible] visited and personally examined (4) Jonathan Joseph Sewell the said Jonathan Joseph Sewell is a (5) person of unsound mind and a proper Person to b[illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) From his general appearance and his [illegible] of intelligence. He is unable to [illegible] the most simple questions & seems [illegible] on asking any

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Thomas Salkeld Sewell tells me that he has delusions i.e. thinks he is Mr Gladstone & that he has attempted suicide on [illegible]

*Name and Medical Designation,* Wm Mackenzie [illegible]

*Place of Abode,* M.B. C.M. 14 Ca[illegible]

DATED this 7th day of January One thous[illegible] hundred and 79.

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 [illegible] and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience that I have this day, at (3) Crich[illegible] Royal Institution, Dumfries in the C[illegible] Dumfries separately from any other Medical Pra[illegible] visited and personally examined (4) Jonathan Joseph Sewell the said Jonathan Joseph Sewell is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the f[illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His gener[illegible] appearance - vacant look, and in[illegible] to concern: also his symptoms [illegible] nervous depression

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: Told by Dr Gilchrist that he is melancholic, and takes little fo[illegible]

*Name and Medical Designation,* Alex. Thomson

*Place of Abode* Dumfries.

DATED this Eighth day of January One thousa[illegible] hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, William Mackenzie Barclay being (1) a Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Castle Street Dumfries in the County of Dumfries, seen and personally examined Jonathan Joseph Sewell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Wm Mackenzie Barclay M.B. C.M.

DATED this 7th day of January One thousand eight hundred and 79.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Hereditary Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Sewell Workington Cumberland Certificates under the hands of William Mackenzie Barclay, 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) Jonathan Joseph Sewell Hall Mills, Workington Petitioners Brother and that the said Jonathan Joseph Sewell is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jonathan Joseph Sewell 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 Jonathan Joseph Sewell, which accompanied the said Petition.

DATED this Ninth day of January, One thousand eight hundred and ninety nine.

David Boyle Hope

*To the Superintendent of the (7) Asylum of*

Public
Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Jonathan Dos Sewell

7th January

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) or Steward or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) ~~Shire~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Maxwell Dowalton by Sorbie.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Maxwell 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 Maxwell to the Crichton Institution, Dumfries and to sanction his admission into the said Asylum.

(3) degree of ...ship or other ... in which Peti... stands to Lun...

John Maxwell

(4) date of the ...ument be with... ...en clear days ... the dates of ...dical Certifi...

DATED this Sixth (4) day of January One thousand eight hundred and Seventy nine 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 Maxwell. |
| Sex and Age, | Male. 68 yrs. |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation if any), | Farmer. |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | Dowalton. Sorbie. Wigtownshire |
| Place where Found and Examined, | Dowalton. |
| Length of time Insane, | Three Months |
| Whether First Attack, | Yes. |
| Age (if known) on First Attack, | |
| When and where previously under Examination and Treatment, | |
| Duration of Existing Attack, | Three Months |
| Supposed Cause, | Supposes the world is going against him |
| Whether subject to Epilepsy, | No. |
| Whether Suicidal, | Yes. |
| Whether Dangerous to others, | No. |
| Parish or Union to which the Lunatic (if a pauper) is Chargeable, | |
| Date of becoming Chargeable, | |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Jane McGill or Maxwell. his wife. Dowalton. Sorbie. Cousins children have been insane. |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of January One thousand eight hundred and seventy nine years.

(*To be signed by Party applying*) John Maxwell

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Charles Douglas.
being a (1) Graduate of Glasgow University and Lic[illegible] of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Don [illegible] Parish of Corbie — — — in the [illegible] Wigtown separately from any other Medical P[illegible]
visited and personally examined (4) James Maxwell, Farmer Dorialton
the said James Maxwell is a (5) person of unsound mind and a proper Person to [illegible]
under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Thinks he [illegible] ruined his family - has made an attempt [illegible] mit suicide, by cutting his throat & says he will do so the first opportunity.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Annie Maxwell his daughter says he takes every opportunity to do himself harm - knocking his head against the wall. striking it with [illegible] stone or his closed fist.

*Name and Medical Designation,* John C. Douglas M.D. [illegible]

*Place of Abode,* Whithorn

DATED this Sixth day of January One thousand hundred and seventy nine years -

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Mackenzie Barclay
being a (1) Bachelor of Medicine & Master [illegible] of the Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Institution in the C[illegible] Dumfries separately from any other Medical Pr[illegible]
visited and personally examined (4) James Maxwell
the said James Maxwell is a (5) person of unsound mind and a proper person to be [illegible]
under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a fixed idea he has been wronged, & inclines [illegible] talk always about ~~his~~ some difference [illegible] himself & his landlord in regard to his rent, [illegible] vesters when talking & has a depressed [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: Wm Ferguson Warder tells me that he has made an attempt to commit suicide

*Name and Medical Designation,* Wm Mackenzie Barclay

*Place of Abode* St Castle St, Dumfries

DATED this 7th day of January One thousand hundred and 79

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes 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 C. Douglas.
being (1) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Dowalton
in the County of Wigtown, seen and personally examined
James Maxwell, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John C. Douglas

DATED this Seventh day of January One thousand eight hundred and seventy nine years.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell, Dowalton, Sorbie, Wigtownshire
Certificates under the hands of John Charles Douglas
and William Mackenzie Barclay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Maxwell, Farmer, Dowalton, Sorbie (Petitioner's father) and that the said James Maxwell, is a (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 Maxwell as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Maxwell which accompanied the said Petition.

DATED this Eighth day of January One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2

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James Maxwell

7th January

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...iff or Steward ...or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~*of the* (2) Counties~~ *of* Galloway & Dumfries *and his Substitutes,*—

The Petition of Christopher Borthwick

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Thomson

...ate degree of ...ship or other ...in which Peti... ...ands to Luna...

your Petitioner's (3) pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Thomson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Chas. Borthwick

...e date of the ...ust be with ...n clear days ...the dates of ...ical Certifi...

DATED this Seventh (4) day of January One thousand eight hundred and seventy nine

---

## 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 ...ngth, | Janet Thomson |
| ...and Age, | Female aged 21 years |
| ...ried, Single, or Widowed, | Single |
| ...lition of Life, and previous Occupation ...f any), | Farm Servant |
| ...gious Persuasion, so far as known, | Pro. |
| ...ious Place of Abode, | Railway Cottage |
| ...where Found and Examined, | Railway Cottage Broadlea |
| ...th of time Insane, | 4 or 5 days |
| ...ther First Attack, | yes |
| ...(if known) on First Attack, | 21 |
| ...n and where previously under Examina...n and Treatment, | |
| ...ion of Existing Attack, | 4 or 5 days |
| ...sed Cause, | Fathers sudden death |
| ...her subject to Epilepsy, | no |
| ...ner Suicidal, | yes |
| ...her Dangerous to others, | yes |
| ...or Union to which the Lunatic (if a ...uper) is Chargeable, | Parish of Middlebee |
| ...of becoming Chargeable, | 4th Jany 1879 |
| ...ian Name and Surname, and Place of ...ode of nearest known Relative of the ...ient, and degree of Relationship (if ...own), and whether any Member of ...mily known to be or to have been In...e, | Janet Thomson or Clow none |
| ...ecl circumstances (if any) preventing the ...ertion of any of the above particulars, | |

I ...ify, that, to the best of my knowledge, the above particulars are correctly stated.

DA...D this Seventh day of January One thousand eight hundred and seventy nine

(*To be signed by Party applying*) Chas. Borthwick

Insp of Poor P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, George Richardson Underwood being a (1) Bachelor of Medicine of the University of Edinburgh and Master in Surgery of the same University and being in actual practice as a (2) physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Broadlee Railway Cottages, Ecclefechan Dumfries — in the County separately from any other Medical Practitioner visited and personally examined (4) Janet Thomson, pauper of Broadlee Cottages, Ecclefechan. the said Janet Thomson is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

She is under a delusion that she is dead. Though she has seen me daily for several days, she did not know me today and that I am the Fiscal. Her appearance denotes great agitation.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She has in my presence, before today, shewn her mother whom she was formerly very kind to. Takes Hatred to Mrs Thomson & Thomas whom she believed by her to be the Devil. She herself informed me.

*Name and Medical Designation,* George Richardson Underwood

*Place of Abode,* Wallbeck, Ecclefechan.

DATED this seventh day of January One thousand hundred and seventy nine

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Stratton Early being a (1) Doctor of Medicine (Edinburgh) & Licentiate of the Royal Colleges of Physicians and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Broadlee Railway Cottages, Middlebie in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Thomson Broadlee Railway Cottage the said Janet Thomson is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Fits of violent excitement, occasionally very rebellious, great irritability and watch for an opportunity to make an assault upon others, under the influence of which she threatens injury to life.

2. Other Facts (if any) indicating Insanity communicated to me by others (7) The above facts have been communicated to me by Mrs Pagan, Broadlee Railway Cottages.

*Name and Medical Designation,* W. Early L.R.C.P. & S.E.

*Place of Abode* Langholm

DATED this 7th day of January One thousand hundred and 79

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Christopher Bortlewick, Inspector of Poor Middlebie Certificates under the hands of George Richardson Underwood and William Johnstone Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Thomson, Railway Cottage, Broadlea Middlebie (a Pauper) and that the said Janet Thomson, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Thomson as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Thomson which accompanied the said Petition.

DATED this Eighth day of January, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of*
Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Janet Thomson

8th January

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict. Cap.* 71 *Sect.* 34.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (*) Sheriff of ~~the (*) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Peter Gordon Inspector of Poor Kirkcowan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Flyn is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Flyn to the Southern Counties asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Peter Gordon Insp. of Poor

The date of the Petition must be within fourteen clear days after the date of the Medical Certificates.

DATED this 11th (*) day of January One thousand eight hundred and 79

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | | |
|---|---|---|
| 1. | Christian Name and Surname of Patient at length, | James Flyn |
| 2. | Sex and Age, | Male 39 |
| 3. | Married, Single, or Widowed, | Single |
| 4. | Condition of Life, and previous Occupation (if any), | Farm Labourer |
| 5. | Religious Persuasion, so far as known, | Protestant |
| 6. | Previous Place of Abode, | Kirkcowan |
| 7. | Place where Found and Examined, | Kirkcowan |
| 8. | Length of time Insane, | 3 days |
| 9. | Whether first attack, | no |
| 10. | Age (if known) on first Attack, | 30 |
| 11. | When and where previously under Examination and Treatment, | Dumfries Asylum |
| 12. | Duration of existing Attack, | 3 days or thereabouts |
| 13. | Supposed Cause, | drinking about Newyear time |
| 14. | Whether subject to Epilepsy, | no |
| 15. | Whether Suicidal, | not previously |
| 16. | Whether Dangerous to others, | Yes. |
| 17. | Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkcowan |
| 18. | Date of becoming Chargeable, | 18th January 1879 |
| 19. | Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Mary Flyn Mother no Member of his family known to be insane |
| 20. | Special circumstances (if any) preventing the insertion of any of the above particulars, | nil. |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Peter Gordon Insp. of Poor

DATED this 11th day of January One thousand eight hundred and 79

* To be signed by the Party applying.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh McGregor Forbes being a (1) L.R.C.S. Edr. and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Police Ha[illegible] Kirkcowan in the Coun[illegible] separately from any other Medical Practiti[illegible] visited and personally examined (4) James Flyn and [illegible] the said James Flyn is a (5) Pearson of [illegible] and a proper person to be deta[illegible] under Care and Treatment, and that I have formed this opinion upon the follow[illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Outrageous and [illegible] attempting to rock himself against the wall, [illegible] violence to every one around him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Wandering upon the railway, carrying stra[illegible] and tearing up dungheaps, tearing up close [illegible] taking off his cloths in the neighbours gard[illegible]

(Signed) *Name and Medical Designation,* H M G Forbes L.R.[illegible]

*Place of Abode,* Kirkcowan

Dated this Eleventh day of January One thousand e[illegible] hundred and Seventy nine

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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 Cunningham being a (1) Licentiate of the Royal College of Physicians [illegible] Surgeons in Edinburgh and being in actual practice as a (2) Physician and Surgeo[illegible] hereby certify, on soul and conscience, that I have this day, at (3) 25 Castl[illegible] Dumfries — in the County [illegible] Dumfries separately from any other Medical Practitio[illegible] visited and personally examined (4) James Flyn, lab[illegible] Kirkcowan, and th[illegible] the said James Flyn is a (5) person of unsound mind and a proper person to be detai[illegible] under Care and Treatment, and that I have formed this opinion upon the followi[illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The facial [illegible] indicates mental disease —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been an inmate of the Southern Count[illegible] on three or four separate occasions — [illegible] do bodily harm to those near him

(Signed) *Name and Medical Designation,* John Cunningh[illegible]

*Place of Abode,* 25 Castle Street, Di[illegible]

Dated this 11th day of January One thousand eig[illegible] hundred and Seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)*

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that James Flyn is a (1) Pearson of Unsound mind I hereby further certify that the Case of the said James Flyn is One of Emergency, and I recommend the immediate removal of the said James Flyn to an Asylum accordingly.

*Name,* Hugh McGregor Forbes M.R.C.S.E.

*Place of Abode,* Kirkcowan,

Dated this Eleventh day of January One thousand eight hundred and Seventy nine

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Peter Gordon Inspector of Poor, Kirkcowan, Forbes Certificates under the hands of Hugh McGregor Forbes and John Cunningham being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Flyn, Farm Labourer Kirkcowan (a Pauper) and that the said James Flyn, is a (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 Flyn as a Patient into the (6) Public Asylum of Southern counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Flyn, which accompanied the said Petition.

(Signature) David Boyle Hope

Dated this Thirteenth day of January One thousand eight hundred and seventy nine.

*To the Superintendent of the* (7) Public *Asylum of* Southern counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

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James Flyn
11th January
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...riff or Steward. ...re or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (1) Countess~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of Janet McKinnell or Gordon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Johnstone Gordon 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 Thomas Johnstone Gordon to the Southern Counties Asylum and to sanction his admission into the said Asylum.

...state degree of Rela... or other capacity ...h Petitioner stands ...atic.

+ Janet Kennell Gordon

DATED this Fourteenth (3) day of January One thousand eight hundred and Seventy nine

...he date of the Peti... ...nd be within four... ...ar days following ...es of the Medical ...ates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| ...ristian Name and Surname of Patient ...at length, | Thomas Johnstone Gordon |
| ...k and Age, | Male age 64. |
| ...rried, Single, or Widowed, | married |
| ...adition of Life, and previous occupation (if any), | ao Basket maker |
| ...ligious Persuasion, so far as known, | Protestant |
| ...evious Place of Abode, | Dumfries |
| ...ce where Found and Examined, | ao |
| ...ngth of time Insane, | about 5 Weeks |
| ...ether first Attack, | — |
| ...e (if known) on first Attack, | 4th Attack |
| ...en and where previously under Examination and Treatment, | not known Dumfries & S.C. Asylum |
| ...ration of existing Attack, | about 5 Weeks |
| ...posed Cause, | no cause known |
| ...ether subject to Epilepsy, | no |
| ...ether Suicidal, | no |
| ...ether Dangerous to others, | scarcely |
| ...ish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| ...e of becoming Chargeable, | |
| ...istian Name and Surname, and Place of Abode of nearest known 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 |
| ...cial 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.

...his Fourteenth day of January One thousand eight hundred and Seventy nine

*(To be Signed by Party applying)* + Janet Kennell Gordon

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 100 High St. Dumfries in the Dumfries separately from any other Medical Pr[illegible] visited and personally examined (4) Thomas Johnston Gordon, [illegible] Maker the said Thomas Johnston Gordon is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is excited and in his mode of address. He imagines he is [illegible] by his wife, says he has felt queer lately. He [illegible] doctor early this morning, rattling a tin pass to prove [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He has been an insane patient before. His friends and neighbours see a great alteration [illegible]

*Name and Medical Designation,* W. S. Kerr M.D. &c

*Place of Abode,* Dumfries

DATED this 14th day of January One thousand hundred and Seventy nine.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dell MacDo[illegible] being a (2) Graduate of Edinburgh Univ[illegible] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 100 High [illegible] Dumfries in the Co[illegible] Dumfries separately from any other Medical Pra[illegible] visited and personally examined (4) Thomas Johnstone Gordon Basket Maker the said Thomas Johnstone Gordon is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says that he [illegible] poisoned last night by his friends, [illegible] And that he cut a neighbour money [illegible] conveyed to him in his hat Mark, he [illegible] when he has not tasted

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been very abusive both [illegible] and language to all his friends [illegible] twice in an asylum before

*Name and Medical Designation,* A D MacDonald

*Place of Abode,* 18 Castle St Dum[illegible]

DATED this 14th day of January One thousand hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff ~~Substitute~~
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Janet McConnell or Gordon 100 High ~~Street~~ Dumfries
Certificates under the hands of William Smith Kerr, ~~and~~
and Alexander Dall MacDonald —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Johnstone Gordon, Basket Maker, Dumfries, and that the said Thomas Johnstone Gordon is a (5) person of unsound (Petitioners Husband)
mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Johnstone Gordon as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Johnstone Gordon which accompanied the said Petition.

DATED this Fourteenth day of January One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the (7)* Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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Thomas J Gordon
14th January
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Fiar or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~Justices~~ (2)
of Dumfries and Galloway *and his Substitutes*—

The Petition of John Dinwoodie Inspector of poor parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Emily Campbell or Taylor 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 Emily Campbell or Taylor 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 Patient.

John Dinwoodie

(4) The date of the Petition must be within four-teen clear days following the dates of the Medical Certificates.

Dated this Sixteenth (4) day of January One thousand eight hundred and Seventynine

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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, | Emily Campbell or Taylor |
| 2. Sex and Age, | Female 35 |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | Teacher of Dancing |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Different Places |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | Not known |
| 9. Whether first Attack, | Not known |
| 10. Age (if known) on first Attack, | do |
| 11. When and where previously under Examination and Treatment, | do |
| 12. Duration of existing Attack, | do |
| 13. Supposed Cause, | do |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries meantime |
| 18. Date of becoming Chargeable, | 13 January 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Taylor Husband Newcastle not known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixteenth day of January One thousand eight hundred and Seventynine

(To be Signed by Party applying) John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Swan Hotel Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Emily Campbell or Taylor Esq. the said Emily Campbell or Taylor is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently imagines that she is being redicated by those [illegible] states that she is Cousin of the Royal Family and a great friend of Our Queen and the [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her attendant states much the same above

*Name and Medical Designation,* W Marshall M.D.

*Place of Abode,* Dumfries

DATED this 16th day of January One thousand hundred and Seventy nine 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 Mackenzie Barclay being a (1) Bachelor of medicine & Master [illegible] of the University of Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) ~~[illegible]~~ Hotel Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Emily Campbell or Taylor Pauper the said Emily Campbell or Taylor is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Excited manner & rambling statements. She has [illegible] & believes she is a Spanish princess ~~[illegible]~~.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Landlord of the "White Swan" [illegible] me she is very restless & believes [illegible] her throat has been cut at one time

*Name and Medical Designation,* William M Barclay

*Place of Abode,* 14 Castle Street Dumfries

DATED this 16th day of January One thousand hundred and 79 years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor, Dumfries,
Certificates under the hands of William Marshall
and William Mackenzie Barclay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Emily Campbell or Taylor Servant Hotel Dumfries (a Pauper) and that the said Emily Campbell or 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 Emily Campbell or Taylor as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Emily Campbell or Taylor which accompanied the said Petition.

Dated this Sixteenth day of January One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2
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Emily Campbell
or Taylor
16 January
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) or Steward. (2) Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the~~ (2) County of Dumfries ~~& Galloway~~ *and his Substitutes,*—

The Petition of James McVeigh of Lochbraes Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~Mrs McVeigh~~ Mary Dalzell or McVeigh 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 Mary Dalzell or McVeigh to the Royal Crichton Institution and to sanction her admission into the said Asylum.

(3) degree of kindred or other tie which Petitioner bears to Lunatic.

James McVeigh

(4) date of the Petition not be within seven clear days from the dates of the Medical Certificates.

Dated this 17th (4) day of January One thousand eight hundred and Seventy Nine

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Mary Dalzell or McVeigh |
| Sex and Age, | Female, 59 |
| Married, Single, or Widowed, | married |
| Condition of Life, and previous Occupation (if any), | — |
| Religious Persuasion, so far as known, | Roman Catholic |
| Previous Place of Abode, | Dumfries — |
| Place where Found and Examined, | — |
| Length of time Insane, | 6 weeks |
| Whether First Attack, | first attack |
| Age (if known) on First Attack, | — |
| When and where previously under Examination and Treatment, | — |
| Duration of Existing Attack, | 6 weeks |
| Supposed Cause, | Change of Life &c |
| Whether subject to Epilepsy, | No |
| Whether Suicidal, | no |
| Whether Dangerous to others, | no |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| Date of becoming Chargeable, | — |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James McVeigh - her husband above designed |
| Special circumstances (if any) preventing the ascertainment of any of the above particulars, | no |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 17th day of January One thousand eight hundred and 79

(*To be signed by Party applying*) James McVeigh

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James M: M'Culloch, M. D. &c.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Castle St
Dumfries in the County
separately from any other Medical person
visited and personally examined (4) Mary Dalziel or M'Keigh
the said Mary Dalziel or M'Keigh is a (5) person of
unsound mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Very excitable
talk disconnected & incoherent, imagines that a bottle
she had some months ago is in her ear, that things are
round her back &c. very little sleep.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Very outrageous at times, religious excitement &
strikes her daughter &c.

*Name and Medical Designation,* James M: M'Culloch

*Place of Abode,* 16 Castle Street, Dumfries

DATED this sixteenth day of January One thousand
hundred and seventy nine years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician *or* Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Proudfoot
being a (1) Graduate of the Faculty of Physicians
Surgeons and College of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Castle St
Dumfries in the
separately from any other Medical Person
visited and personally examined (4) Mary Dalziell or M'Keigh
the said Mary Dalziell or M'Keigh is a (5) person of
unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently
supposes her friends to be in great danger
refuses to sleep incessantly walks to & fro
for the safety of her friends &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Very much excited states that she has
got into disagreements at present
she attacks her daughter &c

*Name and Medical Designation,* William Proudfoot M.D.

*Place of Abode* Dumfries

DATED this 16th day of January One thousand
hundred and seventy 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, James M: McCulloch M: D: &c. being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Castle Braes Cottages in the County of Dumfries, seen and personally examined Mary Dalziel, or McVeigh, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James M: McCulloch M: D: &c.

DATED this sixteenth day of January One thousand eight hundred and seventy nine years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James McVeigh, of Castlebraes, Dumfries Certificates under the hands of James M. McCulloch and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Dalziell or McVeigh (Petitioner's wife) and that the said Mary Dalziell or McVeigh is a (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 Dalziell or McVeigh as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Dalziell or McVeigh which accompanied the said Petition.

DATED this Seventeenth day of January One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1614

Mrs Mary Dalyell
or Mc Veigh

17th January

1879

"

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

ATION TO THE GENERAL BOARD OF LUNACY TO GRANT
SFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

dersigned John Main Inspector of Poor of the Parish of Borgue
ons to transfer John Hamilton
a Patient in Paisley Parochial Asylum Riccartsbar, and (1)
Lunatic of the Parish of which I am Inspector of Poor
ies Royal Asylum from the said Asylum to the
hereby request the authority of
to such transfer; and I subjoin a Statement of Particulars regarding the said
Hamilton and a Medical Certificate with
his mental and bodily condition.

(1) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

X John Main
Inspector of Poor Borgue

o at Paisley this Twentieth day of January
and eight hundred and Seventy ~~eight~~ nine one word deleted.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

## STATEMENT.

| | |
|---|---|
| n Name and Surname of Patient at ch, | John Hamilton |
| Age, | Male Aged 45 years |
| Single, or Widowed, | Married |
| n of Life, and Previous Occupation (if ny), | Gamekeeper |
| s Persuasion, so far as known, | Protestant |
| Admission into Asylum, | 29 Nov 1878 |
| of time Insane, | About 2 months |
| first Attack, | yes |
| (known) on first Attack, | 45 years |
| of existing Attack, | About 2 months |
| d Cause, | not known |
| subject to Epilepsy, | [illegible] |
| Suicidal, | no |
| Dangerous to others, | no |
| which the Lunatic (if a Pauper) is geable, | Borgue |
| n Name and Surname, and Place of bode of nearest known 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 Wife Elizabeth Jack 7 West Brae Paisley not known |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) X John Main Inspector of Poor Borgue

DATED this Twentieth day of January One thousand eight
hundred and seventy ~~eight~~ nine - one word deleted

N.B.—The foregoing particulars are required for the information of the authorities to
the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Donald Fraser being (1) A graduate in Medicine of the University [illegible] hereby certify that I have this day at (2) Riccarton Parochial Asylum personally examined John Hamilton at [illegible] Patient in said Asylum, and with respect to his Mental State that he is [illegible] unsound mind. He has delusions.

(1) State Medical Qualification.
(2) Name Asylum.

; and with respect to [illegible] Bodily Health and Condition that they are very poor.

and I further certify that, in my opinion, there is nothing in the Mental or Body Condition of the Patient to contraindicate removal to the ~~Asylum of~~ Dumfries Royal Asylum.

Donald Fraser

DATED this Twentieth day of January One thousand [illegible] hundred and seventynine years.

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SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff*)

Application having been made to the Board by (1) the Inspector of Poor Parish of Borgue to authorize the transfer of John Hamilton from Paisley Parochial Asylum to Dumfries Royal Asylum, and the Board having considered such application [illegible] the accompanying Medical Certificate, do hereby authorize the transfer (2) of [illegible] John Hamilton as requested.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

John Sibbald Commissioner

DATED at Edinburgh, this 21st day of January thousand eight hundred and seventynine

Date of Sheriff's order:- 30th [illegible]

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John Hamilton
24th January
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Dumfries shire and of Galloway *and his Substitutes,—*

The Petition of Alexander Newison Inspector of Poor of Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Campbell your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Campbell to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other circumstance in which Petitioner stands to Lunatic.

Alex. Newison

(4) The date of the Petition must be within fourteen clear days preceding the dates of the Medical Certificates.

DATED this ~~Fourteenth~~ (4) day of January One thousand eight hundred and Seventy 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, | Margaret Campbell |
| 2. Sex and Age, | Female 35 years old |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Domestic Servant |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Thornhill |
| 7. Place where Found and Examined, | Do |
| 8. Length of time Insane, | Ten days |
| 9. Whether First Attack, | Not the first or second |
| 10. Age (if known) on First Attack, | not known |
| 11. When and where previously under Examination and Treatment, | Do |
| 12. Duration of Existing Attack, | Ten days |
| 13. Supposed Cause, | None known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | partially |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Morton Parish |
| 18. Date of becoming Chargeable, | 8th January 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Campbell 153 Drumlanrig Street Thornhill — her Mother |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Fourteenth~~ day of January One thousand eight hundred and Seventy Nine

(*To be signed by Party applying*) Alex. Newison

P.P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Boyle Grierson
being a (1) Licentiate of the Royal College of [illegible]
of Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Thornhill in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Campbell
the said Margaret Campbell is a (5) Lunatic and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Refuses food, replies to no questions, keeps [illegible] and sighing without cause.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That what I have observed continues day and night, and that she has on one occasion very violent and very difficult

Name and Medical Designation, W. Grierson

Place of Abode, Museum, Thornhill

DATED this 12th day of January One thousand hundred and seventy nine

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned William Gaultley
being a (1) Bachelor of medicine & licentiate of the Royal College of Surgeons, Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day at (3) Dornock Lawrie Street, Thornhill in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Campbell
the said Margaret Campbell is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Conversation mostly incoherent - sometimes violent at other times quiet & takes no notice of anything going on. refuses food occasionally & sleeps almost

2. Other Facts (if any) indicating Insanity communicated to me by others (7) (from friends) very excitable at times said. imagines that she sees objects various kinds. ~~appears~~ - when very excited ~~requires~~ requires to be bright: at times ~~is~~ is quiet at other times excitable

(SIGNED) Name and Medical Designation, Wm Gaultley M.B.

Place of Abode, Thornhill, Dumfries

DATED this twenty fourth day of January one thousand hundred and eighty-nine

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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 Boyle Emerson being (1) a Licentiate of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Thornhill in the County of Dumfries, seen and personally examined Margaret Campbell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

T B Emerson

Dated this 19th day of January One thousand eight hundred and Seventy nine.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff Substitute (3) of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Alexander Newison Inspector of Poor Morton Certificates under the hands of Thomas Boyle Emerson and William Galletly, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Margaret Campbell Domestic Servant Thornhill a pauper and that the said Margaret Campbell is a (7) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Campbell as a Patient into the (8) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Campbell which accompanied the said Petition.

Dated this Twenty fifth day of January One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (9) Public *Asylum of* Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

27th January
1879

The Usual Bond was signed
left at the Crichton on the
25th Jany

Thornhill 13th Jany

I hereby bind and oblige the
of Morton to pay Margaret Ca
Board in the Southern Counties
and to conform to all Rul
in her case —

Alex. Henrison
Inspector of
for Mor

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...iff or Steward. ...e or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Shire~~ of Dumfries Stafloway *and his Substitutes,*—

The Petition of Mr. James Johnstone, Dockenflat, Middlebie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mr. James Johnstone your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mr. James Johnstone to the Dumfries Asylum (Southern Counties) and to sanction his admission into the said Asylum.

...ate degree of ...ship or other ...in which Peti... ...ands to Luna...

James Johnstone

...e date of the ...must be with... ...en clear days ...the dates of ...dical Certifi...

DATED this 29 (4) day of January One thousand eight hundred and 1879

STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| ...istian Name and Surname of Patient at ...ength, | James Johnstone |
| S... and Age, | Male, about 30 years |
| ...ried, Single, or Widowed, | Single |
| ...dition of Life, and previous Occupation (if any), | Farmer's Son & Assisting on the Farm |
| ...igious Persuasion, so far as known, | Protestant |
| ...vious Place of Abode, | Dockenflat - Middlebie |
| ...e where Found and Examined, | Lockerby |
| ...gth of time Insane, | Rather over 12 months |
| ...ether First Attack, | First attack |
| A... (if known) on First Attack, | 30 years |
| ...en and where previously under Examination and Treatment, | |
| ...ation of Existing Attack, | 12 months or so |
| S...posed Cause, | not known |
| ...ether subject to Epilepsy, | never |
| ...ether Suicidal, | no |
| ...ether Dangerous to others, | Yes |
| ...sh or Union to which the Lunatic (if a ...auper) is Chargeable, | not a Pauper |
| ...e of becoming Chargeable, | 29th Jany. 1879 if admitted |
| ...istian 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 In...ane, | Mr. Jas. Johnstone - Dockenflat - Father. & whose Sister a Mrs. Davidson was formerly an Inmate in the Asylum |
| S...ial circumstances (if any) preventing the ...sertion of any of the above particulars, | none |

...ertify, that, to the best of my knowledge, the above particulars are correctly stated.

...ED this 29 day of January One thousand eight hundred and 79

(*To be signed by Party applying*) James Johnstone

P P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Thompson Richardson M.D. Surg.
being a (1) Licentiate of the Royal College of Physicians & Surgeons
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Arthur Place
Lockerbie
Dumfries
in the County
separately from any other Medical person
visited and personally examined (4) James Johnstone from Boreland
the parish of Middlebie
the said James Johnstone is a (5) person of
Mind
and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions: a belief
The impression that almost every body wishes
him — The idea that his brothers is a plan where is to
allow him to come in & rub something on his body, his
Operators are at work continually to injure him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Attempts to set his Father's house on fire, and
enmity towards his Father - Refused food at home as he
was in it, & for a long time has partaken of his food as he
consequence.

Name and Medical Designation, John T. R. Richardson M.D.
Regist. Physician & Surgeon

Place of Abode, The Green, Lockerbie

DATED this 29th day of January One thousand
hundred and Seventy nine.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Maclachlan
being a (1) Bachelor of Medicine & Master in
Surgery of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Arthur Place
Lockerbie
Dumfries
in the County
separately from any other Medical Person
visited and personally examined (4) James Johnston
Dechmont Farmer
the said James Johnstone is a (5) person of
unsound mind
and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His statement
that he is possessed of great wealth &
is a delusion. also that he is a person of
eminence with a title which he says can
be proved by reading the Bible & that all
persons are envious of him & trying to injure him.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He has been heard at various times to state
that he would be set on Fire by his Father's house
Fire, is full of delusions about his
the whole country side belonging to him
takes little food & sleeps little.

Name and Medical Designation, James Maclachlan
M.B. & C.M.

Place of Abode High Street, Lockerbie

DATED this 29th day of January One thousand
hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John T. R. Wotherspoon being (1) a Regist.d Medical Practitioner & Royal Colleg of Phys. & Surgs. Edin.r hereby certify, on soul and conscience, that I have this day, at (2) Arthur Place, Lockerby in the County of Dumfries, seen and personally examined James Johnstone, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John T. R. Wotherspoon

Dated this 29th day of Jan.y One thousand eight hundred and Seventy nine.

(1) State medical qualification.

(2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke (1) Sheriff-Substitute of the (2) county of Dumfries having had produced to me, with a Petition at the instance of (3) James Johnstone Brokenflat Middlebie Certificates under the hands of John Thompson Richardson M.D. Thornhill and James Macfadzean, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Johnstone Brokenflat Middlebie Petitioner's son and that the said James Johnstone is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Johnstone as a Patient into the (6) Public Asylum of Southern counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Johnstone which accompanied the said Petition.

Datum this thirtieth day of January One thousand eight hundred and seventy nine.

David Boyle Stoke

*To the Superintendent of the (7) Asylum of*

Public
Southern counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2
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v James Johnstone
30th January
1879
" "

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...T or Steward. ...or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2)~~ of Dumfries Galloway *and his Substitutes*—

The Petition of William Davidson, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Dornock Medical Certificates, that Margaret Armstrong, — your Petitioner's (3) Pauper, — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Armstrong — to the Southern Counties Asylum and to sanction her admission into the said Asylum.

...te degree of ...hip or other ...n which Peti... ...nds to Luna...

Wm Davidson.

...T date of the ...ust be with... ...n clear days ...the dates of ...ical Certifi...

DATED this Twelfth (4) day of February, One thousand eight hundred and seventy nine.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| ...tian Name and Surname of Patient at ...ngth, | Margaret Armstrong |
| ...and Age, | Female |
| ...led, Single, or Widowed, | Married |
| ...ition of Life, and previous Occupation ...any), | none |
| ...ious Persuasion, so far as known, | Protestant |
| ...ous Place of Abode, | Bonshaw |
| ...e where Found and Examined, | Dornock |
| ...th of time Insane, | Three weeks |
| ...her First Attack, | 31. years |
| ...(if known) on First Attack, | — |
| ...and where previously under Examina...n and Treatment, | — |
| ...ion of Existing Attack, | |
| ...eed Cause, | Fever |
| ...her subject to Epilepsy, | — |
| ...her Suicidal, | — |
| ...her Dangerous to others, | Sometimes |
| ...or Union to which the Lunatic (if a ...uper) is Chargeable, | Dornock |
| ...of becoming Chargeable, | 8th Feby 1879 |
| ...ian Name and Surname, and Place of ...ode of nearest known Relative of the ...ient, and degree of Relationship (if ...own), and whether any Member of ...mily known to be or to have been In...e, | John Armstrong Husband does not know |
| ...l circumstances (if any) preventing the ...ertion of any of the above particulars, | — |

I ...tify, that, to the best of my knowledge, the above particulars are correctly stated.

DA...D this 10 day of Feby One thousand eight hundred and 79.

(*To be signed by Party applying*) Wm Davidson.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Daniel MacKenzie being a (1) Bachelor of Medicine & Master in Surg[illegible] of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Dorno[illegible] Near Annan in [illegible] Dumfries separately from any other Medical [illegible] visited and personally examined (4) Margaret Armstrong, wife [illegible] a farm labourer, the said Margaret Armstrong is a (5) Lunatic and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She passed [illegible] a state of fever which has completely upset her faculties, she abuses her husband, refuses the company [illegible] children, & strikes her attendants &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She imagines her husband is in secret [illegible] respondence with her supposed enemies [illegible] are trying to poison her & sever the marriage [illegible]

*Name and Medical Designation,* Daniel MacKenzie, [illegible]

*Place of Abode,* Maryfield, Annan

DATED this tenth day of February One thousand hundred and seventy nine 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, M. L. Williamson being a (1) Surgeon of Edinr and being in actual practice as a (2) General Medical Pr[illegible] hereby certify, on soul and conscience, that I have this day, at (3) Dorno[illegible] in the [illegible] Dumfries separately from any other Medical Pr[illegible] visited and personally examined (4) Margaret Armstrong wife of John Armstrong Dornock the said Margaret Armstrong is a (5) insane person and a proper person to be under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She threw tongs with great force at Dr M. King [illegible] soon as she saw him to day. She told [illegible] her husband had put noxious matter [illegible] her led so that durst not sleep. &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) her husband told me that she attempted to burn the led clothes. and refuses food &

*Name and Medical Designation,* M. L. Williamson

*Place of Abode* Annan

DATED this tenth day of Feb One thousand hundred and Seventy 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, Daniel Mackenzie being (1) a general medical practitioner - M.B. & C.M. hereby certify, on soul and conscience, that I have this day, at (2) Dornock in the County of Dumfries, seen and personally examined Margaret Armstrong, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Daniel Mackenzie M.B. & C.M.

DATED this tenth day of February One thousand eight hundred and seventy nine years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Davidson, Inspector of Poor, Dornock Certificates under the hands of Daniel Mackenzie and Thomas Williamson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Armstrong, wife of John Armstrong, Dornock (a Pauper) and that the said Margaret Armstrong, is a (5) Lunatic, and an insane person, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Armstrong, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Armstrong, which accompanied the said Petition.

DATED this Tenth day of February One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of*

Southern Counties

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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Marjorie Armstrong

11 February

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

If or Steward or Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries & Galloway ~~of the~~ (2) *and his Substitutes,*—

The Petition of Charles Wills Newell 19 Eden Court Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Esther Newell

the degree of ship or other in which Peti- inds to Luna-

your Petitioner's (3) wife

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Esther Newell to the Crichton Royal Institution and to sanction her admission into the said Asylum.

Charles Wills Newell

The date of the ust be within days the dates of dical Certifi-

DATED this 13th (4) day of February One thousand eight hundred and Seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Esther Newell |
| Sex and Age, | F. 66 |
| Married, Single, or Widowed, | married |
| Condition of Life, and previous Occupation (if any), | wife of City-Missionary |
| Religious Persuasion, so far as known, | Episcopalian |
| Previous Place of Abode, | 19 Eden Court Carlisle |
| Place where Found and Examined, | Dumfries |
| Length of time Insane, | |
| Whether First Attack, | second |
| Age (if known) on First Attack, | |
| When and where previously under Examination and Treatment, | Crichton Royal Institution Dumfries |
| Duration of Existing Attack, | |
| Supposed Cause, | not known |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | Threatened |
| 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, | Charles Wills Newell 19 Eden Court Carlisle 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 13th day of February One thousand eight hundred and seventy nine

(*To be signed by Party applying*) Charles Wills Newell

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate of Edinburgh Univ and being in actual practice as a (2) Physician & Surg hereby certify, on soul and conscience, that I have this day, at (3) 14 St Dumfries in the Co Dumfries separately from any other Medical visited and personally examined (4) Esther Newall, the said Esther Newall is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is appearance & rambling incoherency of speech. says she is dead & requires buried. & that she is dried up & has no

(7) *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

*Place of Abode,* 14 Castle St D

DATED this Twelfth day of February One thousand hundred and seventy nine 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 Dall Mon being a (1) Graduate of Edinburgh 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 Dumfries in the Dumfries separately from any other Medical P visited and personally examined (4) Esther Newall the said Esther Newall is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She man that she is dead and has so for years and has no flesh or blood

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others

*Name and Medical Designation,* A D Mon Dmd

*Place of Abode* 18 Castle St Dm

DATED this Twelfth day of February One thousand hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Smith
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries
in the County of Dumfries, seen and personally examined
Esther Newell, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

DATED this Twelfth day of February One thousand eight hundred and seventy nine years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Charles Wilks Newell, 19 Edentown Carlisle
Certificates under the hands of John Smith
and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Esther Newell, 19 Edentown Carlisle (Petitioner's wife) and that the said Esther Newell is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Esther Newell 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 Esther Newell which accompanied the said Petition.

DATED this Thirteenth day of February One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

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Esther Newell

12 February

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...or Steward. ...r Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Sheriffdom~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Walter Henderson scotts st arman

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Henderson Farm Servant Domochbrow

...e degree of ...ip or other ... which Peti... ...ds to Luna...

your Petitioner's (3) Brother

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Henderson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Walter Henderson

...date of the ...ust be with... ...clear days ...he dates of ...al Certifi...

DATED this twelfth (4) day of February One thousand eight hundred and Seventy nine years

---

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| ...tian Name and Surname of Patient at ...ngth, | John Henderson |
| ...nd Age, | Male 54 |
| ...ed, Single, or Widowed, | single |
| ...ition of Life, and previous Occupation ...any), | farm servant |
| ...ious Persuasion, so far as known, | free church |
| ...ous Place of Abode, | Domock brow |
| ... where Found and Examined, | Domock brow |
| ...th of time Insane, | 2 months |
| ...her First Attack, | ~~Domock brow~~ yes |
| ...(if known) on First Attack, | 54 |
| ... and where previously under Examina...n and Treatment, | never under treatment before |
| ...tion of Existing Attack, | 2 months |
| ...sed Cause, | not known |
| ...her subject to Epilepsy, | not known |
| ...her Suicidal, | inclined so |
| ...her Dangerous to others, | threatning so |
| ... or Union to which the Lunatic (if a ...uper) is Chargeable, | not chargeable |
| ...of becoming Chargeable, | |
| ...ian Name and Surname, and Place of ...ode of nearest known Relative of the ...tient, and degree of Relationship (if ...own), and whether any Member of ...mily known to be or to have been In...e, | Walter Henderson scotts street arman<br>Brother<br>none to my knowledge |
| ...l circumstances (if any) preventing the ...ertion of any of the above particulars, | none |

I ...tify, that, to the best of my knowledge, the above particulars are correctly stated.

D...ED this twelfth day of February One thousand eight hundred and 79

(*To be signed by Party applying*) Walter Henderson

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Daniel Mackenzie
being a (1) Bachelor of Medicine & Master in Surgery
of Edinburgh University
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Scott
Annan
Dumfries
visited and personally examined (4) John Henderson, Farm
Dornock Brow, Annan.
the said John Henderson is a (5) Lunatic
and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Great tendency
to violence, - threatening murder to his friends &
attendants. He is also suicidal in his intentions,
neck bears the mark of a knife. Incoherent in his

2. Other facts (if any) indicating Insanity communicated to me by others (7)
His relations state he tried to commit suicide
He threatens them with all kinds of violence, to
the house down, to murder & kill some person

Name and Medical Designation, Daniel Mackenzie

Place of Abode, Maryfield, Annan

DATED this twelfth day of February One thousand
hundred and seventy nine years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Thomas Williamson
being a (1) Surgeon of Edinr
and being in actual practice as a (2) Genral Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Annan
Dumfries
visited and personally examined (4) John Henderson
Farm Servant Dornock Brow Annan
the said John Henderson is a (5) Lunatic
and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) his violent
t escape restraint - the mark on
neck produced & his efforts to cut
throat

2. Other Facts (if any) indicating Insanity communicated to me by others (7)
his violent conduct to his fa
and his threats of violence to all
Visit himself as told to me by his brother
and Brother in law

Name and Medical Designation, Thos Williamson

Place of Abode Annan

DATED this twelfth day of Feb One thousand
hundred and Seventy nine

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(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, Daniel MacKenzie being (1) a Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Annan in the County of Dumfries, seen and personally examined John Henderson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Daniel MacKenzie MB&CM

DATED this 12th day of February One thousand eight hundred and seventy nine years

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Walter Henderson, Scotts Street, Annan Certificates under the hands of Daniel MacKenzie and Thomas Williamson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Henderson, Farm Servant, Dornock Brow, (Peter's Brother) and that the said John Henderson is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Henderson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Henderson, which accompanied the said Petition.

DATED this Thirteenth day of February, One thousand eight hundred and seventy nine.

David Boyle Stope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2

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John Henderson

12 February

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriffdom or Stewartry.

*Unto the Honourable the* (1) Sheriff of (2) ~~of the~~ Dumfries & Galloway *and his Substitutes.*

The Petition of Agnes Whyte Nether Clough Lockerbie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Whyte your Petitioner's (3) husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Whyte to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of relationship or other ground in which Petition stands to Lunatic.

Agnes Whyte

DATED this 13th (4) day of February One thousand eight hundred and seventy nine.

(4) The date of the Petition must be within seven clear days after the dates of the Medical Certificates.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Robert Whyte |
| Sex and Age, | Male 56 |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation if any), | Farmer |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | Nether clough, Lockerbie |
| Place where Found and Examined, | Nether clough, Lockerbie |
| Length of time Insane, | A month |
| Whether First Attack, | Yes |
| Age (if known) on First Attack, | 56 |
| When and where previously under Examination and Treatment, | Nowhere |
| Duration of Existing Attack, | A month |
| Supposed Cause, | Anxiety |
| Whether subject to Epilepsy, | No. |
| Whether Suicidal, | No. |
| Whether Dangerous to others, | Yes. |
| Parish or Union to which the Lunatic (if a pauper) is Chargeable, | |
| Date of becoming Chargeable, | 13th July 1879 |
| Christian Name and Surname, and Place of Abode of nearest known 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 Whyte, Nether clough Lockerbie, Wife. None |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of February One thousand eight hundred and seventy nine.

(*To be signed by Party applying*) Agnes Whyte

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Maclachlan being a (1) Bachelor of Medicine & Master in [illegible] of the University of Glasgow and being in actual practice as a (2) Physician & Surg[eon] hereby certify, on soul and conscience, that I have this day, at (3) Dalbeth in the Parish of Applegarth in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Whyte, Herd [illegible] the said Robert Whyte is a (5) Person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Alternations of depression & excitement incoherence of speech. Says that his Heavenly Father is entirely displeased with him in consequence he is avoided & detested by his fellow men that he has not money to make ends meet & that he is penniless & destitute of food, suspecting that it is [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Agnes Whyte his wife states that he has become very reserved & refuses to take food, that yesterday he took off his clothes & went about the room with his shirt on & that his manner to her is quite altered & now very rude towards her.

Name and Medical Designation, James Maclachlan M.B. & C.M.

Place of Abode, High Street Lockerbie

Dated this 13th day of February One thousand hundred and seventy nine

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James J. Wilson being a (1) Licentiate of the College of Surgeons [illegible] and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Nethanfoot in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Whyte the said Robert Whyte is a (5) Person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Delusions & strange smells exist indications of [illegible] that his farm stock, is diseased, and that people wear [illegible] on his [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Jas. J. Wilson. Surg.

Place of Abode Lockerbie

Dated this 13th day of February One thousand hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Maclachlan being (1) a Bachelor of Medicine & Master in Surgery of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Nether Clough in the County of Dumfries, seen and personally examined Robert White, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Maclachlan M.B. & C.M.

DATED this 13th day of February One thousand eight hundred and seventy nine.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, Sheriff (1) Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Agnes White, Nether Clough, Lockerbie, Certificates under the hands of James Maclachlan, and James D. Wilson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert White, Farmer, Nether Clough Lockerbie (Dr Maclachlan) and that the said Robert White, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert White, as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert White, which accompanied the said Petition.

DATED this Fourteenth day of February One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.*

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Petition
of
Agnes Whyte mother
for
transmission of
Whyte into the
Royal Institution

1617
Robert Mile
v. Thomson
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

riff or Steward.
ce or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of James Corrie, Dairyman High Kelton Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Corrie your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Corrie to the Southern Counties and to sanction his admission into the said Asylum.

tate degree of Rela-
, or other capacity
h Petitioner stands
tic.

he date of the Peti-
ust be within four-
ear days following
es of the Medical
ates.

DATED this fourteenth (4) day of February One thousand eight hundred and Seventy nine years.

James Corrie

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| ristian Name and Surname of Patient at length, | John Corrie |
| x and Age, | Male 58 |
| arried, Single, or Widowed, | Married |
| ndition of Life, and previous occupation (if any), | Dairyman |
| ligious Persuasion, so far as known, | Free Church of Scotland |
| evious Place of Abode, | High Kelton. Dumfries |
| ace where Found and Examined, | St. Anns Cottage. Dumfries |
| ngth of time Insane, | 2 weeks |
| hether first Attack, | Yes |
| e (if known) on first Attack, | 58. |
| hen and where previously under Examination and Treatment, | — |
| uration of existing Attack, | 2 weeks |
| pposed Cause, | none |
| hether subject to Epilepsy, | No |
| hether Suicidal, | No |
| hether Dangerous to others, | No |
| ish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| te of becoming Chargeable, | |
| ristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James Corrie. Son. One Brother insane |
| ecial circumstances (if any) preventing the insertion of any of the above particulars, | |

certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of February One thousand eight hundred and 79

*(To be Signed by Party applying)* James Corrie

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) St Anne's Place, Dumfries in the Co. Dumfries separately from any other Medical Pr[illegible] visited and personally examined (4) John Corrie, Dar[illegible] High Kelton the said John Corrie is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane melancholic appearance & delusions. Tell that he cannot rest because his soul lost.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that [illegible] last two weeks he could not rest talk[illegible] continually about his lost soul &c.

*Name and Medical Designation,* John Smith

*Place of Abode,* 14 Castle St Dum[illegible]

DATED this 13th day of February One thousand [illegible] hundred and 79 years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James M: McCulloch, M: D: &c. being a (1) Graduate of University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) St. Anne's Place, [illegible] Dumfries in the Co[illegible] separately from any other Medical Pra[illegible] visited and personally examined (4) John Corrie, Dayman, High Kelto[illegible] the said John Corrie is a (5) person [illegible] unsound mind and a proper person to be d[illegible] under Care and Treatment, and that I have formed this opinion upon the fo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He tells me that [illegible] soul is lost & repeats it but can give no reasons: he [illegible] melancholic & is restless & wandering, indigestion as reason [illegible] such cases.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Sleeps very little. Continually declares that his soul [illegible] Frequently gets very excited declaring that he sees legions of [illegible] angels, jumps out of bed to chase or fly from them on his hands [illegible]

*Name and Medical Designation,* James M: McCulloch, M: [illegible]

*Place of Abode,* 16 Castle Street, Dumfries.

DATED this Thirteenth day of February One thousand [illegible] hundred and seventy 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, John Smith
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) St Ann's Cottage,
in the County of Dumfries, seen and personally examined
John Corrie, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D. &c

DATED this 13th day of February One thousand eight hundred and 79 years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, Sheriff Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Corrie, Dairyman, High Kelton, Dumfries,
Certificates under the hands of John Smith,
and James M. McCulloch, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Corrie, Dairyman, High Kelton Dumfries, &c. and that the said John Corrie, is a (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 Corrie, as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Corrie which accompanied the said Petition.

DATED this Fourteenth day of February One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
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John Corrie
13 February
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...ff or Steward. ...or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Counties of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William McMillan. Burns Street Dumfries your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William McMillan to the Southern Counties Asylum and to sanction his admission into the said Asylum.

...te degree of Rela... or other capacity ... Petitioner stands ...

John Dinwoodie

...date of the Peti... ...t be within four... ...r days following ... of the Medical ...

Dated this Eighteenth (4) day of February One thousand eight hundred and Seventynine

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| ...istian Name and Surname of Patient ...t length, | William McMillan |
| ...Se and Age, | male 60 years |
| ...Maried, Single, or Widowed, | Single |
| ...Condition of Life, and previous occupation ...f any), | do Post runner |
| ...Religious Persuasion, so far as known, | Protestant |
| ...Previous Place of Abode, | Mouswald |
| ...Place where Found and Examined, | Dumfries |
| ...Length of time Insane, | about three weeks |
| ...Whether first Attack, | yes |
| ...Age (if known) on first Attack, | 60 years |
| ...When and where previously under Examination and Treatment, | never under treatment before |
| ...Duration of existing Attack, | about 3 weeks |
| ...Supposed Cause, | not known |
| ...Whether subject to Epilepsy, | no |
| ...Whether Suicidal, | doubtful |
| ...Whether Dangerous to others, | yes — supposed |
| ...Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| ...Date of becoming Chargeable, | 17 Feb 1879. |
| ...Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | not known |
| ...Special circumstances (if any) preventing the insertion of any of the above particulars, | not known |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eighteenth day of February One thousand eight hundred and Seventynine

(To be Signed by Party applying) John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 11 Queen St. Dumfries in the [illegible] separately from any other Medical Pr[illegible] visited and personally examined (4) William McMillan. [illegible] St. Dumfries Pauper the said William McMillan is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) It is a typical insane appearance. inability to [illegible] questions & incoherency of speech

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Stafford. Schoolmaster informs [illegible] that he with a knife threatened to [illegible] his mother & others today."

*Name and Medical Designation,* John Smith M.D.

*Place of Abode,* 14 Castle St. Dumfries

DATED this 17th day of February One thousand [illegible] hundred and 79

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the faculty of Physicians and Surgeons and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Asylum Dumfries in the Co[illegible] separately from any other Medical Pract[illegible] visited and personally examined (4) William McMillan a[illegible] the said William McMillan is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems not able to comprehend the meaning of questions and in his statement as to his movements &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Munro states that he [illegible] afraid of being murdered &c

*Name and Medical Designation,* W Marshall M.D.

*Place of Abode,* Dumfries

DATED this 18th day of Feby One thousand [illegible] hundred and seventy nine years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, John Smith
being (1) Surgeon of Dumfries Lunatic Asylum
hereby certify, on soul and conscience, that I have this day, at (2) 11 Queen St
in the County of Dumfries, seen and personally examined
William McMillan, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

Dated this 17th day of February One thousand eight hundred and 79 years.

(1) State medical qualification. (2) State place of examination.

---

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie,
Inspector of Poor Dumfries,
Certificates under the hands of John Smith,
and William Marshall, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William McMillan, Post runner Burns St Dumfries, (a Pauper) and that the said
William McMillan, is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William McMillan, as a Patient into the (6) Public Asylum of Southern Counties Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William McMillan, which accompanied the said Petition.

Dated this Eighteenth day of February, One thousand eight hundred and Seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

250

William Mc Millan

17th February

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...ff or Steward. ...or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~*of the* (2)~~ *of* Dumfries & Galloway *and his Substitutes*—

The Petition of ~~Francis Roberts~~ Saml R. Mason 92 Harcourt St Dublin

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Roberts

...e degree of ...ship or other ...ity which Peti... ...ends to Luna.

your Petitioner's (3) ~~wife~~ Aunt

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Roberts to the Crichton Royal Institution and to sanction her admission into the said Asylum.

Saml R. Mason

...date of the ...must be with... ...clear days ...the dates of ...Mental Certifi...

DATED this 18th (4) day of February One thousand eight hundred and seventy nine.

---

STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Elizabeth Roberts |
| Sex and Age, | Female, Forty three |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation (if any), | Society of Friends |
| Religious Persuasion, so far as known, | |
| Previous Place of Abode, | 7 Belgrave Sqr. East Monkstown Dublin |
| Place where Found and Examined, | Dublin & Dumfries. |
| Length of time Insane, | Ten days |
| Whether First Attack, | yes |
| Age (if known) on First Attack, | forty three |
| When and where previously under Examination and Treatment, | Never |
| Duration of Existing Attack, | Ten days |
| Supposed Cause, | not known |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | no |
| Whether Dangerous to others, | no |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| Date of becoming Chargeable, | |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Francis Roberts 7 Belgrave Sqr. East Monkstown Dublin Husband |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of Feby One thousand eight hundred and seventy nine

(*To be signed by Party applying*) ~~Francis Roberts~~

Saml R. Mason. P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, W. Mackenzie Barclay being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Roberts, 7 Square East, Mountstown, Dublin the said Elizabeth Roberts is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She spoke in a rambling & incoherent manner. She makes a silly laugh at almost every remark she makes

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr. Mason, Dublin tells me she has been in this way for 10 days & has behaved as ~~one~~ a [illegible] i.e. she talks constantly when alone & is [illegible] & has delusions [illegible]

*Name and Medical Designation,* W. Mackenzie Barclay M.B. C.M.

*Place of Abode,* 14 Castle St. Dumfries

DATED this 18th day of February One thousand hundred and 79 years

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Roberts, 7 Square East, Mountstown, Dublin the said Elizabeth Roberts is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Continuous incoherent Conversation

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: Dr. Mason, Dublin who accompanied her here, tells me that she has been restless, talking in the most incoherent manner for time past

*Name and Medical Designation,* Alex. Thomson

*Place of Abode,* Castle Street, Dumfries

DATED this Eighteenth day of February One thousand hundred and seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Samuel R. Mason, 92 Harcourt Street, Dublin,
Certificates under the hands of Dr Mackenzie Barclay,
and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Roberts, 7 Belgrave Square Monkstown, Dublin, and that the said Elizabeth Roberts is a (5) person of unsound mind. (Petitioner's assist)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Roberts as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Roberts, which accompanied the said Petition.

DATED this Eighteenth day of February One thousand eight hundred and seventy nine. Four words deleted.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of*
Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1

1618
Elisabeth Roberts
18th February
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

[1] Sheriff or Steward. Sheriff or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (1)~~ of Dumfries Galloway, *and his Substitutes*—

The Petition of John McRobert, Auchenvie Corsock, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles McRobert 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 Charles McRobert to the Crichton Institution and to sanction his admission into the said Asylum.

John McRobert

(2) State degree of Relationship, or other capacity which Petitioner stands in Lunatic.

Dated this 19th (3) day of February One thousand eight hundred and Seventy nine.

(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, | Charles McRobert |
| 2. Sex and Age, | Male 51 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | Sheep Farmer |
| 5. Religious Persuasion, so far as known, | Free Church |
| 6. Previous Place of Abode, | Auchenvie Corsock |
| 7. Place where Found and Examined, | 3 Chapel St Dumfries |
| 8. Length of time Insane, | 6 weeks |
| 9. Whether first Attack, | Yes |
| 10. Age (if known) on first Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | 6 weeks |
| 13. Supposed Cause, | Refusal of a woman to marry him |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | None |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 McRobert Brother. No. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 19th day of Feby One thousand eight hundred and Seventy nine

(To be Signed by Party applying) John McRobert

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall Macd[illegible] being a (1) Graduate of Edinburgh Univ[illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 3 Chapel [illegible] in the [illegible] Dumfries separately from any other Medical Pra[illegible] visited and personally examined (4) Charles McRobert [illegible] Amherwie Corsock the said Charles McRobert is a (5) Insane Unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself : (6) If a very [illegible] appearance admits that he [illegible] one time threaten to hurt himself [illegible] is very excited about the refusal of a woman [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others : (7) has been found with a Crave to bed rail to hang himself [illegible] with a Rinse with intend to hurt [illegible]

*Name and Medical Designation,* A D Mac D Mac[illegible]

*Place of Abode,* 18 Castle St Dum[illegible]

DATED this 19th day of February One thousand [illegible] hundred and 79 years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh [illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 3 Chapel [illegible] Dumfries in the Co[illegible] Dumfries separately from any other Medical Practi[illegible] visited and personally examined (4) Charles McRobert [illegible] Amherwie, Corsock the said Charles McRobert is a (5) person of unsound mind and a proper person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the fol[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself : (6) His excited appearance & erroneous ideas. Tells me [illegible] he has several times within the last few [illegible] thought of committing suicide

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others : (7) His Brother informs me that [illegible] has several times attempted to commit suicide

*Name and Medical Designation,* John Smith M[illegible]

*Place of Abode,* 14 Castle St Dum[illegible]

DATED this 19th day of February One thousand [illegible] hundred and 79 years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, John Smith being (1) Graduate of Cambridge University hereby certify, on soul and conscience, that I have this day, at (2) 3 Chapel St Dumfries in the County of Dumfries, seen and personally examined Charles McRobert, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

DATED this 19th day of February One thousand eight hundred and 79 years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John McRobert, Auchenvie, Corsock, Certificates under the hands of Alexander Dall MacDonald, 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) Charles McRobert, Auchenvie, Corsock (Petitioner's Brother) and that the said Charles McRobert, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles McRobert 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 Charles McRobert, which accompanied the said Petition.

DATED this Nineteenth day of February, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1619

Charles McRoberts

19th February

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Sheriff or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~*of the* (2) County~~ *of* Dumfries Galloway *and his Substitutes,*—

The Petition of John Lowden Inspector of Poor of the Parish of Urr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Nerries 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 Nerries to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of relationship or other person in which Petitioner stands to Luna.

John Lowden Inspector of Poor

DATED this ~~18~~ 1st L (4) day of ~~February~~ March L One thousand eight hundred and Seventy nine.

(4) The date of the Petition must be within fourteen clear days before 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 Nerries |
| 2. Sex and Age, | Female aged 37 years |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous Occupation (if any), | |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Castle Douglas |
| 7. Place where Found and Examined, | Castle Douglas |
| 8. Length of time Insane, | Six months |
| 9. Whether First Attack, | Second |
| 10. Age (if known) on First Attack, | 36½ years |
| 11. When and where previously under Examination and Treatment, | Southern Counties Asylum |
| 12. Duration of Existing Attack, | a few days |
| 13. Supposed Cause, | Cannot say |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Parish of Urr |
| 18. Date of becoming Chargeable, | March 1877 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Samuel Morrin. Castle Douglas Father, not aware of any member of the family ever having 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 ~~18~~ 1st L day of ~~February~~ March L One thousand eight hundred and Seventy nine

(*To be signed by Party applying*)

John Lowden
Inspector of Poor

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Queen's Hotel in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Mary Herries Pauper
the said Mary Herries is a (5) person
of unsound mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Morose & sullen. will give no satisfactory account of her actions & conduct this day
she does not know why she did ~~what~~ what was totally unwarranted by the circumstances

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her parents are kept in constant anxiety
per rumour Cruelty & doing some rash act. -
Without some her return from the Asylum managers
Believe with the aid of the Police. She threaten suicide

Name and Medical Designation, Walter Lorraine

Place of Abode, Castle Douglas

DATED this 1st day of March One thousand
hundred and Seventy nine

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Nivison
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Queen's
Castle Douglas in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Mary Herries. Pauper
the said Mary Herries is a (5) person
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She is melancholy. and refuses to work
Says She can't fix her mind on anything She is doing & will hardly answer

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her friends say she has left the house
several times and threatens to commit
suicide on one occasion threatened to injure

Name and Medical Designation, John Nivison M.B.

Place of Abode Castle Douglas

DATED this first day of March One thousand
hundred and Seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Wm Lowden,
Inspector of Poor for
Certificates under the hands of Walter Lorraine
and Wm Norrie, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Norries, widow Castle Douglas (a Pauper), and that the said Mary Norries, is a (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 Norries as a Patient into the (6) Public Asylum of Southern counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Norries, which accompanied the said Petition.

DATED this First day of March One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the (7)* Public
*Asylum of*
Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2
251
Mary Herries
1st March
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

FORM A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Stewartry or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) ~~Stewartry~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of Agnes Emma Locke 15 Irving Terr Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Locke your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Locke 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.

Agnes E. Locke

DATED this 2nd day of March One thousand eight hundred and seventy nine

(4) The date of the Petition must be within four or five days following the date of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | David Locke |
| 2. Sex and Age, | Male. 60 |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | Gentleman formerly Grain merchant |
| 5. Religious Persuasion, so far as known, | Protestant. (Established Church of Scotland) |
| 6. Previous Place of Abode, | 15 Irving Ter Dumfries |
| 7. Place where Found and Examined, | Railway Station, Dumfries |
| 8. Length of time Insane, | 14 days |
| 9. Whether first Attack, | no |
| 10. Age (if known) on first Attack, | 69 |
| 11. When and where previously under Examination and Treatment, | 8 months ago. Crichton Royal Institution Dumfries |
| 12. Duration of existing Attack, | 14 days. |
| 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, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Emma Locke 15 Irving Ter Dumfries Daughter 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 2nd day of March One thousand eight hundred and seventy nine

*(To be Signed by Party applying)* Agnes E. Locke

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith.
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Railway
Dumpies
Dumpies in the County
separately from any other Medical Practitioner,
visited and personally examined (4) David Locke Lunatic
15 Irving St. Dumpies
the said David Locke is a (5) Lunatic
& Unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane
and actions. is much excited using vulgar & abusive
without a cause; his speech is rambling &
times incoherent

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He
informs me that during the last fortnight
has been very peculiar & changed in his manner & has
been restless during the day
& sleepless at night

*Name and Medical Designation,* John Smith M.B.

*Place of Abode,* 14 Castle St Dumpies

DATED this 1st day of March One thousand
hundred and 79 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, Alexander Duff Mackenzie
being a (1) Member of the Edinburgh Royal
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3), Crichton
Institution Dumpies in the County
Dumpies
separately from any other Medical Practitioner,
visited and personally examined (4) David Locke Lunatic
15 Irving St Dumpies
the said David Locke is a (5) Lunatic
Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) A very excited
and insane appearance. Says
he has been going about with another
Much of a delusional type And Queen Victoria at present. Cannot remember
(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He
arrived at the Railway Station
has been very excited for the past
fortnight

*Name and Medical Designation,* A. D. Mackenzie M.B.

*Place of Abode,* Crichton Institution Dumpies

DATED this 20 day of March One thousand
hundred and Seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day at (2) Railway Station Dumfries in the County of Dumfries, seen and personally examined David Locke, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

DATED this 1st day of March One thousand eight hundred and 79 years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (3) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Agnes Emma Locke 15 Irving Street Dumfries Certificates under the hands of John Smith, and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Locke, 15 Irving Street, Dumfries (Petitioner's Father) and that the said David Locke, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Locke 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 David Locke, which accompanied the said Petition.

DATED this Third day of March One thousand eight hundred and seventy nine.

J. Gibson Starke

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1620
David Locke
2 March
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...f or Steward. ...or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~*of the* (1) County or Shire~~ *of* Dumfries & Kirkcudbright *and his Substitutes,—*

The Petition of James Murray reading in Penrith humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Mary McGregor or Murray 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 Mrs Mary McGregor or Murray to the Crichton Institution and to sanction her admission into the said Asylum.

(2) ...te degree of ...ship or other ...n which Peti... ...nds to Luna...

James Murray

(3) ...e date of the ...ion must be with... ...ar... clear days ...in the dates of ...Medical Certifi...

Dated this 7th (4) day of March One thousand eight hundred and seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Mary McGregor or Murray |
| Sex and Age, | Female. 50 |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation (if any), | Lady |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | Edinburgh |
| Place where Found and Examined, | Hopetown Place. Moffat |
| Length of time Insane, | — |
| Whether First Attack, | No |
| Age (if known) on First Attack, | — |
| When and where previously under Examination and Treatment, | Crichton Institution |
| Duration of Existing Attack, | one month |
| Supposed Cause, | Not Known |
| 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 Family known to be or to have been Insane, | James Murray - Brother Penrith |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 7th day of March One thousand eight hundred and seventy nine

(*To be signed by Party applying*) James Murray

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Munro being a (1) Member of the Royal College of Phys[illegible] Edin. & a Licentiate of the Royal College of [illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 1 Hopeto[illegible] Place. Moffat in the [illegible] Dumfries separately from any other Medical P[illegible] visited and personally examined (4) Mrs Mary McGregor [illegible] Murray the said Mrs Mary McGregor or Murray is a (5) person [illegible] Unsound Mind and a proper Person to [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) going up [illegible] the house in an excited state [illegible] fault with Every thing & Every body [illegible] since she left the Asylum, she has been [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Showing violent temper & going up [illegible] down the house in an excited [illegible]

*Name and Medical Designation,* James Munro M[illegible]

*Place of Abode,* Moffat

DATED this 7th day of March One thousand [illegible] hundred and seventy nine

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Thomson Forbes being a (1) Bachelor of Medicine & Master of Surge[illegible] of the Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 1 Hopeto[illegible] Place Moffat in the C[illegible] Dumfries separately from any other Medical Pra[illegible] visited and personally examined (4) Mrs Mary McGregor or M[illegible] the said Mrs Mary McGregor or Murray is a (5) person [illegible] Unsound Mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the fo[illegible] grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Showing extreme excitement in her manner & unmanageable.

2. Other Facts (if any) indicating Insanity communicated to me by others: Shows restless violent temper

*Name and Medical Designation,* Robert Thomson Forbes [illegible]

*Place of Abode* Hydropathic Establishment [illegible]

DATED this 7th day of March One thousand [illegible] hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Munro
being (1) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) 1 Hopetown Place Moffat
in the County of Dumfries, seen and personally examined
Mrs Mary McGregor or Murray, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro M.D. 2 R.C.S. Edn

DATED this 7th day of March One thousand eight hundred and seventy nine

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Murray
residing in Penrith
Certificates under the hands of James Munro
and Robert Thomson Forbes, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Mary McGregor or Murray 1 Hopetown Place Moffat (Pet's Sister) and that the said Mrs Mary McGregor or Murray is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Mary McGregor or Murray as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Mary McGregor or Murray which accompanied the said Petition.

DATED this Seventh day of March, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of*
Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1621

Wm. McGregor

7 March

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sewer or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) County~~ *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of John Lowden Inspector of Poor for the Parish of Urr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Shennan 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 Shennan to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other [illegible] in which Petitioner stands to Lunatic.

John Lowden Inspector

(4) The date of the [illegible] must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 12th (4) day of March One thousand eight hundred and 79

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Agnes Shennan |
| 2. Sex and Age, | Female aged 42 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Gatehouse parish of Anwoth |
| 7. Place where Found and Examined, | Dalbeattie |
| 8. Length of time Insane, | a number of years |
| 9. Whether First Attack, | |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of Existing Attack, | |
| 13. Supposed Cause, | |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Anwoth |
| 18. Date of becoming Chargeable, | 12th March 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Dawson (Sister) residing at Commercial Hotel Dalbeattie |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 12th day of March One thousand eight hundred and 79

(*To be signed by Party applying*) John Lowden Inspector

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James B Cunningham being a (1) Bachelor in Medicine and Mast Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Com Inn Maxwell St. Dalbeattie in the C Kirkcudbright separately from any other Medical Pra visited and personally examined (4) Agnes Shennan Pau the said Agnes Shennan is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the f grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Manner nervous and excitable. Wild excited easily. Spoke of "they're aye l and Caperin" meaning her sister especia asked if she ever remembered such a hard winter

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: Was told by Mrs Dawson that she is in the habit of wandering away sometimes for a whole day or part of the night without te that she perpetually blames her (Mrs D) for the

*Name and Medical Designation,* James B. Cunningham M

*Place of Abode,* Dalbeattie

DATED this 12th day of March One thousan hundred and seventy nine

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert McKerchar being a (1) Bachelor in Medicine & Master of S of the University of Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Com Inn Dalbeattie in the Co Kirkcudbright separately from any other Medical Practi visited and personally examined (4) Agnes Shennan, Pa and the said Agnes Shennan is a (5) person of unsound mind and a proper person to be de under Care and Treatment, and that I have formed this opinion upon the follo grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless an Excitable — Incoherent in Conversat & very Suspicious

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) To given to wandering from

*Name and Medical Designation,* Robert McKerch

*Place of Abode* Dalbeattie

DATED this twelfth day of March One thousand e hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lowden Inspector of Poor, Un. Certificates under the hands of James B. Cunningham and Robert McKerchar, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Shennan, Commercial Inn Maxwell Street, Dalbeattie and that the said Agnes Shennan is a (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 Shennan as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Shennan, which accompanied the said Petition.

DATED this thirteenth day of March One thousand eight hundred and seventy nine.

L Maitland

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Drummond
being a (1) Bachelor of Medicine & Edinburgh
and licentiate of the Royal Coll. Surgeons
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Watch
Annan in the
Dumfries separately from any other Medical P
visited and personally examined (4) Janet Blackstock or
the said Janet Blackstock or Bell is a (5) Lunat
and a proper Person to
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her ideas
and wandering. She forgets in a moment that she has
asked a question and can only give an answer to the
questions. She is incapable of the most simple acts of
her answers are undecided, childish and silly, her habits

2. Other facts (if any) indicating Insanity communicated to me by other
Her husband states that unless got out of bed she
got up and that she has to be dressed by some one.
of her habits incleanly, and "imagines things" and
unable to perform the simplest household duty

Name and Medical Designation, Thomas Drummond
M.B. L.R.C.S.E

Place of Abode, Bank St Annan

DATED this Eleventh day of March One thou
hundred and Seventy nine

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Daniel MacKenzie
being a (1) Bachelor of Medicine & Master in Su
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) Watch
Annan in the
Dumfries separately from any other Medical P
visited and personally examined (4) Janet Blackstock or B
the said Janet Blackstock or Bell is a (5) Luna
and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) A vague t
expression. Inability to answer simple question
as the ages of her children. She manifests imbec
all her actions.

2. Other Facts (if any) indicating Insanity communicated to me by others
Her husband states she sometimes wanders
of the house undressed in a purposeless manne
& that she neglects her children & domestic du

Name and Medical Designation, Daniel MacKenzie M

Place of Abode Mayfield, Annan

DATED this Eleventh day of March One thousa
hundred and seventy nine.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(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 Drummond, being (1) Bachelor of Medicine & Licentiate of Royal College of Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Wauchope Arman in the County of Dumfries, seen and personally examined Janet Blackstock or Bell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Drummond.

DATED this twenty-th day of March One thousand eight hundred and seventy nine

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Lawson, Inspector of Poor, Arman, Certificates under the hands of Thomas Drummond and David Mackenzie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Blackstock or Bell, Wauchope, Arman, (a Pauper,) and that the said Janet Blackstock or Bell is a (5) Lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Blackstock or Bell, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Blackstock or Bell which accompanied the said Petition.

DATED this Fourteenth day of March One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the (7) Asylum of* Public Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2
253
Janet Blackstock
or Bell
13th March
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Sheriff or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Cowan, Nether Murthat, Kirkpatrick Juxta, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Mary Cowan or Proudfoot 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 Mary Cowan or Proudfoot to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of relationship or other [illegible] in which Petitioner stands to Lunatic.

John Cowan

(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 March One thousand eight hundred and seventy nine

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Mary Cowan or Proudfoot |
| Sex and Age, | Female. 46 years |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation (if any), | House wife |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | Nether Murthat. Kirkpatrick Juxta. Dumfries shire |
| Place where Found and Examined, | Lawers Knowe Cottage Do Do |
| Length of time Insane, | Three weeks |
| Whether first Attack, | No |
| Age (if known) on first Attack, | 45 |
| When and where previously under Examination and Treatment, | Southern Counties Asylum |
| Duration of existing Attack, | about three weeks |
| Supposed Cause, | Not known. |
| Whether subject to Epilepsy, | |
| Whether Suicidal, | Has threatened to take away her life |
| Whether Dangerous to others, | |
| Parish or Union to which the Lunatic (if a pauper) is Chargeable, | Not chargeable. |
| Date of becoming Chargeable, | |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of family known to be or to have been Insane, | John Cowan - Husband Nether Murthat. Kirkpatrick Juxta Dumfries shire |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | None. |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 15th day of March One thousand eight hundred and seventy nine

(*To be signed by Party applying*) John Cowan

P. p

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Munro being a (1) member of the Royal College of Physicians & a Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Lawrenceville Cottage, Kirkpatrick Juxta in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Mary Cowan or Proudfoot of Nether Murthwaite, Kirkpatrick Juxta Dumfries and that the said Mary Cowan or Proudfoot is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Restless manner - at times quite sulky says the Devil is at the window [illegible] her [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The above facts - as well as attempting to set fire to her clothing - getting out forcing her head between & wall & a tree

*Name and Medical Designation,* James Munro, [illegible]

*Place of Abode,* Moffat

DATED this 14th day of March One thousand eight hundred and seventy nine

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm D'Oyly Grange being a (1) Bachelor of Medicine & Master in Surgery Edin: university and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Lawrenceville Cottage, Kirkpatrick Juxta in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Mary Cowan or Proudfoot of Nether Murthwaite Cottage and that the said Mary Cowan or Proudfoot is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Impairment of memory
Attempt to escape from House
Will give no reason for her action

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Attempting to set fire to her clothing
Attempting suicide in various [illegible]

*Name and Medical Designation,* Wm D'Oyly Grange

*Place of Abode,* Dickson Hill, [illegible]

DATED this 15 day of March One thousand eight hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, James Munro
being (1) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Lawrenskirk, Cottage
in the County of Dumfries, seen and personally examined Mrs Mary
Cowan or Proudfoot, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro, M.D. L.R.C.S. Edin

DATED this 14th day of March One thousand eight
hundred and seventy nine

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Cowan
Nether Murthat, Kirkpatrick-Juxta —
certificates under the hands of James Munro —
and William D'Oyly Grange —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic
Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Mary
Proudfoot or Cowan (Petitioner's wife) and that the said
Mrs Mary Proudfoot or Cowan is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
receive the said Mrs Mary Proudfoot or Cowan as a Patient into the
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 Mrs Mary Proudfoot
or Cowan, — which accompanied the said Petition.

DATED this Fifteenth day of March, — One thousand eight
hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
25.4

S Mary Cowan or
Proudfoot
15th March
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

or Steward. or Secretary.

*Unto the Honourable the* (1) Sheriff of the (2) County of Dumfries & Galloway *and his Substitutes,*—

The Petition of John McGuinness

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie McLean McGuinness your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie McLean McGuinness to the Dumfries & Galloway Royal Asylum &c and to sanction her admission into the the said Asylum.

John McGuinness

Dated this 17th (4) day of March One thousand eight hundred and seventy nine years

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Name and Surname of Patient at birth, | Jessie McLean or McGuinness |
| Age, | Female age 45 |
| Married, Single, or Widowed, | married |
| Condition of Life, and previous Occupation (if any), | Gamekeepers wife & mother of family |
| Religious Persuasion, so far as known, | Established church |
| Patient's Place of Abode, | Balmaghie |
| Where Found and Examined, | Wood Cottage, Kenmure |
| Duration of time Insane, | Fortnight |
| Whether first Attack, | yes. |
| Age (if known) on first Attack, | 45 |
| Whether ordered where previously under Examination and Treatment, | |
| Duration of existing Attack, | Fortnight |
| Supposed Cause, | not ascertained - possibly change of life |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | Doubtful - possibly so |
| Whether Dangerous to others, | Do also do |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kells |
| Date of becoming Chargeable, | not a pauper |
| Christian Name and Surname, and Place of Abode of nearest known 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 McGuinness Gamekeeper Wood Cottage, Kenmure, New Galloway |
| Special circumstances (if any) preventing the production of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 17th day of March One thousand eight hundred and 79

(*To be signed by Party applying*) John McGuinness

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alfred McKinley Millman being a (1) Doctor of Medicine of the University and a member of the Royal College of Surgeons in and being in actual practice as a (2) physician and surgeon hereby certify, on soul and conscience, that I have this day, at (3) Wood in the parish of Kells, in the Kirkcudbright separately from any other Medical P visited and personally examined (4) Jessie McLean or McGuinness wife of John McGuinness residing at Wood Cottage Kenmure in the parish of Kells the said Jessie McLean or McGuinness is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) For some time has been suffering from various delusions; believing her daughter to be severely ill when in perfect health - that her husband has poisoned himself and the whole family - that she herself had killed her youngest child - that she had committed grievous sins - &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

These delusions passed away when she became free from excitement but has now returned; - it is stated that she has been suffering from delusions & absurd ideas. & is becoming unmanageable.

Name and Medical Designation, A. McK. Millman

Place of Abode, New Galloway

DATED this 17th day of March One thousand hundred and seventy nine years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kenmure Kells in the Kirkcudbright separately from any other Medical Pra visited and personally examined (4) Jessie McLean the said Jessie McGuinness is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Suffering from delusions & maniacal excitement

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The sleeps none & constantly talks absurdly

Name and Medical Designation, Walter Lorraine

Place of Abode, Castle Douglas

DATED this 17th day of March One thousand hundred and seventy 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,
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, L Maitland Honorary Sheriff Substitute (1)
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John McGuinness Innkeeper Wood Cottage Kenmure Balmaghie Kirkcudbright
Certificates under the hands of Alfred McKinley Millman
and Walter Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie McLean or McGuinness Wood Cottage Kenmure Balmaghie Kirkcudbright and that the said Jessie McLean or McGuinness is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie McLean or McGuinness 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 Jessie McLean or McGuinness which accompanied the said Petition.

DATED this Seventeenth day of March One thousand eight hundred and seventy nine

L Maitland

*To the Superintendent of the* (7) Public
*Asylum of* Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
255

Jessie McLean
or McGuinnes
17th March
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sh[illegible] or Steward.
Sh[illegible] or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Counties of Dumfries and of Galloway & Kirkcudbright *Substitutes,*—

The Petition of William Sproat

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agness Sproat

[illegible] degree of [illegible]hip or other [illegible] which Peti[illegible] [illegible]nds to Luna-

your Petitioner's (3) daughter

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agness Sproat to the Crichton Royal Asylum and to sanction her admission into the the said Asylum.

William Sproat

[illegible] date of the [illegible] not be with[illegible] clear days [illegible] the dates of [illegible]ical Certifi[illegible]

Dated this 18th (4) day of March One thousand eight hundred and 79

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Ch[illegible]tian Name and Surname of Patient at [illegible]ngth, | Agness Sproat |
| Se[illegible] and Age, | female age 25 |
| M[illegible]ied, Single, or Widowed, | single |
| Co[illegible]ition of Life, and previous Occupation [illegible] any), | working in the house |
| Re[illegible]ious Persuasion, so far as known, | protestant |
| Pr[illegible]ious Place of Abode, | Cuildoch |
| Pl[illegible] where Found and Examined, | Ditto |
| Le[illegible]th of time Insane, | Week |
| W[illegible]ther first Attack, | yes |
| Ag[illegible] (if known) on first Attack, | 25 |
| Wi[illegible] and where previously under Examina[illegible]n and Treatment, | Cuildoch |
| Du[illegible]tion of existing Attack, | Week |
| Su[illegible]osed Cause, | Under the Circumstances that my son died at Lochmaben |
| Wh[illegible]her subject to Epilepsy, | no |
| Wh[illegible]her Suicidal, | yes |
| Wh[illegible]her Dangerous to others, | no |
| Pa[illegible]h or Union to which the Lunatic (if a [illegible]uper) is Chargeable, | |
| Da[illegible] of becoming Chargeable, | |
| Ch[illegible]tian Name and Surname, and Place of [illegible]ode of nearest known Relative of the [illegible]tient, and degree of Relationship (if [illegible]own), and whether any Member of [illegible]mily known to be or to have been In[illegible]ne, | William Sproat her Father |
| Sp[illegible]al circumstances (if any) preventing the [illegible]ertion of any of the above particulars, | |

I [illegible]rtify that, to the best of my knowledge, the above particulars are correctly stated.

D[illegible]ED this 18th day of March One thousand eight hundred and 79

(*To be signed by Party applying*) William Sproat

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Murphart
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Culdoch near Tongland Kirkcudbright in the
separately from any other Medical P
visited and personally examined (4) Agnes Sproat, Spinster
the said Agnes Sproat is a (5) person of unsound mind and a proper person to b
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Attempts to violent & irrational behaviour

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others (7)
I am informed by her parents that unless prevent she would do injury to herself, & that she has sometimes nearly succeeded in doing so.

*Name and Medical Designation,* Andrew Murphart

*Place of Abode,* Kirkcudbright

DATED this eighteenth day of March One thous
hundred and seventy nine.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Moffat
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Culdoch near Tongland Kirkcudbright in the C
separately from any other Medical Pra
visited and personally examined (4) Agnes Sproat Sp Culdoach
the said Agnes Sproat is a (5) perso of unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Her general appearance and especia the expression of her eye indicates men aberration. Could not get her to an any questions, and this silence is unusual to

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others:
Her parents inform me that she ha attempted to do injury to herself, and th are persuaded she would do so did they keep a strict watch over her

*Name and Medical Designation,* James Moffat M.B.

*Place of Abode,* Kirkcudbright

DATED this Eighteenth day of March One thousa
hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson Esqre (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) William Spreat
Certificates under the hands of Andrew J. Urquhart
and James Moffat, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Agnes Spreat and that the said
Agnes Spreat is a (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 Spreat as a Patient into the 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 Agnes Spreat which accompanied the said Petition.

DATED this eighteenth day of March One thousand eight hundred and Seventy nine

Alex Nicolson

*To the Superintendent of the (7) Crichton Royal Asylum of* Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1622
Agnes Sproat
19th March
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Shire~~ of Dumfries (Stewartry) *and his Substitutes,*—

The Petition of Mary Stevenson, Gilmill, Stewarton, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Stevenson your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Stevenson to the Crighton Lunatic Institution and to sanction his admission into the said Asylum.

(3) State degree of relationship or other [illegible] in which Petitioner stands to Lunatic.

Mary Stevenson

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Second (4) day of March One thousand eight hundred and Seventy Nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Robert Stevenson |
| 2. Sex and Age, | Male 43 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | A farmer |
| 5. Religious Persuasion, so far as known, | A protestant |
| 6. Previous Place of Abode, | Gilmill farm Stewarton Ayrshire |
| 7. Place where Found and Examined, | Gilmill farm Stewarton Ayrshire |
| 8. Length of time Insane, | Three months ago |
| 9. Whether First Attack, | First Attack |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | Three months |
| 13. Supposed Cause, | Commercial depression |
| 14. Whether subject to Epilepsy, | not subject to Epilepsy |
| 15. Whether Suicidal, | Suicidal |
| 16. Whether Dangerous to others, | Somewhat |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Not a pauper |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | David Stevenson farmer Bowhouse Dunlop Ayrshire Father, mother, sister and two brother have been insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Second day of March One thousand eight hundred and Seventy Nine

(*To be signed by Party applying*) Mary Stevenson

P P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Andrew Hamilton a Surgeon being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Gibs... Parish of Stevenston Ayr in th... separately from any other Medical P... visited and personally examined (4) Robert Stevenson ... Gilmill Stevenston Ayrshire the said Robert Stevenson is a (5) person of unsound mind and a proper Person to ... under Care and Treatment, and that I have formed this opinion upon the ... grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Says that ... thing appears so dark and gloom... him that he cannot think to live ... would rather be dead

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Sister in law tells me that he ... twice made an attempt to commit ... Suicide by drowning

*Name and Medical Designation,* Andrew Hamilton

*Place of Abode,* Thorndikebank R...

DATED this Twenty Second day of March One thou... hundred and Seventy Nine

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Moglin M... being a (1) Physician & Surgeon Glasgow University

and being in actual practice as a (2) Physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kilmill Parish of Stevenston Ayr in the ... separately from any other Medical Pr... visited and personally examined (4) Robert Stevenson ... Gilmill Stevenston Ayrshire the said Robert Stevenson is a (5) person of unsound mind and a proper person to be ... under Care and Treatment, and that I have formed this opinion upon the ... grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Says that ... is going against him & every body has ... to him that the future is all dark & glo... that he wishes he were dead His Mother ... committed suicide & he says he knows he will ...

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Sister in law tells me that he ... attempted suicide by drowning.

*Name and Medical Designation,* John Moglin M...

*Place of Abode* Stevenston, Ayrsh...

DATED this Twenty second day of March One thousan... hundred and Seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Wylie Stewarton Ayrshire being (1) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Gilmill Stewarton in the County of Ayr, seen and personally examined Robert Stevenson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Wylie M.B.

DATED this 22nd day of March One thousand eight hundred and seventy nine.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mary Stevenson Gilmill Stewarton Ayrshire Certificates under the hands of Andrew Hamilton, and John Wylie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Stevenson, Farmer Gilmill aforesaid (Ptr's Husband) and that the said Robert 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 Robert Stevenson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Stevenson which accompanied the said Petition.

DATED this Twenty fourth day of March, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1623
Robert Stevenson
22 March
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Style or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Sheriffdom~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Lawson Inspector of Poor Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Mary Hope or Allan 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 Hope or Allan to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other Party in which Petitioner stands to Lunatic.

John Lawson

Dated this 24 (4) day of March One thousand eight hundred and 79.

(4) The date of the Petition must be within seven clear days after the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Mary Hope or Allan |
| Sex and Age, | Female 56 years |
| Married, Single, or Widowed, | married |
| Condition of Life, and previous Occupation (if any), | Roleland |
| Religious Persuasion, so far as known, | Kingstown Cumberland |
| Previous Place of Abode, | unknown |
| Place where Found and Examined, | no. |
| Length of time Insane, | — |
| Whether First Attack, | here Southern Counties asylum |
| Age (if known) on First Attack, | — |
| When and where previously under Examination and Treatment, | — |
| Duration of Existing Attack, | — |
| Supposed Cause, | — |
| Whether subject to Epilepsy, | — |
| Whether Suicidal, | — |
| Whether Dangerous to others, | Annan |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | 24 March |
| Date of becoming Chargeable, | Richard Allan Kingstown Carlisle |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | — |
| Special circumstances (if any) preventing the Insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 24 day of March One thousand eight hundred and 79

(*To be signed by Party applying*) John Lawson

P. P.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, Wm B Williamson
being a (1) Licentiate of Royal Col. Surg
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Annan
in the County of Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Mary Hope

the said Mary Hope is a (5) lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) annoying
wandering from place to place, dirty
appearance, vacant expression of
countenance & rambling speech

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
I have been told by Miss Williamson
that she has objected herself to the deceased
in life by sleeping at the back
ridge on yesterday nights

Name and Medical Designation, Jno B Williamson
Surgeon

Place of Abode, Church Place Annan

DATED this twenty first day of March One thousand
hundred and seventy nine 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, Daniel MacKenzie
being a (1) Bachelor of Medicine & Master in Surgery
of Edinburgh University
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Annan
in the County of Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Mary Hope

the said Mary Hope is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) A vague look
restless manner. Incoherency of ideas. Taciturn
pensions of the ordinary affairs of life. Grounds
suspicions of the actions & motives of those around

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She was confined at a former time for
She is perpetually wandering about with

Name and Medical Designation, D. MacKenzie M

Place of Abode Mayfield Annan

DATED this 22nd day of March One thousand
hundred and seventy nine 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, Daniel Mackenzie being (1) a Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Annan in the County of Dumfries, seen and personally examined Mary Hope or Allan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thos Williamson L R C S Edin
D. Mackenzie M.B.&C.M.

DATED this 22nd day of March One thousand eight hundred and seventy nine years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Lawson, Inspector of Poor Annan Certificates under the hands of Thomas Williamson, and Daniel Mackenzie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Hope or Allan Annan (a Pauper) and that the said Mary Hope or Allan is a (5) person of unsound mind, and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Hope or Allan as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Hope or Allan, which accompanied the said Petition.

DATED this Twenty fifth day of March One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1

2
256

Mary Hope or Allen

24 March

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) If or Steward. (1) or Stewartry.

*Unto the Honourable the* (1) Sheriff — ~~of the (1) Counties~~ of Dumfries and Galloway and his Substitutes,—

The Petition of Joseph Armstrong. Nestor Arbeah Hillbeth Cumberland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Carr. Farmer, Highburay, Carlisle your Petitioner's (2) uncle is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Joseph Carr to the Cruchton Royal Institution and to sanction his admission into the said Asylum.

(2) to degree of ship or other in which Peti- ands to Luna-

Joseph Armstrong

DATED this 26th (3) day of March — One thousand eight hundred and Seventy Nine

(3) date of the ust be with- n clear days the dates of ical Certifi-

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Joseph Carr |
| Sex and Age, | male 69 |
| Married, Single, or Widowed, | widower |
| Condition of Life, and previous Occupation (if any), | Farmer |
| Religious Persuasion, so far as known, | Church of England |
| Previous Place of Abode, | Highburay Carlisle |
| Place where Found and Examined, | |
| Length of time Insane, | about 4 months |
| Whether First Attack, | first attack |
| Age (if known) on First Attack, | 69. |
| When and where previously under Examination and Treatment, | Northumberland |
| Duration of Existing Attack, | 4 months (about) |
| Supposed Cause, | "Has been a heavy Drinker" |
| 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, | Joseph Armstrong. nephew. no. |
| Special circumstances (if any) preventing the Insertion of any of the above particulars, | none |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of March — One thousand eight hundred and Seventy Nine

(*To be signed by Party applying*) Joseph Armstrong

P. P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith.
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St. Dumfries in the Dumfries separately from any other Medical Practitioner visited and personally examined (4) Joseph Carr Highway Carlisle
the said Joseph Carr is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His staring insane appearance & delusions. tells me that he is continually disturbed with voices from unseen people. who ~~continually~~ reach him from all sides.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others (7) His nephew informs me that during the three months he has been suffering from all delusions & at times very restless & unmanageable

*Name and Medical Designation,* John Smith

*Place of Abode,* 14 Castle Street

DATED this 26th day of March One thousand hundred and 79.

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall MacDonald
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumfries in the Dumfries separately from any other Medical Practitioner visited and personally examined (4) Joseph Carr Highway Carlisle
the said Joseph Carr is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) he says Young girls trouble him during the night jumping on his back &c. he says they are not imaginary. and they have been there

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: friends says he has had the and other delusions for 3 months

*Name and Medical Designation,* A D MacDonald

*Place of Abode* 18 Castle St. Dumfries

DATED this 26th day of March One thousand hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Smith
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) ~~[illegible]~~ 14 Castle St
in the County of Dumfries, seen and personally examined
Joseph Carr, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

DATED this 26th day of March One thousand eight hundred and 79 years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph Armstrong, Newton Arlosh, Silloth, Cumberland,
Certificates under the hands of John Smith,
and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joseph Carr, Farmer, Highwear, Carlisle (Pike Vale) and that the said Joseph Carr, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Carr, 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 Joseph Carr, which accompanied the said Petition.

DATED this Twentysixth day of March One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1624
Joseph Carr
26th March
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Shire~~ of Dumfries ~~Stewartry~~ *and his Substitutes.*

The Petition of William Kirkland Insp. of Poor Kirkconnell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John C. Renfrew.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John C. Renfrew to the Southern Counties' Asylum and to sanction his admission into the said Asylum.

William Kirkland

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this 31st (4) day of March One thousand eight hundred and Seventy-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, | John C Renfrew |
| 2. Sex and Age, | Male. 42. |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Teacher. |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Crosshill, Maybole |
| 7. Place where Found and Examined, | Guildhall, Kirkconnell |
| 8. Length of time Insane, | about 4 weeks |
| 9. Whether First Attack, | No. — |
| 10. Age (if known) on First Attack, | 41 yrs. |
| 11. When and where previously under Examination and Treatment, | Southern Counties' Asylum |
| 12. Duration of Existing Attack, | Not Known |
| 13. Supposed Cause, | Jealousy of his wife |
| 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, | Kirkconnell Parish |
| 18. Date of becoming Chargeable, | 30. March 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 McBlain or Renfrew, his wife living at Guildhall, Kirkconnell, — Not Known — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 31st day of March One thousand eight hundred and Seventy Nine

(*To be signed by Party applying*) William Kirkland Insp. of Poor P P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Wm Kay Surgeon being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Guildh[illegible] parish of Kirkconnell in the [illegible] Dumfries separately from any other Medical P[illegible] visited and personally examined (4) John C. Renfrew Teacher. Guildhall a pauper [illegible] the said Wm C. Renfrew is a (5) person of unsound Mind and a proper Person to [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is a [illegible] maniac. is extremely jealous [illegible] his wife, threatens violence [illegible] and imagines that signs pap[illegible] and various Mar[illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others (7) Facts similar to the above, [illegible] to me by Mr Kirkland Inspector

*Name and Medical Designation,* Wm Kay, [illegible]

*Place of Abode,* Sanquhar

DATED this 30th day of March One thousand [illegible] hundred and 79

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Jackson Kennedy being a (1) Licentiate of the Royal College of Physicians [illegible] and a Licentiate of the Royal College of Surgeons Edin[illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Guildh[illegible] Parish of Kirkconnel in the C[illegible] Dumfries separately from any other Medical Pra[illegible] visited and personally examined (4) John C. Renfrew the said John C. Renfrew is a (5) Person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the f[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is labouring under the delusion that his wife conducts herself improperly with other men. He conducts himself in a most outrageous way & threatens his wife

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: Has committed violence on his wife & threatened to [illegible] her. Struck her on several occasions

*Name and Medical Designation,* William Jackson Kennedy Physician & Surg[illegible]

*Place of Abode* Sanquhar

DATED this 30th day of March One thousand [illegible] hundred and 79

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Kirkland Inspector of Poor Kirkconnel, Certificates under the hands of William ~~Jackson~~ Kay and William Jackson Kennedy, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 C. Renfrew, Teacher Guildhall Kirkconnel (a Pauper) and that the said John C. Renfrew is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John C. Renfrew as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John C. Renfrew which accompanied the said Petition.

DATED this Thirty first day of March, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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John C Renbrew

31st March

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Sheriff or Stewartry.

*Unto the Honourable the* (1) ~~Steward~~ Sheriff *of the* (2) ~~Stewartry~~ ~~Stewartry~~ of Dumfries and Galloway ~~Northumberland~~ *and his Substitutes,* for the Stewartry

The Petition of William Affleck draper in Castle Douglas in said Stewartry

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Bryce Affleck

(3) The degree of Relationship or other Relation which Petitioner stands to Lunatic.

your Petitioner's (3) sister

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Bryce Affleck to the Crichton Royal Institution and to sanction her admission into the said Asylum. (Three words delete)

W. Affleck

(4) The date of the Petition must be within eight clear days within the dates of the Medical Certificates.

DATED this 31st (4) day of March One thousand eight hundred and seventy nine years

### STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Agnes Bryce Affleck |
| Sex and Age, | female, fifty four years |
| Married, Single, or Widowed, | gentlewoman. No occupation |
| Condition of Life, and previous Occupation (if any), | Protestant |
| Religious Persuasion, so far as known, | 70 Queen St Castle Douglas |
| Previous Place of Abode, | Lochside Cottage 92 King St Castle Douglas |
| Place where Found and Examined, | peculiar for some time. pronounced unsound |
| Length of time Insane, | six weeks ago. |
| Whether First Attack, | |
| Age (if known) on First Attack, | |
| Wh. and where previously under Examination and Treatment, | |
| Duration of Existing Attack, | |
| Supposed Cause, | cannot tell |
| Whether subject to Epilepsy, | No |
| Whether Suicidal, | No |
| Whether Dangerous to others, | cannot say. |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| Date of becoming Chargeable, | |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 31st day of March One thousand eight hundred and seventy nine years

(*To be signed by Party applying*) W. Affleck

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edin Univ. &c
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Lochend
Castle Douglas Kirkcudbright. in the
separately from any other Medical P
visited and personally examined (4) Agnes Bryce Affleck
the said Agnes Bryce Affleck is a (5) Lunatic
and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She talks under various delusions respecting money her husband leaving her friends ill-treating her &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Under delusions of various kinds is always in a state of excitement & requires restraint for protection from

*Name and Medical Designation,* Walter Lorraine

*Place of Abode,* Castle Douglas

DATED this 25th day of March One thousand
hundred and seventy nine 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 Nivison
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) King St
Castle Douglas Kirkcudbright. in the
separately from any other Medical P
visited and personally examined (4) Agnes Bryce Affleck
the said Agnes Bryce Affleck is a (5) person
unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She talks in a somewhat incoherent manner gets very much excited at times - has curious suspicions of her friends and plotting against her

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Brother says She leaves her own house and runs up to make complaints to friends & her neighbours and claiming

*Name and Medical Designation,* John Nivison M.B.

*Place of Abode* Castle Douglas

DATED this 24th day of March One thousand
hundred and Seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson Esq. (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) William Affleck Certificates under the hands of Walter Lorraine and John Nivison, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Bryce Affleck and that the said Agnes Bryce Affleck is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Bryce Affleck 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 Agnes Bryce Affleck which accompanied the said Petition.

DATED this That first day of March One thousand eight hundred and Seventy Nine

Alex. Nicolson

*To the Superintendent of the* (7) Crichton Royal
*Asylum of* Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1626

Agnes Bryce Affleck

1st August

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Stewart. (2) Sheriff or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Dumfries and Galloway and his Substitutes—for Wigtownshire

The Petition of David Nicholson Barrachan Moor parish of Inchrum

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Nicholson, Labourer, Barrachan Moor

(3) Here state degree of relationship or other circumstance in which Petitioner stands to Lunatic.

your Petitioner's (3) Son

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Nicholson to the Crichton Royal institution and to sanction his admission into the said Asylum.

his
John Vance Witness David ✕ Nicholson
mark

(4) The date of the Petition must be within seven clear days after the dates of the Medical Certificates.

DATED this first (4) day of April One thousand eight hundred and Seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Robert Nicholson |
| Sex and Age, | Male 28 Years |
| 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, | Barrachan Moor |
| Place where Found and Examined, | Barrachan |
| Length of time Insane, | Nearly two years |
| Whether First Attack, | First Attack |
| Age (if known) on First Attack, | Twenty six years |
| When and where previously under Examination and Treatment, | Never from home |
| Duration of Existing Attack, | Nearly two years |
| Supposed Cause, | Not Known |
| Whether subject to Epilepsy, | No |
| Whether Suicidal, | No |
| Whether Dangerous to others, | Not as yet |
| 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 his Family known to be or to have been Insane, | David Nicholson — Barrachan Moor<br>Inchrum — Father<br><br>None |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 1st day of April, One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) his David ✕ Nicholson
mark

P. p.

John Vance
Witness

Mack

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert Bird Selby
being a (1) Doctor of Medicine, Edinburgh University & Licentiate
of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Barrachan Moor Migtown in the
separately from any other Medical Practitioner
visited and personally examined (4) Robert Nicholson - Labourer
Barrachan Moor
the said Robert Nicholson is a (5) person
of Unsound Mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is very moody & reserved in manner
He complains that he is not allowed to work on his
like his brother James —
He says that he has been ill used by his brother James
Selkirk — but that there is Law in Wigtown —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Vans - Orrfles - Barrachan - states that he has altered entirely in his habits
during the last two years - from being Quiet & industrious & he constantly
to settle to work - though constantly complaining of his friends
from any work
He has slept little during the last fortnight
His brother James states

Name and Medical Designation, Robert B. Selby M.D.

Place of Abode, Portwilliam

DATED this 1st day of April One thousand
hundred and Seventy nine

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Charles McBride
being a (1) Doctor of Medicine of the University
Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Barrachan
Moor
Migtown in the
separately from any other Medical Practitioner
visited and personally examined (4) Robert Nicholson
Barrachan Moor
the said Robert Nicholson is a (5) person
of unsound Mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Demeanour &c —
He is restless, talks & laughs in a
incoherent manner. addresses me
as if I were a stranger
as well Knows I am not

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By James Nicholson his brother — States that his
Robert Nicholson has altered much & acted much
him with Care but did not do what he
was told

Name and Medical Designation, Charles McBride
Migtown

Place of Abode

DATED this 1st day of April One thousand
hundred and Seventy nine —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Robert B. Selby being (1) Doctor of Medicine & L.R.C.S. Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Barrachan Moor in the County of Wigtown, seen and personally examined Robert Nicholson Labourer, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert B. Selby M.D. & L.R.C.S.E.

DATED this 1st day of April One thousand eight hundred and Seventy nine

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Macrie Esquire (3) Sheriff Substitute of the (4) County of Wigtown having had produced to me, with a Petition at the instance of (5) David Nicholson Barrachan Moor in the parish of Mochrum Certificates under the hands of Robert Bird Selby M.D. Portwilliam and Charles M^c Bride Physician 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 (6) Robert Nicholson and that the said Robert Nicholson 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 Robert Nicholson as a Patient into the (8) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Nicholson which accompanied the said Petition.

DATED this first day of April One thousand eight hundred and seventy nine

Wm Macrie

*To the Superintendent of the (9) Southern Counties Asylum of Dumfries*

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(3) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

1

2
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Robert Nicholson
2 April
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward.
Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Counties *of* Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Craig your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Craig to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity which Petitioner stands in Lunatic.

John Dinwoodie

DATED this Second (4) day of April One thousand eight hundred and Seventynine

(4) The date of the Petition must be within four-and-twenty days following the date of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Janet Craig |
| 2. Sex and Age, | 42 years Female |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | Seamstress |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | — do — |
| 8. Length of time Insane, | 5 days |
| 9. Whether first Attack, | no |
| 10. Age (if known) on first Attack, | 28 years |
| 11. When and where previously under Examination and Treatment, | in England |
| 12. Duration of existing Attack, | 5 days |
| 13. Supposed Cause, | |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18. Date of becoming Chargeable, | 2 April 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Ada Craig a Sister } 125 High Street Dumfries |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Second day of April One thousand eight hundred and Seventynine

(*To be Signed by Party applying*) John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William [illegible]
being a (1) Graduate of the Faculty of Physicians [illegible]
Glasgow and Member of the College of Physicians [illegible]
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 126 High St
Dumfries
in the [illegible]
visited and personally examined (4) Janet Craig separately from any other Medical Practitioner [illegible]
the said Janet Craig is a (5) Lunatic [illegible]
and a proper person to be [illegible]
under Care and Treatment, and that I have formed this opinion upon the [illegible]
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Speaks incoherently seems perfectly unconscious as to the [illegible] Appears to quite helpless and [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The [illegible] of the house state that she [illegible] the stairs [illegible]

*Name and Medical Designation,* [illegible]

*Place of Abode,* Dumfries

DATED this 2 day of April One thousand
hundred and seventy one years

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Carruthers
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 126 High St
Dumfries
in the [illegible]
visited and personally examined (4) Janet Craig a pauper
the said Janet Craig is a (5) person [illegible]
and a proper person to be [illegible]
under Care and Treatment, and that I have formed this opinion upon the [illegible]
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance & speech - Melancholic appearance thinks there are no brains in her head

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her sisters say that she has delusions [illegible] says she has been [illegible] Executor & Testatrix

*Name and Medical Designation,* William Carruthers

*Place of Abode,* 14 Castle Street Dumfries

DATED this second day of April One thousand
hundred and 79 years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~David Boyle Hope~~ ~~Sheriff~~ Sheriff-Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie, Inspector of Poor Dumfries, Certificates under the hands of William Marshall and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Craig, Seamstress, Dumfries (a Pauper) and that the said Janet Craig, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Craig as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Craig, which accompanied the said Petition.

DATED this Second day of April, One thousand eight hundred and seventy nine. Three words deleted.

D Maitland

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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Janet Craig

2d April

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Sheriff or Stewartry.

*Unto the Honourable the* (1) Sheriff of ~~the~~ County of Dumfries of and Stewartry of Kirkcudbright and his Substitutes,—

The Petition of John Lawson - Inspector of Poor, Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Lewis Boyd

(2) State degree of relationship or other circumstance in which Petitioner stands to Lunatic. your Petitioner's (2) Charge

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Lewis Boyd to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

John Lawson

(3) The date of the Petition must be within seven clear days after the dates of the Medical Certificates.

DATED this 4th (4) day of April One thousand eight hundred and Seventy 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, | John Lewis Boyd. |
| 2. Sex and Age, | male - about 45. |
| 3. Married, Single, or Widowed, | Not known |
| 4. Condition of Life, and previous Occupation (if any), | a Soldier - |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Carlisle and Annan. |
| 7. Place where Found and Examined, | found in Annan - Removed to Dumfries |
| 8. Length of time Insane, | Supposed 10 or 12 years |
| 9. Whether First Attack, | No. |
| 10. Age (if known) on First Attack, | Not known |
| 11. When and where previously under Examination and Treatment, | Dumfries - Southern Counties Asylum |
| 12. Duration of Existing Attack, | Not known |
| 13. Supposed Cause, | Sunstroke in India |
| 14. Whether subject to Epilepsy, | Not known |
| 15. Whether Suicidal, | Not known but believed not |
| 16. Whether Dangerous to others, | Yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Parish of Annan |
| 18. Date of becoming Chargeable, | March 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, | Not known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th day of April One thousand eight hundred and Seventy nine.

(*To be signed by Party applying*) John Lawson

P. T.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William South
being a (1) Physician & Graduate of the University of
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) The Bra
of Dumfries
Dumfries
in the
separately from any other Medical Pr
visited and personally examined (4) John Lewis Boyd a Pa
the Annan
the said John Lewis Boyd is a (5) Lunat
and a proper Person to b
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is melo
and has delusions - I learn he has
similar attack five years ago w
from his previous & his confinement
Southern Counties asylum -

2. Other facts (if any) indicating Insanity communicated to me by others (7)
the Inspector of Poor of Annan informs
me that he has been engaged
disturbance in Annan & neighbourh
for some time

Name and Medical Designation, William South

Place of Abode, Dumfries

DATED this 4th day of April One thous
hundred and seventy nine

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Duff Mac
being a (1) Graduate of Edinburgh Uni
and being in actual practice as a (2) Physician & Surg
hereby certify, on soul and conscience, that I have this day, at (3) The
Dumfries
Dumfries
in the C
separately from any other Medical Pra
visited and personally examined (4) John Lewis Boyd
a Pauper
the said John Lewis Boyd is a (5) pers
unsound mind
and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is very
declares he will commit murde
& pray to be rescued from
all public & delusions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
has been in the asylum previou
has been conducting himself in
very insane manner. Near Annan

Name and Medical Designation, A D Macdonald

Place of Abode 18 Castle St Dumfries

DATED this Fourth day of April One thousand
hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lawson, Inspector of Poor Annan Certificates under the hands of William Scott and Alexander Dall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Lewis Boyd Dumfries Prison (a Pauper) and that the said John Lewis Boyd is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Lewis Boyd as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Lewis Boyd which accompanied the said Petition.

DATED this Fourth day of April One thousand eight hundred and seventy nine

James Gibson Starke

*To the Superintendent of the (7) Public Asylum of*
Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

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John Lewis Boyd

4th April

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) If or Steward. or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the~~ (2)
of Dumfries & Galloway *and his Substitutes.*—

The Petition of John Maxwell Dowallon by Dorbie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Maxwell

(3) de degree of ship or other on which Peti- nds to Luna-

your Petitioner's (3) Father

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Maxwell to the Southern Counties asylum and to sanction his admission into the said Asylum.

John Maxwell

(4) e date of the nest to with- n clear days the dates of dical Certifi-

DATED this Fifth (4) day of April One thousand eight hundred and Seventy nine

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | James Maxwell |
| Sex and Age, | male 68 years |
| Married, Single, or Widowed, | married |
| Condition of Life, and previous Occupation (if any), | Farmer |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | Dowallon Dorbie Wigtown Sh |
| Place where Found and Examined, | Do |
| Length of time Insane, | four months |
| Whether First Attack, | ~~Yes~~ second |
| Age (if known) on First Attack, | 68 |
| When and where previously under Examination and Treatment, | Southern Counties asylum |
| Duration of Existing Attack, | some days. |
| Supposed Cause, | no cause |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | yes |
| Whether Dangerous to others, | no |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| Date of becoming Chargeable, | |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James McGill or Maxwell Dowallon (his wife) Dorbie — Cousin Children have been Insane |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | —— |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of April One thousand eight hundred and seventy nine

(*To be signed by Party applying*) John Maxwell

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Maxwell Donaldton Sorbie Wigtons Wie and the said James Maxwell is a (5) person of unsound mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His appearance melancholic appearance. tells me that he cannot prevent himself fretting because [illegible] is going against him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: His son informs me that he left Asylum three weeks ago. During the last [illegible] days. he has been much depressed & restless. [illegible] every thing is against him. He is in former attack attempted to commit suicide

*Name and Medical Designation,* John Smith

*Place of Abode,* 14 Castle St. Dumfries

DATED this Fifth day of April One thousand [illegible] hundred and 79 Years.

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thompson being a (1) Doctor of Medicine of the University of Glasgow 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) 14 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Maxwell. Donaldton Sorbie Wigtonshire and the said James Maxwell is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is depressed and melancholic and has a morbid feeling that the world is going against him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: Told by his son that he was taken from Asylum three weeks ago. that he attempted [illegible] during previous attack. has again become depressed & during last two or three days.

*Name and Medical Designation,* Alex Thomson

*Place of Abode* Castle St. Dumfries

DATED this Fifth day of April One thousand [illegible] hundred and seventy 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, John Smith being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle Street in the County of Dumfries, seen and personally examined James Maxwell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

DATED this Fifth day of April One thousand eight hundred and 79 Years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke, Honorary Sheriff Substitute of the (2) County of Dumfries. having had produced to me, with a Petition at the instance of (3) John Maxwell Dowalton Sorbie Wigtownshire. Certificates under the hands of John Smith and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Maxwell Dowalton Sorbie Wigtownshire (Petitioners Father) and that the said James Maxwell is a (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 Maxwell as a Patient into the (6) Public Asylum of Southern Counties Asylum and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Maxwell which accompanied the said Petition.

DATED this Seventh day of April — One thousand eight hundred and seventy nine

J. Gibson Starke

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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James Maxwell
5th April
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the~~ (2) of Dumfries & Galloway *and his Substitutes,*—

The Petition of William Rigg, West Logan, Buittle,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Rigg

(3) As to degree of Relationship or other Interest which Petitioner bears to Lunatic.

your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Rigg to the Southern Counties Asylum and to sanction her admission into the said Asylum.

W Rigg

(4) The date of the Interest be within seven clear days from the dates of the Medical Certificates.

DATED this Seventh (4) day of April One thousand eight hundred and seventy nine

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Mary Rigg |
| Sex and Age, | Female 25 |
| Married, Single, or Widowed, | single |
| Condition of Life, and previous Occupation (if any), | Farmer's Daughter |
| Religious Persuasion, so far as known, | Roman Catholic |
| Previous Place of Abode, | West Logan |
| Place where Found and Examined, | West Logan |
| Length of time Insane, | 6 weeks |
| Whether First Attack, | Second attack |
| Age (if known) on First Attack, | 24 |
| When and where previously under Examination and Treatment, | Southern Counties Asylum. Dumfries. |
| Duration of Existing Attack, | 6 weeks |
| Supposed Cause, | |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | no |
| Whether Dangerous to others, | yes |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| Date of becoming Chargeable, | |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | William Rigg West Logan. Buittle (Brother) no |
| Special circumstances (if any) preventing the Insertion of any of the above particulars, | none |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of April — One thousand eight hundred and seventy nine

(*To be signed by Party applying*) W Rigg

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Paterson Lewis — being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) West Regent Parish of Buittle — in the Kirkcudbright — separately from any other Medical Practitioner visited and personally examined (4) Mary Rigg — the said Mary Rigg — is a (5) a person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Asked me if the sound of last trumpet last night — said she was hell all last night and that she has from [illegible] and that two are in paradise —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sisters & sisters-in-law tell me that is threatens them — threw a lot of grass eggs at the other day — they dare not leave her alone [illegible]

*Name and Medical Designation,* } J Paterson Lewis M

*Place of Abode,* Dalbeattie

DATED this Seventh day of April One thousand hundred and seventy 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, Walter Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) West Regent Parish of Buittle in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Rigg the said Mary Rigg is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks without ceasing in a rambling incoherent way mostly of persons & things long ago

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: Her sister in law says she sleeps [illegible] & that little with the aid of sleeping [illegible] when awake never ceases to talk. She is dangerous to those around her

*Name and Medical Designation,* } Walter Lorraine

*Place of Abode* Castle Douglas

DATED this Seventh day of April One thousand hundred and seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification.

(2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke, Honorary Sheriff Substitute of the (1) County of Dumfries having had produced to me, with a Petition at the instance of (2) William Rigg, West Logan. Battle, Kirkcudbrightshire, Certificates under the hands of John Paterson Lyon and Walter Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Mary Rigg, West Logan. Battle Kirkcudbrightshire (Petitioner's sister) and that the said Mary Rigg 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 Mary Rigg as a Patient into the (5) Public Asylum of Southern Counties Asylum and 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 Rigg which accompanied the said Petition.

DATED this Seventh day of April One thousand eight hundred and seventy nine.

James Gibson Starke

*To the Superintendent of the (6) Public Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
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Mary Rigg
7th April
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) ——— of Dumfries and Galloway *and his Substitutes,*—

The Petition of James Christison, Inspector of Poor, Kirkinnee

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Blair

(3) State degree of Relationship or other Party in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Blair to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

James Christison

(4) The date of the Petition must be within Seven clear days following the dates of the Medical Certificates.

DATED this seventh (4) day of April One thousand eight hundred and seventy 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, | William Blain |
| 2. | Sex and Age, | 34 . male |
| 3. | Married, Single, or Widowed, | Married |
| 4. | Condition of Life, and previous Occupation (if any), | Agra. Lab. |
| 5. | Religious Persuasion, so far as known, | Protestant |
| 6. | Previous Place of Abode, | Barjarrock |
| 7. | Place where Found and Examined, | Drumjargon |
| 8. | Length of time Insane, | about a month |
| 9. | Whether First Attack, | first |
| 10. | Age (if known) on First Attack, | 34 |
| 11. | When and where previously under Examination and Treatment, | — |
| 12. | Duration of Existing Attack, | about a Month |
| 13. | Supposed Cause, | Cannot say |
| 14. | Whether subject to Epilepsy, | Do |
| 15. | Whether Suicidal, | Do |
| 16. | Whether Dangerous to others, | Do |
| 17. | Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkinnee Parish |
| 18. | Date of becoming Chargeable, | 6th april 79 |
| 19. | Christian Name and Surname, and Place of Abode of nearest known 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 Elizabeth Marten residing at Wigtown<br>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 7th day of April One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) James Christison Inspector of Poor Kirkinnee P P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Charles McBride being a (1) Doctor of Medicine of the University of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Bogton in the Parish of Mid Calder separately from any other Medical Practitioner visited and personally examined (4) James Argo a Pauper the said William Blain is a (5) Lunatic of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Says the Spirit of God & an Angel is flying over his house that he can remove Mountains

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Blain his wife — Says that he threatened to cut her throat & would choke her

*Name and Medical Designation,* Charles McBride

*Place of Abode,* Bogton

DATED this twenty-fourth day of April One thousand nine hundred and seventy nine

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, Robert Bird Selby being a (1) Doctor of Medicine a Licentiate of the College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the farm of Drumpasgow in the Parish of Mid Calder separately from any other Medical Practitioner visited and personally examined (4) William Blain, Farm Servant the said William Blain is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

He states that about a year since — Dr McCulloch of Dalry gave him chloroform — made an opening in his belly Kidneys & liver all right

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr Dickson — Farmer — Drumpasgow — states that Blain told him he was to be executed — & that he had Leprosy & which could cure any disease — Also that Blain has accused in his Calys Infirmary & Dickson — Mrs Blain — the wife — states that her husband threatened to throttle her if she did not, & actually caught her by the neck.

*Name and Medical Designation,* Robert B Selby M.D.

*Place of Abode* Pittwilliam

DATED this Seventh day of April One thousand nine hundred and Seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mactie Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) James Christie, Inspector of Poor, Kirkinner and Certificates under the hands of Charles Mc Bride M.D. Physician and Wigtown and Robert B Selby M.D. Portwilliam being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Blain, Pauper and that the said William Blain, Pauper is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Blain, Pauper as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Blain Pauper which accompanied the said Petition.

DATED this seventh day of April One thousand eight hundred and seventy nine years

Wm Mactie

*To the Superintendent of the* (7)
Southern Counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
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William Blain
8th April
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriffdom or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) *of Dumfries & Galloway and his Substitutes,—*

The Petition of Robert Johnstone Penlaw Lockerbie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Johnstone

(3) State degree of kindred or other relation which Petitioner holds to Lunatic.

your Petitioner's (3) Brother

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Johnstone to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Robert Johnstone

(4) The date of the Petition must be within ten clear days from the dates of the Medical Certificates.

DATED this 16th (4) day of April One thousand eight hundred and 79

## 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 Johnstone |
| Second Age, | Male. 56 years |
| Married, Single, or Widowed, | Single |
| Condition of Life, and previous Occupation (if any), | Farmer |
| Religious Persuasion, so far as known, | Protestant |
| Present Place of Abode, | Penlaw Lockerbie |
| Place where Found and Examined, | High Street Lockerbie |
| Length of time Insane, | 18 months |
| Whether First Attack, | Yes. |
| Age (if known) on First Attack, | 54. |
| Where and where previously under Examination and Treatment, | Dumfries |
| Duration of Existing Attack, | 18 months |
| Supposed Cause, | Intemperance |
| 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, | Robert Johnstone Penlaw, Lockerbie, Brother |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of April One thousand eight hundred and 79

(*To be signed by Party applying*) 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, James Maclachlan being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High Street, Lockerbie in the Dumfries separately from any other Medical Pr[illegible] visited and personally examined (4) John Johnstone, Farmer Penlaw the said John Johnstone is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless & [illegible] demeanor. Delusions. Stating that [illegible] is Laird of Dinwoodie Green & other Farms & that the real Laird has no[illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: Robert Johnstone, his brother, states that he believes himself to be Marquis of Queensbury Laird of Farms which do not belong to him, the suspicions of robbers being in his house & sleeps [illegible]

*Name and Medical Designation,* James Maclachlan M.B. & C.M.

*Place of Abode,* Lockerbie

DATED this 10th day of April One thousand hundred and seventy 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, James Thomson Wilson being a (1) Licentiate of the Royal College of Surgeons and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the Co[illegible] Dumfries separately from any other Medical Pract[illegible] visited and personally examined (4) John Johnstone Farmer Penlaw the said John Johnstone is a (5) person of unsound mind and a proper person to be d[illegible] under Care and Treatment, and that I have formed this opinion upon the fol[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The is very [illegible] and suspicious, labouring under the delusion Penlaw is his own property and refuses to pay [illegible] that other farms likewise belong to him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: Robert Johnstone his brother states that he is [illegible] of Robbers being in his house, that in his daily [illegible] must visit & touch certain trees every day & sit [illegible]

*Name and Medical Designation,* Jas. T. Wilson [illegible]

*Place of Abode* Lockerbie

DATED this 11th day of April One thousand hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Mc. McCulloch, M. D. &c. being (1) a graduate of the University of Edinburgh &c. hereby certify, on soul and conscience, that I have this day, at (2) 16 Castle Street, Dumfries, in the County of Dumfries, seen and personally examined John Thomson, Farmer, Sunlaw, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Mc. McCulloch, M. D. &c.

DATED this 16th day of April One thousand eight hundred and seventy nine years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Thomson Sunlaw Lochrebie, Certificates under the hands of James Macmillan and James Thomson Wilson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Thomson, Farmer, Sunlaw, Lochrebie, Ruthwell Parish, and that the said John Thomson is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Thomson as a Patient into the (6) Public Asylum of Dumfries Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Thomson which accompanied the said Petition.

DATED this twentieth day of April One thousand eight hundred and seventy nine.

J. Gibson Starke

*To the Superintendent of the (7)* Public *Asylum of*

Dumfries Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1627
John Johnston
16th April
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriff or Stewartry.

*Unto the Honourable the* (1) ~~the~~ Sheriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Francis Hair, Greenbrae, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Hair 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 Hair to the Asylum of Southern Counties Dumfries and to sanction her admission into the said Asylum.

(3) The degree of relationship or other reason in which Petitioner stands to Lunatic.

Francis Hair

(4) The date of the Petition must be within four or a clear days following the dates of the Medical Certificates.

DATED this 28th (4) day of April One thousand eight hundred and Seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Mary Hair |
| Sex and Age, | Female 60½ years |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation (if any), | Soldiers wife |
| Religious Persuasion, so far as known, | Church of England |
| Previous Place of Abode, | Greenbrae |
| Place where Found and Examined, | do |
| Length of time Insane, | about six months |
| Whether First Attack, | no |
| Age (if known) on First Attack, | about 52 years |
| When and where previously under Examination and Treatment, | Woolwich (St Luke's Hospital, E.C. London) |
| Duration of Existing Attack, | about two months |
| Supposed Cause, | not known |
| Whether subject to Epilepsy, | Yes |
| Whether Suicidal, | Yes |
| Whether Dangerous to others, | No |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| Date of becoming Chargeable, | not 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, | Francis Hair, Greenbrae, Husband |
| 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 22d day of April One thousand eight hundred and 79.

(*To be signed by Party applying*) Francis Hair

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Greenbrae in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Hair the said Mary Hair is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is in a nervous condition, with occasional bursts of [illegible] Excitement. Is restless and sleepless constantly [illegible] her head. Has delusions.—

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others (7) The Husband and daughter say she is gradually [illegible] and beyond their control. She had sunstroke in [illegible] She was in an Asylum before.

*Name and Medical Designation,* W. S. Kerr M.D.

*Place of Abode,* Dumfries

DATED this 22nd day of April One thousand [illegible] hundred and Seventy Nine 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, Mark Johnston Symons. being a (1) Doctor of Medicine of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Greenbrae in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Hair the said Mary Hair is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Depressed in [illegible] Restless, Sleepless. occasionally much [illegible] in manner. Rambling in conversation.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Husband tells me that she was threatening to take her life. That she was bursts of [illegible] excitement.

*Name and Medical Designation,* M. Symons M.D.

*Place of Abode* 48 Buccleuch St. Dumfries

DATED this 22nd day of April One thousand [illegible] hundred and Seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification.

(2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) — Sheriff Substitute
of the (2) County of Dumfries —
having had produced to me, with a Petition at the instance of (3) Francis Stair,
Greenbrae Dumfries —
Certificates under the hands of William Smith Senr —
and Mark Huston Squires — being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Stair, Greenbrae, Dumfries (Petitioners wife) and that the said Mary Stair, — is a (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 Stair — as a Patient into the (6) Public — Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Stair — which accompanied the said Petition.

DATED this Twenty third day of April — One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the (7)* Public
*Asylum of*
Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2/264
Mary Hair
24 April
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Ayr. *and his Substitutes,—*

The Petition of Robert Blane Erskine, M.D. Ayr.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Erskine.

(3) State degree of relationship or other circumstance in which Petitioner stands to Lunatic.

your Petitioner's (3) Brother, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Joseph Erskine, to the Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

Robert Blane Erskine

(4) Date of the Warrant be within seven clear days from the dates of the Medical Certificates.

DATED this First (4) day of May One thousand eight hundred and seventy nine years.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Joseph Erskine. |
| Sex and Age, | Male - 52. |
| Married, Single, or Widowed, | Single. |
| Condition of Life, and previous Occupation (if any), | House Factor and Accountant. |
| Religious Persuasion, so far as known, | Protestant. |
| Present Place of Abode, | 10 Cassillis Street, Ayr. |
| Place where Found and Examined, | 10 Cassillis Street, Ayr. |
| Length of time Insane, | About 2 years. |
| Whether First Attack, | Yes. |
| Age (if known) on First Attack, | see No 9. |
| When and where previously under Examination and Treatment, | see No 9. |
| Duration of Existing Attack, | see No 9. |
| Supposed Cause, | Unknown. |
| Whether subject to Epilepsy, | No. |
| Whether Suicidal, | No. |
| Whether Dangerous to others, | No. |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | He is a private patient |
| Date of becoming Chargeable, | |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mrs Janet Blane Erskine residing at 10 Cassillis Street, Ayr, is his Mother. No Members of the Family have been Insane. |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | None. |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this First day of May - One thousand eight hundred and seventy nine

*(To be signed by Party applying)* Robert Blane Erskine

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Benjamin Haldane
being a (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh
and being in actual practice as a (2) Unqualified Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) No 10 Capelles Street Ayr
separately from any other Medical Practitioner
visited and personally examined (4) Mr Joseph Ritchie of 10 Capelles St Ayr in House Painter
the said Mr Joseph Ritchie is a (5) person of
unsound Mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is labouring under the delusion that a family of the name of Ritchie have been and frequent all the night his house & have holes in the walls through which they are continually blowing on him and have put fire sticks in the bed and Night. 2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Ritchie wife of No 8 Capelles Street corroborative testimony to the above and says that he comes out these hours like a maniac using bad language and that the family are in danger of their

Name and Medical Designation, Benjamin Haldane L.R.C.P. Edin & L.R.C.S. Edin

Place of Abode, Woodfield Villa Ayr

DATED this Twentieth day of April One thousand eight hundred and twenty nine

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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.*

Mr Ritchie
Mrs Ritchie
Mrs / Ritchie

I, the undersigned, Robert Dobbie
being a M.D. of Edin. and L.R.C.S.E.
and being in actual practice as a (2) physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) No 10
Capelles Street, Ayr
Ayr in the County
separately from any other Medical Practitioner
visited and personally examined (4) Mr Joseph Ritchie
No 10 Capelles Street Ayr, House Painter
the said Mr Joseph 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.:—

1. Facts indicating Insanity observed by myself: (6) He labours under the delusions that the walls of his house have been bored through, that pipes are laid under the floors for the purpose of introducing Sulphurated upon him by his neighbours. 2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Neighbours in next house state that he has frequently come in complaining of the circumstances mentioned & has also been heard shouting on other members of the family

Name and Medical Designation, Robert Dobbie L.R.C.S.E.

Place of Abode Ayr

DATED this 30th day of April One thousand eight hundred and twenty nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
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 Alexander On Paterson Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) Robert Blane Erskine M.D. Ayr
Certificates under the hands of Bernard Haldan L.R.C.P.
and Robert Dobbie M.D. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joseph Erskine Accountant Ayr and that the said Joseph Erskine is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Erskine as a Patient into the (6) Private Asylum of Crichton Royal Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Erskine which accompanied the said Petition.

DATED this first day of May One thousand eight hundred and seventy nine

William A. O. Paterson

*To the Superintendent of the* (7) Private
*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.

80

1628
Joseph Erskine
3d May
1879
— " —

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriff or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~*of the* (2) County~~ *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of John Lowden Inspector of Poor of the parish of Urr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Euphemia McMinn 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 McMinn to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

John Lowden Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of May One thousand eight hundred and 79.

## STATEMENT.

*If any 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 McMinn |
| 2. Sex and Age, | Female aged 62 years |
| 3. Married, Single, or Widowed, | widowed. |
| 4. Condition of Life, and previous Occupation (if any), | |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Parish of Kirkgunzeon |
| 7. Place where Found and Examined, | Netherfoun |
| 8. Length of time Insane, | about 12 months |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 61 |
| 11. When and where previously under Examination and Treatment, | Never previously under treatment |
| 12. Duration of Existing Attack, | 12 months |
| 13. Supposed Cause, | Not known |
| 14. Whether subject to Epilepsy, | |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | parish of ~~Kirkgunzeon~~ Urr. |
| 18. Date of becoming Chargeable, | 1st May 1879 |
| 19. Christian Name 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, | Daughter married to Richard Porteous farm Servant residing at Netherfoun. Urr! Not aware if any member of her family were ever insane, |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of May One thousand eight hundred and 79.

John Lowden Inspector

(*To be signed by Party applying*)

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Paterson Lewis being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Netherlands parish of Urr, Kirkcudbrightshire in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Euphemia McMinn the said Euphemia McMinn is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Would answer no questions — Has a vacant imbecile paralytic expression of face —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her daughters told me that she tears things, such as her bed clothes & personal clothes, — Has no fear of fire and that she found her clothes on fire and legs burnt when she gave no indication of feeling pain —

*Name and Medical Designation,* } Paterson Lewis

*Place of Abode,* Dalbeattie

DATED this Fifth day of May One thousand eight hundred and seventy 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, Robert McKerchar being a (1) Bachelor of medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Netherlands Parish of Urr in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Euphemia McMinn the said Euphemia McMinn is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Have known this woman to be of weak mind for years, won't speak to me now & general appearance is imbecile

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Has taken to tearing & destroying all of clothing — Is filthy in her habits

*Name and Medical Designation,* } Robert McKerchar

*Place of Abode* Dalbeattie

DATED this Sixth day of May One thousand eight hundred and Seventy-nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Lowden, Inspector of Poor Urr
Certificates under the hands of John Paterson Lewis
and Robert McKerchar, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Euphemia McMinn Netherstown, Urr, (a Pauper) and that the said Euphemia McMinn, is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Euphemia McMinn, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Euphemia McMinn which accompanied the said Petition.

DATED this Seventh day of May, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of*
Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
265

Euphemia Nelson
or
Mc Quinn
7th May
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Ayr. *and his Substitutes,*

The Petition of John Dykes. Seedsman. Kilmarnock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David S. Dykes.

(3) State degree of Relationship or other grounds in which Petitioner stands to Lunatic.

your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Shurock Dykes to the Crichton Royal Institution. Dumfries and to sanction his admission into the said Asylum.

John Dykes

(4) The date of the Petition must be within four clear days after the dates of the Medical Certificates.

DATED this 8th (4) day of May One thousand eight hundred and 79.

## STATEMENT.

*If any 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 Shurock Dykes |
| 2. Sex and Age, | male. abt 26 years. |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation if any), | Civil & Mining Engineer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Wards. Dundonald Road. Kilmarnock. |
| 7. Place where Found and Examined, | Wards. Kilmarnock |
| 8. Length of time Insane, | |
| 9. Whether First Attack, | no |
| 10. Age (if known) on First Attack, | 24 years |
| 11. When and where previously under Examination and Treatment, | Kirklands Asylum. Bothwell |
| 12. Duration of Existing Attack, | was brought home for trial not being dis: |
| 13. Supposed Cause, | apparently cured. unknown |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Dykes. Seedsman. Wards Kilmarnock |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 8 day of May One thousand eight hundred and 79

(*To be signed by Party applying*) John Dykes

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander William Macfa[illegible] being a (1) Doctor of medicine &c.

and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Wards Dundonald Rd. Kilmarnock in the Co[illegible] Ayr separately from any other Medical Pra[illegible] visited and personally examined (4) David S. Dykes. Civil Em[illegible] Wards. Kilmarnock a[illegible] the said David S. Dykes is a (5) person of unsound mind. and a proper Person to be d[illegible] under Care and Treatment, and that I have formed this opinion upon the fo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His manner and conduct are peculiar. Its staring vacantly, [illegible] stamps his foot and springs up. Cannot spe[illegible] rationally. His mind seems a perfect blank. He has just returned from an asylum

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That he does not sleep & refuses fo[illegible] That his mind appears to be gon[illegible]

From his Father John Dykes

*Name and Medical Designation,* Alex: W. Macfa[illegible]

*Place of Abode,* Kilmarnock

DATED this 1st day of May One thousand [illegible] hundred and 79

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Borland M.D. being a (1) Graduate of the University of Glasgow

and being in actual practice as a (2) Physician: hereby certify, on soul and conscience, that I have this day, at (3) Wards Dundonald Road Kilmarnock in the Co[illegible] Ayr separately from any other Medical Practi[illegible] visited and personally examined (4) David S. Dykes Civil Em[illegible] Dundonald Road Kilmarnock a[illegible] the said David S. Dykes is a (5) Lun[illegible] and a proper person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the fo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That he talks incoherently, is restle[illegible] & his manner is strang[illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That he refuses food & does not sleep. That he was for[illegible] in an asylum.

From his Mother

*Name and Medical Designation,* John Borland[illegible]

*Place of Abode* Kilmarnock

DATED this 8th day of May One thousand [illegible] hundred and Seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Anderson Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) John Dykes Sudsman Kilmarnock
Certificates under the hands of Alexander W. Macfarlane
and John Borland, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David S. Dykes petitioners son and that the said David S. Dykes is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David S. Dykes as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David S. Dykes which accompanied the said Petition.

DATED this month day of May One thousand eight hundred and seventy nine

Thomas Anderson

*To the Superintendent of the* (7) Public
*Asylum of* Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1630

David Hurrock Dyer

10th May

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...eriff or Steward. ...ire or Stewartry.

*Unto the Honourable the* (1) Sheriff of ~~the~~ (2) Dumfries and ~~of~~ Galloway Kirkcudbright and his Substitutes, for the Stewartry

The Petition of John Hannah, Inspector of Poor for the Parish of Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Hale, Plasterer your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Hale to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of ...ship or other ...y in which Peti... stands to Luna...

x John Hannah

Dated this 12th (4) day of May One thousand eight hundred and Seventy nine

(4) ...he date of the ... must be with... ...teen clear days ...g the dates of ...edical Certifi...

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. ...ristian Name and Surname of Patient at length, | Hugh Hale |
| 2. ...x and Age, | Male. 34 Years. |
| 3. ...rried, Single, or Widowed, | Married |
| 4. ...ndition of Life, and previous Occupation (if any), | Journeyman Plasterer. |
| 5. ...ligious Persuasion, so far as known, | Church of Scotland |
| 6. ...evious Place of Abode, | Grange mouth. 9 Months |
| 7. ...ace where Found and Examined, | Kirkcudbright |
| 8. ...ngth of time Insane, | Five Weeks. |
| 9. ...hether first Attack, | Had a slight attack before leaving Grange mouth |
| 10. ...e (if known) on first Attack, | — |
| 11. ...en and where previously under Examination and Treatment, | Not under treatment |
| 12. ...ration of existing Attack, | About five Weeks |
| 13. ...pposed Cause, | Unknown |
| 14. ...ether subject to Epilepsy, | No |
| 15. ...ether Suicidal, | No |
| 16. ...ether Dangerous to others, | Yes |
| 17. ...rish or Union to which the Lunatic (if a Pauper) is Chargeable, | Wigtown |
| 18. ...te of becoming Chargeable, | Now |
| 19. ...ristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Elizabeth Papple or Hale his wife |
| 20. ...cial 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 12th day of May One thousand eight hundred and Seventy nine.

(*To be signed by Party applying*) x John Hannah

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Johnstone
being a (1) M.D. Edin.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Kirkcudbright in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Hugh Hale (Pauper)
at the
the said Hugh Hale is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
He suffers from delusions & is dangerous & more about him his food is poisoned by his wife

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Such facts as the above

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this 12th day of May One thousand eight
hundred and 79.

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Andrew Hogshaw
being a (1) Graduate 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) High Street
Kirkcudbright in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Hugh Hale (Pauper)
at the
the said Hugh Hale is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Asserts that his wife and others have entered into a Conspiracy to poison him.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by Mr Davidson Chief Constable that he has ejected his wife & family from his house

Name and Medical Designation, Andrew Hogshaw

Place of Abode, Kirkcudbright

DATED this twelfth day of May One thousand eight
hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson Esquire (1) Advocate, Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Stannah

Certificates under the hands of William Johnstone
and Andrew J. Urquhart, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Stale, a Pauper, and that the said Hugh Stale is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Stale as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said ~~John~~ Hugh Stale which accompanied the said Petition. (one word delete)

DATED this Twelfth day of May One thousand eight hundred and Seventy Nine.

Alex. Nicolson

*To the Superintendent of the* (7) Southern Counties
*Asylum of* Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
266

Hugh Hale

12th May

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

[1] Sheriff or Steward. [2] Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway, *and his Substitutes,*—

The Petition of David Keddie, 40 India Street, Edinr. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Susan Jane Keddie 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 Susan Jane Keddie to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

[3] State degree of relationship or other [illegible] in which Petitioner stands to Lunatic.

David Keddie

[4] The date of the Petition must be within [illegible] clear days [illegible] the dates of the Medical Certificates.

Dated this 14th (4) day of May One thousand eight hundred and seventy ~~eight~~ 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, | Susan Jane Keddie |
| 2. Sex and Age, | Female - 28 years |
| 3. Married, Single, or Widowed, | Single. |
| 4. Condition of Life, and previous Occupation (if any), | Lived in her father's house. |
| 5. Religious Persuasion, so far as known, | Free Church of Scotland |
| 6. Previous Place of Abode, | 40 India Street, Edinr. |
| 7. Place where Found and Examined, | 40 India Street Edinr. |
| 8. Length of time Insane, | Two months. |
| 9. Whether First Attack, | Second Attack |
| 10. Age (if known) on First Attack, | 23 years |
| 11. When and where previously under Examination and Treatment, | A Private Asylum in Inverness. |
| 12. Duration of Existing Attack, | Two months. |
| 13. Supposed Cause, | Disappointment in Love |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Keddie, 40 India Street - Father. No other member of the family has been Insane. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 14th day of May One thousand eight hundred and ~~seventy~~ ~~eight~~ nine

(*To be signed by Party applying*) David Keddie

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Graham Brown being a (1) Doctor of Medicine and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 40 India Street Edinburgh in the County of Midlothian separately from any other Medical Practitioner visited and personally examined (4) Susan Jane Keddie 40 India Street Edinburgh the said Susan Jane Keddie is a (5) person of unsound mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her appearance and manner are those of an insane person. She requires to speak in answer to questions or in conversation. She declares that she has ruined her family [illegible] alone I have heard her muttering continuously words "I've ruined you all" &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others:

*Name and Medical Designation,* John Graham Brown M.D.

*Place of Abode,* 63 Castle Street - Edinburgh

DATED this 14th day of May One thousand [illegible] hundred and seventy 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, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow, and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Susan Jane Keddie 40 India Street Edinburgh the said Susan Jane Keddie is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her depressed and melancholy appearance - mode of conversation, and the way in which she talks about having ruined her family.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Dr Richardson, that she has been under treatment in an Asylum formerly, [illegible] in a melancholy condition since admitted and [illegible] good badly.

*Name and Medical Designation,* Alex Thomson

*Place of Abode* Castle St Dumfries

DATED this Fourteenth day of May One thousand [illegible] hundred and seventy 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, John Graham Brown
being (1) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) 40 India Street Edinburgh
in the County of Midlothian, seen and personally examined
Susan Jane Keddie, 40 India Street Edinr., and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Graham Brown M.D.

DATED this 14th day of May One thousand eight hundred and seventy nine.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke (1) Sheriff Substitute
of the (2) county of Dumfries,
having had produced to me, with a Petition at the instance of (3) David Keddie
40 India Street, Edinburgh
Certificates under the hands of John Graham Brown
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) Susan Jane Keddie 40 India St Edinburgh (Wife of Petitioner) and that the said Susan Jane Keddie is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Susan Jane Keddie 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 Susan Jane Keddie, which accompanied the said Petition.

DATED this Sixteenth day of May One thousand eight hundred and seventy nine.

David Boyle Stoke

*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.

80

1632

Susan Jane Keddie

14th May

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, or Vice Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries & Galloway *of the* (2) *and his Substitutes,—*

The Petition of James Reddish 28 London Road Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anna Reddish your Petitioner's (3) daughter, Anna Reddish is at present in a state of Mental Derangement, and 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 Reddish to the Crichton Royal Institution Dumfries and to sanction her admission into the ~~said~~ Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

James Reddish

(*) The date of the Order must be within seven clear days following the dates of the Medical Certificates.

DATED this ~~fifteenth~~ seventeenth day of May One thousand eight hundred and ~~seventy~~ seventy 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, | Anna Reddish |
| 2. Sex and Age, | Female, 34 years. |
| 3. Married, Single, or Widowed, | Single. |
| 4. Condition of Life, and previous Occupation (if any), | Simply at home, no occupation |
| 5. Religious Persuasion, so far as known, | Church of England. |
| 6. Previous Place of Abode, | 28 London Road Carlisle for 33 years. |
| 7. Place where Found and Examined, | Carlisle |
| 8. Length of time Insane, | Say six months. |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | The other answers determine this. |
| 11. When and where previously under Examination and Treatment, | at no time or place. |
| 12. Duration of Existing Attack, | First attack gradual during six months |
| 13. Supposed Cause, | No supposed cause unless it be the effects of bronchocele or goitre now gone |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No, as I believe |
| 16. Whether Dangerous to others, | There is some ground for fear |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | None |
| 18. Date of becoming Chargeable, | None |
| 19. Christian Name and Surname, and Place of abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James Reddish of 28 London Road, Carlisle the father of the patient. another daughter a feeble minded rather than insane and now at home. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~fifteenth~~ seventeenth day of May One thousand eight hundred and ~~seventy~~ seventy nine

*(To be signed by Party applying)* James Reddish

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith, being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Anna Reddish. 28 London Road Carlisle the said Anna Reddish is a (5) person of unsound mind. and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her excited suspicious appearance & delusions. States that her Father has taken a great dislike to her & on afraid of him injuring her. Also that he is endeavoured to prevent her receiving a large sum of money lately left to her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Father informs me that she has made regarding marriage with several gentlemen & that her bearing has lately quite changed being at times quite unmanageable also that no money has been left to her.

*Name and Medical Designation,* John Smith

*Place of Abode,* 118 Castle St Dumfries

DATED this 17th day of May One thousand eight hundred and 79.

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson, being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Anna Reddish 28 London Road Carlisle at the said Anna Reddish is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her nervous condition, and suspicion of those around her; states that some times since she left home by herself, and came to see Dr. Gilchrist, and consult him, as to her condition - thinks she has money left her, which is not the case.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by her father that her manner and habits have undergone a marked change: that she has delusions as to proposals of marriage; and that she is very irritable, and sometimes violent.

*Name and Medical Designation,* Alex. Thomson

*Place of Abode* Castle Street Dumfries

DATED this Seventeenth day of May One thousand eight hundred and Seventy 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, John Smith
being (1) Graduate of Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle Street
in the County of Dumfries, seen and personally examined
Anna Reddish, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D. &c.

DATED this 16 day of May One thousand eight hundred and 79 years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, A. Maitland (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Reddish,
28 London Road, Carlisle
Certificates under the hands of John Smith
and Alexander Thomson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Anna Reddish 28 London Road Carlisle 21st [illegible] and that the said
Anna Reddish — is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Anna Reddish as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Anna Reddish, which accompanied the said Petition.

DATED this Nineteenth day of May One thousand eight hundred and seventy nine.

A. Maitland

*To the Superintendent of the (7) Public Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

110

1633
Anna Reddish
17th May
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes*—

The Petition of David Johnstone, Kerr House Gordon

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Edward Barclay

(3) State degree of Relationship, or other capacity in which Petitioner stands to Patient.

your Petitioner's (3) Nephew

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charles Edward Barclay to the Dumfries Royal Institution and to sanction his admission into the said Asylum.

David Johnstone

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty first (4) day of May One thousand eight hundred and seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Charles Edward Barclay |
| 2. Sex and Age, | Male 25 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | Stock Broker |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | London |
| 7. Place where Found and Examined, | County Hotel, Carlisle, examined at Dumfries |
| 8. Length of time Insane, | Seven days |
| 9. Whether first Attack, | First attack |
| 10. Age (if known) on first Attack, | 25 |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of existing Attack, | Seven days |
| 13. Supposed Cause, | Anxiety |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | 16th May |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Sarah Dawson Barclay, Mother - No |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of May One thousand eight hundred and 79

(*To be Signed by Party applying*) David Johnstone

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, 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 Medical Practitioner
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Charles Edward Barclay
Stock Broker, London
the said Charles Edward Barclay is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, 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 wild
insane appearance & delusions talks in
excited manner. tells me that his father is
poisoned & he will have the murderers
(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Dr Johnstone informs me that since
Saturday last he has been very violent &
unmanageable.

*Name and Medical Designation,* John Smith M.D.
*Place of Abode,* 14 Castle St. Dumfries

DATED this 20th day of May One thousand
hundred and 79 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, Alexander Thomson
being a (1) Doctor of Medicine of the University of
Glasgow and Surgeon
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries
Dumfries
in the County of
separately from any other Medical Practitioner, visited and personally examined (4) Charles Edward Barclay
Stock-Broker London
the said Charles Edward Barclay is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Acute mania - violent manner
and constant incoherent conversation.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His uncle Dr Johnstone tells me that he has
been in this State for about five days
and sometimes very violent.

*Name and Medical Designation,* Alex Thomson
*Place of Abode,* Castle Street - Dumfries

DATED this Twentieth day of May One thousand
hundred and seventy 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, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries in the County of Dumfries, seen and personally examined Charles Edward Barclay, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D. &c

DATED this 20th day of May One thousand eight hundred and 79 years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) David Johnston, Nair House, Fordoun, Certificates under the hands of John Smith, and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charles Edward Barclay, Stockbroker, London (Pt. Nephew) and that the said Charles Edward Barclay is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Edward Barclay as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles Edward Barclay which accompanied the said Petition.

DATED this Twenty first day of May One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Petition.

David Johnston, Kai N
Fordoun

for warrant
to transmit Charles
Edward Barclay
into
the Crichton Royal Inst

1634
Charles Edward Barclay
20th May
1879

Dymens Jr.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Or Sheriff or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) ~~Shire~~ of Dumfries & Galloway *and his Substitutes.*—

The Petition of Robert Sherman Inspector of Poor, Kirkgunzeon,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Boyle

(3) State degree of Relationship or other Party in which Petitioner stands to Lunatic.

your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Boyle to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Robert Sherman Inspector

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this 22nd (4) day of May One thousand eight hundred and Seventy nine.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | | |
|---|---|---|
| 1. | Christian Name and Surname of Patient at length, | William Boyle |
| 2. | Sex and Age, | Male Age 26 years |
| 3. | Married, Single, or Widowed, | Single |
| 4. | Condition of Life, and previous Occupation (if any), | Labourer |
| 5. | Religious Persuasion, so far as known, | Presbyterian |
| 6. | Previous Place of Abode, | Parkgatton |
| 7. | Place where Found and Examined, | Kirkgunzeon |
| 8. | Length of time Insane, | four weeks |
| 9. | Whether First Attack, | Fourth Attack |
| 10. | Age (if known) on First Attack, | 22 years |
| 11. | When and where previously under Examination and Treatment, | Southern Counties Asylum Dumfries four weeks |
| 12. | Duration of Existing Attack, | |
| 13. | Supposed Cause, | Not known |
| 14. | Whether subject to Epilepsy, | No |
| 15. | Whether Suicidal, | Neither |
| 16. | Whether Dangerous to others, | No |
| 17. | Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkgunzeon |
| 18. | Date of becoming Chargeable, | 21st May |
| 19. | Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Agnes Rowan Graham his Mother Weak minded Dead - Alexander McQueen his half Brother died In the S. C. - Asylum Dumfries |
| 20. | Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22 day of May One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) Robert Sherman Inspector

Kirkgunzeon P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McKerchar ——— being a (1) Bachelor in Medicine & master of Surgery of the University of Edinburgh ——— and being in actual practice as a (2) General Practitioner ——— hereby certify, on soul and conscience, that I have this day, at (3) Congiet Cottage, Kirkgunzeon ——— in the County of Kirkcudbright ——— separately from any other Medical Practitioner visited and personally examined (4) William Boyle ——— A Pauper ——— the said William Boyle ——— is a (5) person of unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is gloomy & morose, look vacant, and his mind generally is unbalanced — Has been several times in Asylum already

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: Does not sleep at night, threatened to drown himself. —

*Name and Medical Designation,* Robert McKerchar

*Place of Abode,* Dalbeattie

DATED this twenty first day of May One thousand eight hundred and seventy 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 Paterson Lewis MD ——— being a (1) Graduate of Medicine of the University of Glasgow ——— and being in actual practice as a (2) General practitioner ——— hereby certify, on soul and conscience, that I have this day, at (3) Congiet Cottage. Kirkgunzeon. Kirkcudbrightshire — in the County of Kirkcudbright ——— separately from any other Medical Practitioner visited and personally examined (4) William Boyle, a pauper ——— the said William Boyle ——— 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) Insane, melancholy expression of face, — Does not know his age, nor how long it is since he was last in Crichton Institution where he has been several times ———

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: His Aunt-in-law tells me that he frequently calls very loudly with pain in his head — and goes around a disponding manner & very discontented. but a

*Name and Medical Designation,* John Paterson Lewis MD

*Place of Abode* Alma, Dalbeattie.

DATED this twenty first day of May. One thousand eight hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Sherman, Inspector of Poor, Kirkgunzeon
Certificates under the hands of Robert McKerchar
and John Paterson Lewis, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Boyle, Cogeith cottage, Kirkgunzeon, (a Pauper) and that the said William Boyle is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Boyle as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Boyle, which accompanied the said Petition.

DATED this Twenty second day of May, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
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William Boyle
22 May
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries & Galloway *of the* (2) Dumfries *and his Substitutes—*

The Petition of Jane Mackie Castle Brae Cottage

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Mackie Castle Brae Cottage Dumfries your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Mackie to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Jane Mackie

(4) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Twenty fourth (4) day of May One thousand eight hundred and Seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Robert Mackie |
| Sex and Age, | male. age 34 - |
| Married, Single, or Widowed, | married |
| Condition of Life, and previous occupation (if any), | Land steward. |
| Religious Persuasion, so far as known, | Established - |
| Previous Place of Abode, | Dumfries |
| Place where Found and Examined, | Castle Brae Cottage Dumfries |
| Length of time Insane, | some days |
| Whether first Attack, | first - |
| Age (if known) on first Attack, | 34 |
| When and where previously under Examination and Treatment, | never |
| Duration of existing Attack, | some days. |
| Supposed Cause, | Stimulants |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | Doubtful |
| 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, | John Mackie 2 Victoria Villas Queen Road Reading brother. no |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty fourth day of May One thousand eight hundred and seventy nine

(To be Signed by Party applying) Jane Mackie

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Castle Brae Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Mackie Commission agent and the said Robert 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) States that cannot take care of himself & that he will commit suicide Wishes to be put into asylum

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr McDonald informs me that he was attempted to commit suicide

*Name and Medical Designation,* John Smith MD

*Place of Abode,* 14 Castle St Dumfries

DATED this 21st day of May One thousand eight hundred and 79.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Dale MacDonald being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Castle Brae Cottage Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Mackie Commission agent and the said Robert 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) is very excited and says he is not responsible for what he may do to himself — and to be sent to asylum

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He attempted suicide previously in same condition

*Name and Medical Designation,* A D MacDonald

*Place of Abode,* 14 Castle St Dumfries

DATED this 21st day of May One thousand eight hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, Alexander Dall Macdonald being (1) a Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 3 Buccleuch St Dumfries in the County of Dumfries, seen and personally examined Robert Mackie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A D Macdonald MD

Dated this 23rd day of May One thousand eight hundred and seventy-nine

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Jane Mackie Castle Brae Cottage Dumfries Certificates under the hands of John Smith and Alexander Dall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Mackie Castle Brae Cottage Dumfries (Retired Merchant) and that the said Robert Mackie is a (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 Mackie as a Patient into the (6) Public Asylum of Dumfries Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Mackie which accompanied the said Petition.

Dated this twenty-sixth day of May One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Dumfries Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Petition

Jane Mackie Castle[illegible]
Cottage Dumfries
for
admission of Robert [illegible]
into the ~~Southern~~ [illegible]
~~Asylum~~ Crichton [illegible]
Institution.

1635
Robert Mackie
23rd May
1879

J Symons Jr

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (†) Shire or Stewartry.

*Unto the Honourable the* (*) Sheriff ~~of the (†) Counties~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie Inspector of poor Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Patrick Lee 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 Patrick Lee to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(‡) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this twenty third (*) day of May One thousand eight hundred and seventy nine years

(*) The date of the Petition must be within four-clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Patrick Lee |
| 2. Sex and Age, | Male 22 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | ——— |
| 5. Religious Persuasion, so far as known, | Roman Catholic |
| 6. Previous Place of Abode, | Wandering about for the last 6 years |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | not known |
| 9. Whether first Attack, | do. |
| 10. Age (if known) on first Attack, | do. |
| 11. When and where previously under Examination and Treatment, | do. |
| 12. Duration of existing Attack, | do. |
| 13. Supposed Cause, | do |
| 14. Whether subject to Epilepsy, | do |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries meantime |
| 18. Date of becoming Chargeable, | 22 May 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Not known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | Appears to be unable to understand or answer very simple questions |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty third day of May One thousand eight hundred and seventy nine yrs

(*To be Signed by Party applying*) John Dinwoodie, Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Royal Infirmary Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Patrick Lee a pauper the said Patrick Lee is a (5) Idiot and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His Idiotic appearance & vacant expression and total want of intelligence. Cannot tell the time when shown a watch. Cannot distinguish coins &c. Can neither read nor write.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) George M'Lean Police Constable tells me he noticed his vacant expression and slow manner of answering questions.

*Name and Medical Designation,* William Carruthers M.D.

*Place of Abode,* 14 Castle Street Dumfries

DATED this twenty second day of May One thousand eight hundred and seventy nine years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Royal Infirmary Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Patrick Lee a pauper the said Patrick Lee is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 Idiotic appearance. Vacant expression. and total want of intelligence.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He was brought to the police office, having been found wandering aimlessly & listless by the road side.

*Name and Medical Designation,* W. S. Kerr M.D.

*Place of Abode,* Dumfries

DATED this 22nd day of May One thousand eight hundred and Seventy nine Years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ——— (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Dinwoodie, Inspector of Poor Dumfries, ——— Certificates under the hands of William Carruthers ——— and William Smith Kerr ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Patrick Lee Royal Infirmary Dumfries (a Pauper) and that the said Patrick Lee ——— is a (5) Idiot 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 Patrick Lee ——— as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Patrick Lee, ——— which accompanied the said Petition.

Dated this twenty third day of May ——— One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the (7) Asylum of* Public Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
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v Patrick Lee
23 May
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriff's or Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries & Galloway ~~substitute~~ (2) *and his Substitutes,—*

The Petition of Canis D. Cunningham 50 Queen St Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Wm Cunningham

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) half Brother

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Wm Cunningham to the Royal Crichton Institution and to sanction his admission into the said Asylum.

Canis D Cunningham

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this twenty seventh (4) day of May One thousand eight hundred and seventy nine.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Alexander William Cunningham |
| 2. Sex and Age, | Thirty eight - male - |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | In the army, latterly a literateur |
| 5. Religious Persuasion, so far as known, | Church of England. |
| 6. Previous Place of Abode, | London |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | |
| 9. Whether First Attack, | no - |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment, | Crichton Institution. Dumfries |
| 12. Duration of Existing Attack, | |
| 13. Supposed Cause, | Drink. |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Sabina Catharine Cunningham, his wife residing in London. His Aunt was insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty seventh day of May One thousand eight hundred and seventy nine

(*To be signed by Party applying*) Canis D. Cunningham

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Carruthers being a (1) Radician & Medicin of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Alexander William Cumming 36 years Plasterer Dumfries the said Alexander William Cumming is a (5) person of unsound mind and a proper Person to be taken under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) + delusions. Talks himself incompetent to take charge of himself. Cannot keep himself clean and is curious to be placed under protection

2. Other facts (if any) indicating Insanity communicated to me by others:

*Name and Medical Designation,* William Carruthers

*Place of Abode,* 14 Castle Street Dumfries

DATED this twenty fifth day of May One thousand hundred and seventy nine

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Balfour Mackie being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 8 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Alexander William Cumming Gentleman residing at the said Alexander William Cumming is a (5) person of unsound mind and a proper person to be detained 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 quite incoherent when questioned. Has delusions & keeps almost constantly flying about his room

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been frequently in the asylum before from the same cause

*Name and Medical Designation,* A. Mackie

*Place of Abode,* 8 Castle St Dumfries

DATED this 26th day of May One thousand hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, William Carruthers
being (1) a Bachelor of Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle Street Dumfries
in the County of Dumfries, seen and personally examined
Alexander Wm Cunningham, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers M.B. &c

DATED this 25th day of May One thousand eight hundred and 79 years

(1) State medical qualification.

(2) State place of examination.

---

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Louis D. Cunningham
56 Queen Street Edinburgh
Certificates under the hands of William Carruthers
and Alexander Dall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) alexander William Cunningham and that the said alexander William ~~Macdonald~~ is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said alexander William ~~Macdonald~~ as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said alexander William Cunningham which accompanied the said Petition.

DATED this twenty eighth day of May One thousand eight hundred and seventy nine years. 2 words deleted.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of Crichton Royal Institution.*
Dumfries.

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Petition
& D Cunningham
Edinr.
for
admission of Alex r
Cunningham
Crichton Royal

1636
Alexander William
Cunningham
25th May
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) Counties~~ *of* Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie. Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Richardson 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 Richardson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this twenty sixth (4) day of May One thousand eight hundred and seventy nine

(4) 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.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Richardson |
| 2. Sex and Age, | Female 61 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, | Dunscore |
| 7. Place where Found and Examined, | Dumfries – 20 High Street |
| 8. Length of time Insane, | First |
| 9. Whether first Attack, | |
| 10. Age (if known) on first Attack, | 61 years |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of existing Attack, | Not Known |
| 13. Supposed Cause, | |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18. Date of becoming Chargeable, | 24 May 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Richardson now residing in Lockerbie is her Brother |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty fifth day of May One thousand eight hundred and Seventy nine

(*To be Signed by Party applying*) John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wallace Marshall being a (1) Graduate of the faculty of Physicians & Surgeons Glasgow and Fellow of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) My own house Dumfries Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Margaret Richardson Pauper the said Margaret Richardson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently imagines that people are plotting against her that they are forces place of residence Orders &c. shaloways to be done

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her attendant states that she has been abusive all night and gave cause trouble one thing or another

Name and Medical Designation, Wallace Marshall M.D. D.P.H.

Place of Abode, Dumfries

DATED this 29th day of May One thousand nine hundred and seventy seven 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 a idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 27 Buccleuch Dumfries Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Margaret Richardson the said Margaret Richardson is a (5) Insane & unsound mind and a proper person to be detained under Care and Treatment, 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 talk & delusions, suspects injury to family by many people

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Ramsay states that during the last night she wandered about the house muttering to herself. Refusing to take food

Name and Medical Designation, John Smith M.B.

Place of Abode, 14 Castle St. Dumfries

DATED this 29th day of May One thousand nine hundred and 77 years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, William Marshall
being (2) Graduate of the Faculty of Physicians and Surgeons Glasgow
hereby certify, on soul and conscience, that I have this day, at (3)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and John Smith , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Richardson 20 Fifth Street Dumfries (a Pauper) and that the said Margaret Richardson, is a (5) Lunatic, and a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Richardson as a Patient into the (6) Public Asylum of Southern Counties Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Richardson, which accompanied the said Petition.

DATED this Twenty ninth day of May, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

269

Margaret Richardson

29th May

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Sire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the~~ (2) of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Forbes Gordon The Gables Reigate Surrey

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Gordon your Petitioner's (3) father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Samuel Gordon 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.

John Forbes Gordon

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (4) day of May One thousand eight hundred and Seventy nine

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### STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Samuel Gordon |
| 2. Sex and Age, | Male - aged 54 - |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Bank Agent - |
| 5. Religious Persuasion, so far as known, | United Presbyterian |
| 6. Previous Place of Abode, | 14 Willowbank Crescent, Glasgow. |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | about two years subject to delusions. |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | about two years - |
| 13. Supposed Cause, | Doubtful - |
| 14. Whether subject to Epilepsy, | no - |
| 15. Whether Suicidal, | No - |
| 16. Whether Dangerous to others, | I have no reason to think so - |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Jessie Gordon - 14 Willowbank Crescent, Glasgow. Wife<br>John F. Gordon - The Gables, Reigate, Surrey - Son<br>No member of family known to be or to have been insane - |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of May One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) John Forbes Gordon

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Mark J Symons. being a (1) Doctor of Medicine of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Samuel Gordon Bank Agent 14 Willowbank Crescent, Glasgow and that the said Samuel Gordon is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Complains of being alarmed at persons he sees & that he hears. suffers from horrible ideasons, dreads the future.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr. Gibson informs me that he has delusions –

*Name and Medical Designation,* M. J. Symons

*Place of Abode,* 45 Buccleuch St Dumfries

DATED this 20th day of May One thousand eight hundred and seventy 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, Alexander Thomsen being a (1) Doctor of Medicine of the University of Glasgow, and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Samuel Gordon Bank Agent 14 Willowbank Crescent Glasgow and that the said Samuel Gordon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Disease of the brain – paralysis – delusions: says he hears his son's voice and cannot understand why he does not come to

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Mr Gibson Crichton Institution that one night he thought fumes of phosphorous were arising from a screen in his room, and at time that there was a horse in his room –

*Name and Medical Designation,* Alex Thomsen

*Place of Abode* Castle Street Dumfries

DATED this Twentieth day of May – One thousand eight hundred and seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification.

(2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Forbes Gordon, The Gables, Kegate, Surrey — Certificates under the hands of Mark J. Symons — and Alexander Thomson, — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Samuel Gordon, Bank Agent, 14 Willowbank Crescent, Glasgow, Petitioner's father, and that the said Samuel Gordon — is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel Gordon — as a Patient into the (6) Public — Asylum of Crichton Royal Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Samuel Gordon, — which accompanied the said Petition.

DATED this Twenty first day of May — One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the (7)* Public
*Asylum of* Crichton Royal Institution
Dumfries.

Pble. Evidence has been produced that Samuel Gordon is a Voluntary patient in the Asylum, which did not appear when the Interlocutor of 21st inst. was pronounced — D.B.H.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Dumfries 21st May 1879. The Sheriff Substi
in respect that it appears from the Petition
the Samuel Gordon mentioned therein was
a patient in the Crichton Royal Institution
Refuses the prayer of the Petition as
necessary - 1 word deleted. David Boyle Sheriff

1637
Samuel Gordon
30th May
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...ff or Steward. ...ry or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanarkshire *and his Substitutes,—*

The Petition of Hugh Morrison residing at 20 Brandon Pl. West George St. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Chalmers or Morrison your Petitioner's (3) Wife residing at 20 Brandon Pl. West George St. Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Chalmers or Morrison to the ...d Stichton Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of ...ship or other ...y in which Peti... ...stands to Luna...

Hugh Morrison

(4) The date of the ... must be with... ...ven clear days ...g the dates of ...dical Certifi...

DATED this 27 (4) day of May One thousand eight hundred and Seventy Nine

---

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. ...ristian Name and Surname of Patient at length, | Ann Chalmers or Morrison |
| 2. ...x and Age, | Fifty one or |
| 3. ...rried, Single, or Widowed, | — Married |
| 4. ...ndition of Life, and previous Occupation (if any), | no occupation. lived in her Father Hom... |
| 5. ...ligious Persuasion, so far as known, | Established church |
| 6. ...evious Place of Abode, | — Glasgow |
| 7. ...ce where Found and Examined, | 20 Brandon place West Geo St. |
| 8. ...ngth of time Insane, | — Some years |
| 9. ...ether First Attack, | Systematic intemperance |
| 10. ...e (if known) on First Attack, | — Cast has been gradually getting worse |
| 11. ...en and where previously under Examination and Treatment, | Morningside & Dumfries |
| 12. ...ation of Existing Attack, | — Almost continuous. |
| 13. ...posed Cause, | — Cannot say — |
| 14. ...ether subject to Epilepsy, | — No |
| 15. ...ether Suicidal, | — Threatening frequently |
| 16. ...ether Dangerous to others, | — very dangerous |
| 17. ...ish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. ...e of becoming Chargeable, | — |
| 19. ...stian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Hugh Morrison 20 Brandon pl West George St. Husband not to my knowledge |
| 20. ...ial circumstances (if any) preventing the insertion of any of the above particulars, | no Special Circumstance |

...rtify, that, to the best of my knowledge, the above particulars are correctly stated.

...TED this 27th day of May One thousand eight hundred and Seventy Nine

(*To be signed by Party applying*) Hugh Morrison

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Algernon Wood Smith being a (1) Fellow of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 20 Brandon Place, West George St. Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Mrs Ann Chalmers or Morrison Wife of Mr Hugh Morrison, 20, Brandon Place, West George St. Glasgow and the said Mrs Morrison is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(5) *State the facts.*

1. Facts indicating Insanity observed by myself: (5) General appearance = excited or depressed. Speech - Will laugh, cry or become noisy without reason - Considers herself ill used, and is suspicious of Husband and Daughter's habits without the least

N. B. Has been twice certified, when in similar condition, as a person of unsound mind - 1875.

(6) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (6) Has threatened to kill or "settle" her elder Daughters for speaking of her bad conduct - is liable to intolerable fits of anger from trifling causes, and I consider Mr Morrison will destroy himself & family if he is left in the house with them.

Communicated by her Son Hugh Morrison junr.

Name and Medical Designation, D. Wood Smith

Place of Abode, 9 Newton Terrace

DATED this Twenty Eighth day of May One thousand eight hundred and Seventy 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, James Duncan Maclaren being a (1) Fellow of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 20 Brandon Place West George Street, Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Mrs Ann Chalmers or Morrison Wife of Mr Hugh Morrison, 20 Brandon Place, West George St Glasgow the said Mrs Ann Chalmers or Morrison is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(5) *State the facts.*

1. Facts indicating Insanity observed by myself: (5) Has an excited manner. Talks rather incoherently, weeps & laughs without reason & sometimes talks about worn clasping her hands & looking upwards & stamps on the floor with her feet.

(6) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (6) Donald Morrison says she is violent, striking servants & children & breaks. Has threatened to commit suicide twice or three times. Walks at night and walks through the house slamming doors & opening & shutting windows. Sat with the family, but did not talk or eat, but went about.

Name and Medical Designation, James D. Maclaren

Place of Abode 16 Newton Terrace, Glasgow

DATED this Twenty eighth day of May One thousand eight hundred and Seventy Nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
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, Walter Cook Spens (1)
of the (2) Couty of Lanark Sheriff Substitute
having had produced to me, with a Petition at the instance of (3) Hugh Morrison residing at 20 Brandon Place West Regent Road Glasgow husband of Agnes Alexander Wood Smith
Certificates under the hands of
and James Ewan 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 (4) Mrs Ann Galmers or Morrison wife of Hugh Morrison residing and Inn at 20 Brandon Place West Regent Road Glasgow and that the said Mrs Ann Galmers or Morrison is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Ann Galmers or Morrison as a Patient into the Royal Crichton ~~Asylum of~~ Institution 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 Mrs Ann Galmers or Morrison which accompanied the said Petition.

DATED this 27th day of May One thousand eight hundred and seventy nine

Walter Cook Spens

*To the Superintendent of the* (7) Royal Crichton Institution
~~Asylum of~~ Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1638

Wm Ann Chalmers

or

Morrison

31st May

1879

"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. In Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Dumfries and Galloway and his Substitutes,—

The Petition of William Mackie, Inspector of Poor, Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William M'Clusky residing at Bank 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 William M'Clusky 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.

Wm Mackie Inspector of Poor

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this Thirtieth (4) day of May One thousand eight hundred and seventy-nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | | |
|---|---|---|
| 1. | Christian Name and Surname of Patient at length, | William M'Clusky |
| 2. | Sex and Age, | Male aged 39 |
| 3. | Married, Single, or Widowed, | Single |
| 4. | Condition of Life, and previous Occupation (if any), | Pauper, Blacksmith |
| 5. | Religious Persuasion, so far as known, | Protestant |
| 6. | Previous Place of Abode, | Wigtown |
| 7. | Place where Found and Examined, | Wigtown |
| 8. | Length of time Insane, | Since 25th Nov. '78 - possibly, for some months previous |
| 9. | Whether First Attack, | Yes |
| 10. | Age (if known) on First Attack, | 38. |
| 11. | When and where previously under Examination and Treatment, | At Wigtown |
| 12. | Duration of Existing Attack, | Since 25th Nov. 78 at least |
| 13. | Supposed Cause, | Excess in drink |
| 14. | Whether subject to Epilepsy, | Subject to fits |
| 15. | Whether Suicidal, | not at present |
| 16. | Whether Dangerous to others, | not at present |
| 17. | Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Wigtown |
| 18. | Date of becoming Chargeable, | 28th May. 1879 |
| 19. | Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Mother Margaret M'Gowen or Shearer, Wigtown. I have heard that his father suffered from general paralysis |
| 20. | Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

SIGNED this Thirtieth day of May One thousand eight hundred and seventy nine years

(*To be signed by Party applying*) Wm Mackie Insp. of Poor

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James G. Dickson
being a (1) Doctor of Medicine, of the University of Glasgow
and being in actual practice as a (2) physician
hereby certify, on soul and conscience, that I have this day, at (3) Back Street Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) William McCluskie, Back residing there, a pauper and that the said William McCluskie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself; (6)
Countenance dull & stupid. purposeless [illegible] some loss of muscular power, and memory almost entirely gone.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others:
His mother says he occasionally takes fits and that he is unable to attend to his wants. Also that he is of dirty habits.

*Name and Medical Designation,* James G. Dickson

*Place of Abode,* Woodlee, Newton Stewart

DATED this Twenty-eight day of May One thousand eight hundred and seventy nine.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Charles McBride residing [illegible]
being a (1) Doctor of Medicine of the University [illegible]
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Back Street Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) William McCluskie, [illegible] Back Street Wigtown a pauper and that the said William McCluskie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 Countenance is dull and dejected. So childlike in manner, is easily [illegible] or caused to shed tears. His memory is weak, forgetful [illegible] he is and how long ago since he was working. [illegible] power and sensibility diminished. Pupils contracted [illegible] so well in his habits.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others:
His Mother Margaret McGowan or Thearer [illegible] has had several fits — apoplectic? His [illegible] afterwards being indistinct — never asks for [illegible] requires to be fed.

*Name and Medical Designation,* Charles McBride — [illegible]

*Place of Abode* Wigtown

DATED this Thirtieth day of May One thousand eight hundred and seventy nine —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Mackie Inspector of Poor Wigtown Certificates under the hands of James G Dickson Newton Stewart and Charles McBride M.D. Wigtown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William McClushie (Pauper) and that the said William McClushie is a (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 McClushie as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize you — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William McClushie which accompanied the said Petition.

James G Dickson M.D. Newton Stewart
Chas McBride M.D. Wigtown

DATED this thirtieth day of May One thousand eight hundred and seventy nine

John Doig

*To the Superintendent of the* (7) Southern Counties
*Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
270
William McCluskie
31st May
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries & Galloway ~~of the~~ (2) *and his Substitutes*—

The Petition of James Craig 19 Queens Place Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Craig Father 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 James Craig to the Crighton Royal Institution and to sanction his admission into the said Asylum.

James Craig

(4) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this 4th (4) day of June One thousand eight hundred and Seventy Nine years

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | James Craig |
| 2. Sex and Age, | Male, Sixty four years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | quiet. Farmer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Haugh of Urr |
| 7. Place where Found and Examined, | 9 Maxwell Street Maxwelltown |
| 8. Length of time Insane, | Two years |
| 9. Whether first Attack, | yes |
| 10. Age (if known) on first Attack, | Sixty Two |
| 11. When and where previously under Examination and Treatment, | 9 Maxwell Street |
| 12. Duration of existing Attack, | 2 years |
| 13. Supposed Cause, | not known |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | to a certain extent |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | James Craig 19 Queens Place Dumfries. His Son None of the family insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourth day of June One thousand eight hundred and Seventy Nine

(To be Signed by Party applying) James Craig 19 Queens Place

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) licentiate of the Royal College of Physicians in Edinburgh and of the Faculty Physicians & Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 9 Maxwell Street Maxwelltown, Troqueer in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) James Craig, Gentleman residing at the said James Craig is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is morose, and imagines that his friends are going to poison him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he threatened his daughters life last night.

*Name and Medical Designation,* Hugh Cunningham L.R.C.P. & S.Edin. L.F.P.S.Glas.

*Place of Abode,* 25 Castle Street, Dumfries

DATED this Fourth day of June One thousand eight hundred and seventy nine years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham being a (2) licentiate of the Royal Colleges of Physicians & Surgeons in Edinburgh and being in actual practice as a (2) Physicians and Surgeons hereby certify, on soul and conscience, that I have this day, at (3) 9 Maxwell Street Maxwelltown, Troqueer in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) James Craig, Gentleman residing at 9 Maxwell St Maxwelltown the said James Craig is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His facial appearance indicates disease of the Brain — He is incoherent in his conversation & his memory is gone.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He threatened to kill his daughter last night.

*Name and Medical Designation,* John Cunningham M.D.

*Place of Abode,* 35 Buccleuch St

DATED this Twelfth day of June One thousand eight hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, Hugh Cunningham being (1) a licentiate of the Royal College of Physicians in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 9 Maxwell Street, Maxwelltown in the County of Kirkcudbright, seen and personally examined James Craig, Gentleman, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh Cunningham

Dated this Fourth day of June One thousand eight hundred and seventy nine years.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Craig 19 Queen Place Dumfries, Certificates under the hands of Hugh Cunningham and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Craig 9 Maxwell Street Maxwelltown (Petitioners Father) and that the said James Craig, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Craig, as a Patient into the (6) Public Asylum of Dumfries Royal Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Craig, which accompanied the said Petition.

Dated this Fifth day of June, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of*

Dumfries Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1639
James Craig
4th June
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2)
*of* Dumfries *and his Substitutes,—*

The Petition of John Smith, Supt. of Poor, Kirkmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann Eskdale your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Ann Eskdale to the Southern Co. Asylum, Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Smith

DATED this Sixth (4) day of June One thousand eight hundred and Seventy Nine.

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | | |
|---|---|---|
| 1. | Christian Name and Surname of Patient at length, | Mary Ann Eskdale |
| 2. | Sex and Age, | Female, 46 years. |
| 3. | Married, Single, or Widowed, | Single |
| 4. | Condition of Life, and previous Occupation (if any), | None |
| 5. | Religious Persuasion, so far as known, | Protestant |
| 6. | Previous Place of Abode, | Lochmaben |
| 7. | Place where Found and Examined, | Lochmaben |
| 8. | Length of time Insane, | 26 years |
| 9. | Whether first Attack, | Yes |
| 10. | Age (if known) on first Attack, | 17 years |
| 11. | When and where previously under Examination and Treatment, | Lochmaben |
| 12. | Duration of existing Attack, | 26 years |
| 13. | Supposed Cause, | Supposed by Lightening |
| 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, | Kirkmichael |
| 18. | Date of becoming Chargeable, | 5th May 1875 |
| 19. | Christian Name and Surname, and Place of Abode of nearest known 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 Walker, Sister, Lochmaben. |
| 20. | Special circumstances (if any) preventing the 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 June One thousand eight hundred and Seventy Nine.

(To be signed by Party applying) John Smith.

P p

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Maxwell Davidson being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) East Street, Lochmaben, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Mary Ann Tokdale, of East Street Lochmaben and that the said Mary Ann Tokdale is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Restless manner. Incoherent talking which is hard to follow. Does not understand what is said to her. Laughter without any cause perceived.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has little or no recent memory. Cannot put on her clothes without help. Has no conversation with her mind is a blank or with those who attend her.

Name and Medical Designation, John Maxwell Davidson M.B.Ch.

Place of Abode, Johnstone Burgh, Lochmaben

DATED this Fourth day of June One thousand eight hundred and seventy-nine.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Reid being a (1) Graduate of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) East Street Lochmaben in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Ann Tokdale a pauper and that the said Mary Ann Tokdale is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Dazed sullen appearance, answers in a hesitating and incapable manner to the simplest things, shuffles across the room and mental incapacity.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her sister says she can do nothing for herself, quite incapable of being left in charge of herself, laughs without any assignable cause, and often seems strange.

Name and Medical Designation, Thomas Reid M.B.Ch.

Place of Abode, Lochmaben

DATED this Fifth day of June One thousand eight hundred and 79.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Scott, Inspector of Poor, Kirkmichael, Certificates under the hands of John Arnott Davidson and James 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) Mary Ann Bisdale Lochmaben (a Pauper) and that the said Mary Ann Bisdale is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Ann Bisdale as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ann Bisdale, which accompanied the said Petition.

DATED this Seventh day of June, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Mary Ann Riddle
7th June
1877

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Bailies or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (1) Counties~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Euphemia Johnstone or Milroy ——

(2) State degree of Relationship, or other capacity in which Petitioner stands to patient.

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 Euphemia Johnstone or Milroy —— to the Southern Counties Asylum and to sanction her admission into the said Asylum.

John Dinwoodie

(3) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Ninth (3) day of June One thousand eight hundred and Seventynine

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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, | Euphemia Johnstone or Milroy |
| 2. Sex and Age, | Female 43 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Cairnyard Newabbey |
| 7. Place where Found and Examined, | 10 Irish Street, Dumfries |
| 8. Length of time Insane, | 6 months |
| 9. Whether first Attack, | first |
| 10. Age (if known) on first Attack, | 42 years |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of existing Attack, | 6 months — |
| 13. Supposed Cause, | Poverty |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | yes |
| 16. Whether Dangerous to others, | yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries meantime |
| 18. Date of becoming Chargeable, | 9th June 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Patrick Milroy husband |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | 10 Irish Street — |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Ninth day of June One thousand eight hundred and Seventynine

(*To be Signed by Party applying*) John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 20 Castle Street
Dumfries
in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Euphemia Johnstone or Milroy
the said Euphemia Johnstone or Milroy is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She cannot talk about anything. Is very low spirited. Is restless and sleepless. She is quite Melancholic. Have observed her more calm. She is dangerous to herself and others.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband and neighbours are frightened for her. She is so strange and getting worse and threatening to

Name and Medical Designation, W. S. Kerr M.B. C.M.

Place of Abode, Dumfries

DATED this 9th day of June One thousand nine hundred and Seventy nine years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, Wellwyn Mars Hall
being a (1) Graduate of the Faculty of Physicians and
Surgeons and College of Physicians of Ontario
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 10 Castle Street
Dumfries
in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Euphemia Johnstone or Milroy
the said Euphemia Johnstone or Milroy is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is greatly depressed. Seems to have little recollection of the events of the last few days. Answers questions correctly but very slowly. Is in a state of great fear. Does not sleep.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
They especially found her attempting to hang herself. She has been threatening her own life.

Name and Medical Designation, Wellwyn Mars Hall M.B. C.M.

Place of Abode, Dumfries

DATED this 9th day of June One thousand nine hundred and Seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~David Boyle Hope~~ (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie, Inspector of Poor Dumfries, Certificates under the hands of William Smith Trees and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Euphemia Whistone or Milroy to Irish St Dumfries (a Pauper) and that the said Euphemia Whistone or Milroy 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 Euphemia Whistone or Milroy 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 Euphemia Whistone or Milroy which accompanied the said Petition.

DATED this Ninth day of June One thousand eight hundred and Seventy nine. Three words deleted.

L Maitland

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Euphemia Thurston
or
Milroy -
9th June
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff — of the (2) Dumfries & on Galloway — *and his Substitutes,—*

The Petition of John M'Knight. Inspector of Poor Langholm.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Hotson —

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Hotson — to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

John M'Knight. Inspector of Poor.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (4) day of June — One thousand eight hundred and Seventy Nine 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 Hotson. |
| 2. Sex and Age, | Male 78 years. |
| 3. Married, Single, or Widowed, | Widower. |
| 4. Condition of Life, and previous Occupation (if any), | Joiner. Many years ago Latterly Pauper |
| 5. Religious Persuasion, so far as known, | Presbyterian — |
| 6. Previous Place of Abode, | Combination Poorhouse Hawick. Since 1871. |
| 7. Place where Found and Examined, | Combination Poorhouse Hawick. |
| 8. Length of time Insane, | Five or Six days. |
| 9. Whether First Attack, | yes. First attack. |
| 10. Age (if known) on First Attack, | 78 years — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | Five or Six Days |
| 13. Supposed Cause, | unknown — |
| 14. Whether subject to Epilepsy, | No — |
| 15. Whether Suicidal, | Not so far as known |
| 16. Whether Dangerous to others, | Not so far as Seen |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Langholm Parish |
| 18. Date of becoming Chargeable, | Chargable as a Pauper 14th Nov. 1870 & Lunatic 7th June 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Fleming. Weaver Langholm. Nephew. No Member Known to have been Insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of June — One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) John M'Knight. Inspector of Poor. Parish of Langholm

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Donald McLeod being a (1) Surgeon

and being in actual practice as a (2) Surgeon in Harwich hereby certify, on soul and conscience, that I have this day, at (3) Harwich Combination Poorhouse in the County of Roxburgh separately from any other Medical Practitioner, visited and personally examined (4) James Hotson Pauper and that the said James Hotson is a (5) Lunatic of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He talks incoherently, is very restless, maybe he is the "Holy Ghost" and suspected poison being in his bread

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr. Adam Grierson Governor of the house corroborates the above and says he is unmanageable.

*Name and Medical Designation,* } D. McLeod Pr.

*Place of Abode,* Harwich

DATED this Seventh day of June One thousand eight hundred and Seventy 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, James Brydon being a (1) Doctor of medicine & surgeon

and being in actual practice as a (2) general medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Harwich Combination Poorhouse in the County of Roxburgh separately from any other Medical Practitioner, visited and personally examined (4) James Hotson, pauper and that the said James Hotson 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 goes on talking nonsense incessantly - imagines he is sent by God to work miracles &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr. Grierson, Governor poorhouse - says he is full of delusions - imagines he can hold the whole world in the palm of his hand - cannot be kept in but by force

*Name and Medical Designation,* } James Brydon

*Place of Abode* Harwich

DATED this seventh day of June One thousand eight hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~David Boyle Soope~~ (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John McKnight, Inspector of Poor Langholm Certificates under the hands of Donald McLeod and James Brydon, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Notson Combination Poorhouse, Nawick (a Pauper) and that the said James Notson 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 James Notson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Notson, which accompanied the said Petition.

DATED this Ninth day of June One thousand eight hundred and seventy nine. Three words deleted.

D Maitland

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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James Hotson
9th June
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries & Galloway ~~of the~~ (2) *and his Substitutes,—*

The Petition of Robert Adams 22 Weigh St humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Adams Ireland your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine Adams to the Royal Edinburgh Asylum and to sanction the admission into the said Asylum.

(3) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

Robert Adams

(4) The date of the Petition must be within fifteen clear days preceding the dates of the Medical Certificates.

DATED this 11th (4) day of June One thousand eight hundred and Seventy three

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Catherine Adams |
| 2. Sex and Age, | Female. 43 |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | Business & Housekeeping |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 22 Weigh St Dumfries |
| 7. Place where Found and Examined, | Ch. H. Dumfries |
| 8. Length of time Insane, | about one month |
| 9. Whether First Attack, | first attack |
| 10. Age (if known) on First Attack, | No data here |
| 11. When and where previously under Examination and Treatment, | About a month |
| 12. Duration of Existing Attack, | Unknown |
| 13. Supposed Cause, | not subject to Epilepsy |
| 14. Whether subject to Epilepsy, | slightly suicidal |
| 15. Whether Suicidal, | not dangerous |
| 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, | Robert Adams Husband |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of June One thousand eight hundred and Seventy three

(*To be signed by Party applying*) Robert Adams

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumfries Dumfries in the separately from any other Medical Practitioner visited and personally examined (4) Catherine Adams Relict of Robert Adams Draper & High Street Grocer the said Catherine Adams is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has insane appearance & delusions. Thinks her soul is lost and that she is possessed of a demon

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others (7) Her Husband tells me that she has been talking about being possessed of a Devil for a month and that her mother was always similar

Name and Medical Designation, William Carruthers M.D.

Place of Abode, 14 Castle Street Dumfries

DATED this tenth day of June One thousand hundred and seventy nine 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, Mark J. Symons being a (1) Doctor of Medicine of Edinburgh University

and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution. Dumfries Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Catherine Adams, of High Street Annan. the said Catherine Adams is a (5) an insane person and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has delusions Says she is possessed from evil spirits which will never leave 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, Mark J. Symons M.D.

Place of Abode Bucclench St: Dumfries

DATED this eleventh day of June One thousand hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, William Carruthers being (1) a Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle Street Dumfries in the County of Dumfries, seen and personally examined Catherine Adams, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers M.B. C.M.

DATED this tenth day of June One thousand eight hundred and ninety nine years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Adams, 22 High Street Annan Scotland Certificates under the hands of William Carruthers and Mark S. Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Adams, Annan Scotland (Petitioner's wife) and that the said Catherine Adams 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 Catherine Adams, as a Patient into the (6) Public Asylum of Criechton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Adams, which accompanied the said Petition.

DATED this Eleventh day of June One thousand eight hundred and ninety nine.

David Boyle Hope

*To the Superintendent of the (7) Asylum of*

Public

Criechton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1640

Catharine Adams

10th June

1879

" —

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...riff or Steward, ...re or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (1) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Alexander Kirk Inspector of Poor Dalry Galloway humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jannet Murdoch your Petitioner's (2) admitted Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jannet Murdoch to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(2) State degree of ...ship or other ...y in which Peti... ...ands to Luna...

Alexander Kirk Inspector

...e date of the ...must be with... ...ces clear days ...g the dates of ...edical Certifi...

Dated this Eleventh (4) day of June One thousand eight hundred and Twenty Nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| ...ristian Name and Surname of Patient at length, | Jannet Murdoch |
| ...x and Age, | Female — aged 45 years |
| ...rried, Single, or Widowed, | Single |
| ...ndition of Life, and previous Occupation (if any), | Domestic Servant |
| ...igious Persuasion, so far as known, | Protestant |
| ...vious Place of Abode, | Dalry Village Kirkcudbrightshire |
| ...ce where Found and Examined, | Dalry — |
| ...ngth of time Insane, | Four Months |
| ...ether first Attack, | No. |
| ...e (if known) on first Attack, | Thirtyfive |
| ...en and where previously under Examination and Treatment, | Southern Counties Asylum Dumfries |
| ...ration of existing Attack, | Four Days |
| ...posed Cause, | Not Known |
| ...ether subject to Epilepsy, | no |
| ...ether Suicidal, | no. |
| ...ether Dangerous to others, | no |
| ...ish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dalry Parish Galloway |
| ...e of becoming Chargeable, | Chargeable occasionally since 3d Feby 1863 |
| ...istian Name and Surname, and Place of Abode of nearest known 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 Corson or Murdoch Son lately — living in Dumfries<br>No — |
| ...cial 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 Eleventh day of June One thousand eight hundred and 79 —

(*To be signed by Party applying*) Alexander Kirk
Inspector of Poor
Dalry Parish Galloway

P P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alfred McKinley Millman
being a (1) Doctor of Medicine of the University of Edinburgh
and a Member of the Royal College of Surgeons in Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Daley House
in the parish of Daley, in the county of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) James Murdoch, formerly
servant, residing at Daley Cottage, now a Pauper, and the
the said James Murdoch is a (5) a person of
unsound mind and a proper person to be taken
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Have seen him on three or four occasions. He is constant in other conversation troubled with various delusions - as to persons entering his house, &c. He has attempted to strike me by the use of his knife, & has struck my father.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mr Kirk, Inspector of Poor, reports similarly.

*Name and Medical Designation,* A. McK. Millman
M. D., M. R. C. S. E.

*Place of Abode,* New Galloway

DATED this 11th day of June One thousand eight
hundred and seventy nine years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Carruthers
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 4 Castle
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) James Murdoch a pauper
the said James Murdoch is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Have visited him
Rambling incoherent speech. Wants to tell
me a story about Eighty Pounds & which
a number of love letters which I have seen &

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Inspector of Poor tells me he has
wandered & attempted to enter his house

*Name and Medical Designation,* William Carruthers M.

*Place of Abode,* 4 Castle Street Dumfries

DATED this 11th day of June One thousand eight
hundred and seventy 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, William Carruthers
being (1) a Graduate of Medicine & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) 4 Castle Street Dumfries
in the County of Dumfries
, seen and personally examined
Janet Murdoch
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers MB CM

DATED this 11th day of June One thousand eight hundred and 39 years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope —— (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander Keith,
Inspector of Poor Dalry Galloway
Certificates under the hands of Alfred McKinlay Millman,
and William Carruthers ——, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Murdoch Tenants Servant Dalry (a Pauper) and that the said
Janet Murdoch — is a (5) Lunatic of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Murdoch —— as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Murdoch — which accompanied the said Petition.

DATED this Eleventh day of June, One thousand eight hundred and Seventy nine.

David Boyle Hope

*To the Superintendent of the (7)* Public
*Asylum of* Southern Counties
Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
274
Janet Murdoch
11th June
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Title or Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries & Galloway ~~of the~~ (2) *and his Substitutes,—*

The Petition of Caleb Hodgson 112 Botchergate Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joshua Hodgson Bridge Hill Kirkbride Cumberland your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Joshua Hodgson to the Cruchton 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.

Caleb Hodgson

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

Dated this Thirteenth (4) day of June One thousand eight hundred and Seventy nine

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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, | Joshua Hodgson |
| 2. Sex and Age, | Male 36 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Gentleman Accountant — Church of England |
| 5. Religious Persuasion, so far as known, | |
| 6. Previous Place of Abode, | Bridge Hill Kirkbride — Cumberland |
| 7. Place where Found and Examined, | found at do. examined at Dumfries |
| 8. Length of time Insane, | 3 or 4 weeks |
| 9. Whether First Attack, | Second attack |
| 10. Age (if known) on First Attack, | 34 years |
| 11. When and where previously under Examination and Treatment, | Cruchton Royal Institution |
| 12. Duration of Existing Attack, | 3 or 4 weeks |
| 13. Supposed Cause, | Excessive drinking Death of Colonel. |
| 14. Whether subject to Epilepsy, | |
| 15. Whether Suicidal, | not suicidal |
| 16. Whether Dangerous to others, | dangerous |
| 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, | Caleb Hodgson 112 Botchergate Carlisle — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Thirteenth day of June One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) Caleb Hodgson.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons in Edinburgh, &c. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Railway Station Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Joshua Hodgson Gentlemen, Bridge Hill Stockbridge, Cumberland and that the said Joshua Hodgson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Threatens to kill those near him — [illegible] received from a brother — was an inmate of Asylum two years ago

*Name and Medical Designation,* John Cunningham M.D.

*Place of Abode,* 35 Buccleuch St. Dumfries

DATED this twelfth day of June One thousand eight hundred and Seventy 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, Mark J. Symons being a (1) Doctor of Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Joshua Hodgson of Bridge Hill. Cumberland and that the said Joshua Hodgson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks in a threatening manner of his relatives that he is morbidly Religious.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr. Gilchrist tells me that he threatens to kill several of his relatives & that he required to be put into a straight jacket last night

*Name and Medical Designation,* Mark J. Symons M.D.

*Place of Abode* Buccleuch St Dumfries

DATED this thirteenth day of June One thousand eight hundred and Seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Cunningham being (1) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Railway Station, Dumfries in the County of Dumfries, seen and personally examined Joshua Hodgson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Cunningham MD KCPE Ed

DATED this twelfth day of June One thousand eight hundred and seventy nine

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Caleb Hodgson 112 Botchergate Carlisle Certificates under the hands of John Cunningham and Mark J. Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joshua Hodgson Bridge Hill, Kirkbride Cumberland and that the said Joshua Hodgson, — is a (5) person of unsound mind (Petitioner's Brother) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joshua Hodgson as a Patient into the (6) Public — Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joshua Hodgson, which accompanied the said Petition.

DATED this Fourteenth day of June, — One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1641
Joshua Hodgen
12th June
1879

5976.

[FORM B²]

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 Alexr. Hewison, Inspector of Poor for the parish of ing desirous to transfer Helen Jackson or Foulds present a Patient in the Royal Edinburgh Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Southern Counties Asylum at Dumfries hereby request the authority of Board to such transfer; and I subjoin a Statement of Particulars regarding the said Helen Jackson or Foulds and a Medical Certificate with pect to her mental and bodily condition.

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Alexr. Hewison

(²) Inspector of Poor for Morton

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Thornhill this Fifth day of June thousand eight hundred and seventy nine years

## STATEMENT.

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Helen Jackson or Foulds |
| Sex and Age, | Female 60 years |
| Married, Single, or Widowed, | Widow |
| Condition of Life, and Previous Occupation (if any), | Housewife |
| Religious Persuasion, so far as known, | Protestant |
| Date of Admission into Asylum, | 5th February 1879 |
| Length of time Insane, | Not known |
| Whether first Attack, | yes |
| Age (if known) on first Attack, | not known |
| Duration of existing Attack, | not known |
| Supposed Cause, | Not known |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | not now, was formerly. |
| Whether Dangerous to others, | no |
| Parish to which the Lunatic (if a Pauper) is Chargeable, | Morton |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane, | |

certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Alexr Hewison

DATED this 5th day of June One thousand eight hundred and 79 years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

## MEDICAL CERTIFICATE.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians Edinr hereby certify that I have this day at (2) The Royal Edinr Asylum personally examined Helen Jackson or Foulds at present Patient in said Asylum, and with respect to her Mental State that she is morbidly depressed, wants, as restless and very obstinate, and refuses to go to her meals.

; and with respect to her Bodily Health and Condition that they are weak.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily condition of the Patient to contraindicate removal to the Asylum of Dumfries.

T. Clouston

DATED this 6th day of June One thousand eight hundred and 79.

(1) State Medical Qualification.
(2) Name Asylum.

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## SANCTION BY THE BOARD OF LUNACY.

*(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)*

Application having been made to the Board by (1) Inspector of Poor, Morton to authorize the transfer of Helen Jackson or Foulds from Edinburgh Royal Asylum Dumfries Royal Asylum, and the Board having considered such application of the accompanying Medical Certificate, do hereby authorize the transfer (2) of the Helen Jackson or Foulds as requested.

Thomas Mitchell Commissioner

DATED at Edinburgh, this 7 day of June thousand eight hundred and seventy-nine.

Date of Sheriff's Order. 6 Feby 1

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

2/275
Helen Jackson or Foulds
12th June
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Lawson Inspector of Poor Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Shannon or Little your Petitioner's (3) Charge is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Shannon or Little to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other security in which Petitioner stands to Lunatic.

John Lawson

The date of the Petition must be within thirteen clear days following the dates of the Medical Certificates.

Dated this thirteenth (4) day of June One thousand eight hundred and seventy nine

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Ann Shannon or Little |
| 2. Sex and Age, | Female, 70 years of age |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | House Keeper |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Greenscroft Wynd |
| 7. Place where Found and Examined, | Todd's Close Annan |
| 8. Length of time Insane, | 6 days |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | 70 years |
| 11. When and where previously under Examination and Treatment, | " |
| 12. Duration of Existing Attack, | 6 days |
| 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, | Annan |
| 18. Date of becoming Chargeable, | 2nd November 1868 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | William Little Todd's Close Annan, Husband 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 June One thousand eight hundred and seventy nine

(*To be signed by Party applying*) John Lawson Insp of Poor Annan

P. P.

## MEDICAL CERTIFICATE, No. I.

(2) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(3) Physician or Surgeon, *or otherwise, as the case may be.*

(4) *Insert the street, and number of the house (if any), or other like particulars.*

(5) *Insert Designation and Residence, and if a Pauper state so.*

(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Daniel Mackenzie being a (2) Bachelor of Medicine & Master in Surg. of Edinburgh University, and being in actual practice as a (3) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (4) Todds Close Annan in the County Dumfries separately from any other Medical Practitioner visited and personally examined (5) Anne Shannon or Little Pauper the said Anne Shannon or Little is a (6) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) Incoherence of speech & thought. Inability to give simple answers to ordinary questions. Vague look & manner. She has a restless purposeless working with her fingers &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sleeplessness observed by the husband who she attempted to assault. Inability to look after ordinary house duties. Conduct altered &c

*Name and Medical Designation,* Daniel Mackenzie M.B. Parochl. Med.

*Place of Abode,* Annan.

DATED this eleventh day of June One thousand hundred and seventy nine 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.

(3) Physician or Surgeon, *or otherwise, as the case may be.*

(4) *Insert the street and number of the house (if any), or other like particulars.*

(5) *Insert Designation and Residence, and if a Pauper state so.*

(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Williamson being a (1) Licentiate in Surgery of the Royal College of Surgeons of Edinburgh and being in actual practice as a (3) General Practitioner hereby certify, on soul and conscience, that I have this day, at (4) Todds Close Annan in the County Dumfries separately from any other Medical Practitioner visited and personally examined (5) Anne Shennan or Little residing in Todds Close a Pauper the said Anne Little or Shennan is a (6) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the facts.*

1. Facts indicating Insanity observed by myself: (8) Idiotic appearance and Conduct, vacant Expression of Eye and Countenance and general imbecility

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I am told Mrs Bell (a neighbour) that she dresses her Clothes and goes along the house yards & Streets & speaks to herself & gesticulates in the manner of a person of unsound mind

*Name and Medical Designation,* Thos Williamson Surgeon

*Place of Abode* Church Place Annan

DATED this Eleventh day of June One thousand hundred and Seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Daniel Mackenzie being (1) a General Medical Practitioner — M.B. & C.M. hereby certify, on soul and conscience, that I have this day, at (2) Annan in the County of Dumfries, seen and personally examined Anne Shannon or Little, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. Mackenzie M.B.C.M. Brook: Med Off

DATED this eleventh day of June One thousand eight hundred and seventy nine

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) ~~Daniel Mackenzie~~ John Lawson Inspector of Poor Annan — Certificates under the hands of Daniel Mackenzie and Thomas Williamson —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Ann Shannon or Little Dodds Close Annan (a pauper), and that the said Ann Shannon or Little 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 Ann Shannon or Little as a Patient into the (8) Public — Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Shannon or Little — which accompanied the said Petition. Two words delete

DATED this Fourteenth day of June — One thousand eight hundred and seventy nine

David Boyle Hope

*To the Superintendent of the (9)* Public
*Asylum of* Southern Counties
Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

2
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Ann Shannon or
Little
14th June
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of (2) Dumfries & Galloway *and his Substitutes,—*

The Petition of William Russell. Fraserick House Thurso humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Macphail Russell. Edinburgh

(3) State degree of Relationship or other Party in which Petitioner stands to Lunatic.

your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Macphail Russell to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Wm Russell

(4) The date of the Petition must be within fifteen clear days preceding the dates of the Medical Certificates.

DATED this 18th day of June One thousand eight hundred and 79.

## STATEMENT.

*If any 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 Macphail Russell |
| 2. Sex and Age, | Male - 23. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Tutor |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Edinburgh |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | a few weeks |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of Existing Attack, | about two months |
| 13. Supposed Cause, | mental strain |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Doubtful |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Libella Russell, Fraserick House Thurso, Mother - No |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this eighteenth day of June One thousand eight hundred and 79.

Wm Russell

*(To be signed by Party applying)*

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians and Surgeons and of the Faculty of Physicians and Surgeons and being in actual practice as a (2) Physician and Surgeon, hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Macphail Russell Tutor, the said James Macphail Russell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has a vacant appearance in the countenance, is gloomy, and is afraid that some evil is about to befall him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others:

*Name and Medical Designation,* Hugh Cunningham L.R.C.P. L.F.P.

*Place of Abode,* 25 Castle Street, Dumfries

DATED this Eighteenth day of June One thousand eight hundred and seventy nine years

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons in Edinburgh & MD and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Macphail Russell Tutor Edinburgh and the said James Macphail Russell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder — He takes no notice of any thing about him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been queer in his manner for upwards of two months —

*Name and Medical Designation,* John Cunningham

*Place of Abode* 35 Buccleuch St

DATED this eighteenth day of June One thousand eight hundred and seventy nine —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope. (1) Sheriff Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Russell, Fredrick House, Thurso. Certificates under the hands of Hugh Cunningham and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Macphail Russell and that the said James Macphail Russell is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Macphail Russell as a Patient into the (6) 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 James Macphail Russell which accompanied the said Petition.

DATED this eighteenth day of June One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.*

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

(1) *Set for*
*tion entitling*
*fying to gra*
*e. g.*, Membe
College of Pl
burgh.

(2) Physic
*otherwise, as*

(3) *Insert*
*ber of the*
*other like p*

(4) *Inse*
*Residence,*
*state so.*

(5) Lun
person, *or*
of unsoun

(6) *St*

(7)
*from*

1642
James Macphail Russell
18th June
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...ar Steward. ...Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Francis Ker, Inspector of Poor, Gretna,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Steele, Rigg, Gretna

...our Petitioner's (3) ~~Francis Ker, Inspector of Poor,~~ pauper

...at present in a state of Mental Derangement, and 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 Steele to the Southern Counties Asylum Dumfries, and to sanction his admission into the said Asylum.

Francis Ker

The date of the ...n must be with... ...teen clear days ...ing the dates of Medical Certifi...

Dated this 21st (4) day of June One thousand eight hundred and Seventy nine years 8 words deleted

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | William Steele |
| Sex and Age, | Male 48 years |
| Married, Single, or Widowed, | Married |
| Condition of Life, and previous Occupation (if any), | Tailor |
| Religious Persuasion, so far as known, | Presbyterian |
| Previous Place of Abode, | Rigg, Gretna. |
| Place where Found and Examined, | Rigg. Gretna |
| Length of time Insane, | one week |
| Whether First Attack, | second attack |
| Age (if known) on First Attack, | 43 years |
| When and where previously under Examination and Treatment, | Southern Counts Dumfries |
| Duration of Existing Attack, | one week |
| Supposed Cause, | unknown |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | no |
| Whether Dangerous to others, | doubtful |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Gretna Parish |
| Date of becoming Chargeable, | one week |
| Christian Name and Surname, and Place of Abode of nearest known 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 Steele, Daughter, Rigg. Gretna no other member known |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | to have been Insane |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 21 day of June One thousand eight hundred and Seventy nine. (*To be signed by Party applying*) Francis Ker

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Daniel Mackenzie being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Rigg Village Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Steele the said William Steele is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherence in his ideas, — false views of the ordinary affairs of life. Profound melancholy, from which common objects of interest do not rouse him. Sleeplessness &

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Melancholy; inability to carry on his ordinary trade, tailoring; sleeplessness; a previous confinement in lunatic asylum.

Name and Medical Designation, D Mackenzie MB. & C.M.

Place of Abode, Mary field, Annan

DATED this twentieth day of June One thousand eight hundred and seventy-nine 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 Carmichael being a (1) Lic: Roy: Coll: Phys: Edin: & Lic: Fac: Phys: and Surgns Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rigg of Cretna Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Steele, pauper, Rigg of Cretna the said William Steele is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 markedly depressed in mind; is unable to work owing to loss of power of directing and fixing his attention; sleeplessness; an aversion to move out or be seen —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Robert Johnstone, Joiner, says the above mentioned Wm. Steele has lately become altered in appearance, is heartless & dull, does not converse as formerly —

Name and Medical Designation, William Carmichael L.R.C.P. & S.E.

Place of Abode Kirkpatrick Fleming

DATED this twentieth day of June One thousand eight hundred and seventy nine —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Daniel MacKenzie being (1) a Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Rigg in the County of Dumfries, seen and personally examined William Steele, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D MacKenzie

DATED this 20th day of June One thousand eight hundred and seventy nine years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Francis Kerr, Inspector of Poor, Gretna, Certificates under the hands of Daniel MacKenzie, and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Steele, Rigg, Gretna, (a pauper,) and that the said William Steele, is a (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 Steele, as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Steele which accompanied the said Petition.

DATED this Twenty first day of June One thousand eight hundred and seventy nine.

Cur: K.

David Boyle Hope

*To the Superintendent of the* (1) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
277
William Steel
2nd June
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Dumfries and Galloway

*and his Substitutes*—

The Petition of David Smith Assistant Inspector of poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Maxwell or Nodwell your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Maxwell or Nodwell 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.

D Smith Assistant Inspector of Poor

DATED this twenty fourth (4) day of June One thousand eight hundred and seventy nine

(4) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Jane Maxwell or Nodwell |
| 2. Sex and Age, | Female 47 years |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous occupation (if any), | Washer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries Coffee Close |
| 7. Place where Found and Examined, | do. |
| 8. Length of time Insane, | not exactly known |
| 9. Whether first Attack, | first |
| 10. Age (if known) on first Attack, | 47 years |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of existing Attack, | some weeks |
| 13. Supposed Cause, | Ardent Spirits |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18. Date of becoming Chargeable, | 24 May 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 twenty fourth day of June One thousand eight hundred and seventy nine

*(To be Signed by Party applying)* D Smith

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, William Carruthers
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Office Close Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Maxwell or Rodwell, alias
and
the said Jane Maxwell or Rodwell is a (5) person of
unsound mind and a proper person to be detained
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 restless eyes appearance & behaviour. She is frightened she thinks the Pope is trying in bed. She hears voices around her and often contradicts herself when asked a second time

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the neighbours tell me she has been about the screen of night & sometimes wishes to go into their houses to eat

*Name and Medical Designation,* William Carruthers M.B.

*Place of Abode,* 14 Castle Street Dumfries

DATED this twenty fourth day of June One thousand eight
hundred and seventy nine years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Office Close
Dumfries
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Maxwell or Rodwell, alias
and
the said Jane Maxwell or Rodwell is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She has a silly look She is restless, sleepless and appears to take not liquor of which she is too fond. She has delusions Her mind is quite gone —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her neighbours hear her rambling in her sleep throughout the night - They notice her vacant appearance are afraid of somethings happening to her.

*Name and Medical Designation,* W S Kerr M.B.C.

*Place of Abode,* Dumfries

DATED this twenty fourth day of June One thousand eight
hundred and Seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) David Smith Assistant Inspector of Poor Dumfries, Certificates under the hands of William Carruthers — and William Smith Kerr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Jane Maxwell or Nodwell Office Close Dumfries (Pauper) and that the said Jane Maxwell or Nodwell is a (6) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Maxwell or Nodwell as a Patient into the (7) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Maxwell or Nodwell which accompanied the said Petition.

Dated this Twenty fourth day of June — One thousand eight hundred and seventy nine

David Boyle Hope

*To the Superintendent of the (7)* Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

.278

Jane Maxwell or
Rodwell
24th June
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward.
Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries & Galloway ~~of the~~ (2) *and his Substitutes*—

The Petition of Joseph Thomson 5 Portland Place Maxwelltown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Thomson Portland Place Maxwelltown your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Thomson to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity which Petitioner stands Lunatic.

Joseph Thomson

Dated this Twenty sixth (4) day of June One thousand eight hundred and Seventy nine

(4) The date of the Petition must be within four-teen clear days following the dates of the Medical Certificates.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | William Thomson |
| Sex and Age, | Male |
| Married, Single, or Widowed, | Single |
| Condition of Life, and previous occupation (if any), | Merchant |
| Religious Persuasion, so far as known, | Festaly Church |
| Previous Place of Abode, | Portland Place |
| Place where Found and Examined, | Dumfries |
| Length of time Insane, | about a week |
| Whether first Attack, | No |
| Age (if known) on first Attack, | Not known |
| When and where previously under Examination and Treatment, | in C.R. Institution |
| Duration of existing Attack, | about a week |
| 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, | |
| Date of becoming Chargeable, | |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Joseph Thomson Brother No |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | ~~Joseph Thomson~~ |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty sixth day of June One thousand eight hundred and Seventy nine

(To be Signed by Party applying) Joseph Thomson

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians of Edinburgh and M.D.
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street
Dumfries in the County of Dumfries
separately from any other Medical Practitioner
visited and personally examined (4) William Thomson — Gentleman 5 Portland Place Maxwelltown and
the said William Thomson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
His facial expression indicates mental disorder —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
was an inmate of the Crichton Royal several times —

*Name and Medical Designation,* John Cunningham M.D.

*Place of Abode,* 25 Castle Street

DATED this 25th day of June One thousand eight hundred and seventy 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, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edin. and of the Faculty of Physicians and Surgeons Glas.
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) William Thomson, Gentleman
5 Portland Place, Maxwelltown, and
the said William Thomson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is morose, and has a vacant appearance in the Countenance

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Brother informs me that he attempted to cut his throat this morning.

*Name and Medical Designation,* Hugh Cunningham L.R.C.P. L.R.C.S.

*Place of Abode,* 25 Castle Street, Dumfries

DATED this Twenty fifth day of June One thousand eight hundred and seventy 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, John Cunningham
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) 25 Castle St: Dumfries
in the County of Dumfries, seen and personally examined
William Thomson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Cunningham M.D. L.R.C.P.Ed.

Dated this twenty fifth day of June One thousand eight hundred and seventy nine.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) Ralph Thomson,
5 Portland Place Maxwelltown
Certificates under the hands of John Cunningham
and Ralph 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 (6) William Thomson,
5 Portland Place, Maxwelltown (Petitioner) and that the said
William Thomson is a (7) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Thomson as a Patient into the (8) Public Asylum of Crichton Royal Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Thomson, which accompanied the said Petition.

Dated this twenty fifth day of June One thousand eight hundred and seventy nine.

David Boyle Stoke

*To the Superintendent of the (8) 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.

1643

William Thomson

25th June

1879

"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) ~~County of Dumfries~~ of Dumfries *Stewartry, and his Substitutes,*—

The Petition of Richard Brown Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robt Henry Shannon 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 Henry Shannon to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Lordship or other locality in which Petitioner stands to Lunatic.

Richard Brown Inspector of Poor
Kirkpatrick Fleming

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this 26th (4) day of June One thousand eight hundred and Seventy nine 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, | Henry Shannon |
| 2. Sex and Age, | Male 58 years |
| 3. Married, Single, or Widowed, | |
| 4. Condition of Life, and previous Occupation (if any), | Coachman |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Red Hall |
| 7. Place where Found and Examined, | Red Hall |
| 8. Length of time Insane, | |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | 58 years |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of Existing Attack, | one weeks |
| 13. Supposed Cause, | nervous complaint |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | yes |
| 16. Whether Dangerous to others, | yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkpatrick Fleming |
| 18. Date of becoming Chargeable, | 26th June 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Shannon wife<br>His son John was an inmate of Asylum about five years ago |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of June One thousand eight hundred and Seventy nine Years

(To be signed by Party applying) Richard Brown Inspector of Poor
Parish of Kirkpatrick Fleming

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Licentiate of the Royal College of Physicians Edinburgh; and Lic: Fac: Phys: & Surg: Glasgow — and being in actual practice as a (2) medical practitioner, hereby certify, on soul and conscience, that I have this day, at (3) Redhall in the parish of Kirkpatrick Fleming, in the Co[illegible] Dumfries separately from any other Medical Pract[illegible] visited and personally examined (4) Henry Shannon, pauper Redhall, Kirkpatrick Fleming, [illegible] the said Henry Shannon is a (5) person of unsound mind and a proper Person to be d[illegible] under Care and Treatment, and that I have formed this opinion upon the fol[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Appearance of intense excitement, sleeplessness and a feeling of terror owing to something he cannot explain; he says he cannot control himself

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: ( John Leslie, joiner, says the patient has a dread he may injure himself or others —

*Name and Medical Designation,* William Carruthers L.R.C.P. Ed.

*Place of Abode,* Kirkpatrick Fleming

DATED this 26th day of June One thousand [illegible] hundred and seventy nine —

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) ~~14 Castle St Dum~~ Physician of the Lunatic hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumfries in the Co[illegible] Dumfries separately from any other Medical Pract[illegible] visited and personally examined (4) Henry Shannon R[illegible] Kirkpatrick Fleming. Pauper [illegible] the said Henry Shannon is a (5) person of unsound mind and a proper person to be d[illegible] under Care and Treatment, and that I have formed this opinion upon the fol[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His [illegible] appearance & delusions. States that he is in constant dread of taking food owing to the mental excitement it produces. Also that he [illegible] thoughts of committing suicide.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: ( John Leslie informs me that yesterday [illegible] was in a state of excitement. Crying out that he would injure his wife if not looked after. He also told his wife to look after him as he might not control himself, from committing suicide

*Name and Medical Designation,* John Smith [illegible]

*Place of Abode,* 14 Castle St D[illegible]

DATED this 26th day of June One thousand [illegible] hundred and 79 years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute — of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) Richard Browne Inspector of Poor Kirkpatrick-Fleming — Certificates under the hands of William Carruthers — 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) Henry Shannon Cochrane Medical Practitioner Kirkpatrick-Fleming and that the said Henry Shannon — is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henry Shannon — as a Patient into the (6) Public — Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Shannon, — which accompanied the said Petition.

DATED this Twenty sixth day of June — One thousand eight hundred and seventy three years.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

279.

Henry Shannon

26 June

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of Lanarkshire *and his Substitutes,—*

The Petition of James Hanley, Inspector of Poor, Parish of Kirkmaiden humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Baird or Melville, Pauper

(3) State degree of Relationship or other Party in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (3) Inmate, City Parish Poorhouse Glasgow and presently chargeable to the Parish of Kirkmaiden is at present in a state of Mental Derangement, and 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 Baird or Melville to the Dumfries Royal District Asylum and to sanction her admission into the said Asylum.

James Hanley
Inspector of Poor, Parish of Kirkmaiden.

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this Third (4) day of June One thousand eight hundred and seventy nine.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Isabella Baird or Melville |
| 2. Sex and Age, | Female. 64 years |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous Occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | In City Poorhouse Glasgow since March 1879 |
| 7. Place where Found and Examined, | City Poorhouse Glasgow |
| 8. Length of time Insane, | Since December 1878 |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 63 years & 4 months |
| 11. When and where previously under Examination and Treatment, | Not previously under treatment |
| 12. Duration of Existing Attack, | Since December 1878. |
| 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, | Parish of Kirkmaiden |
| 18. Date of becoming Chargeable, | 30 June 1879. |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Grandson. John Melville, 29 Harmony Row, Govan. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third day of June One thousand eight hundred and seventy nine

*(To be signed by Party applying)* James Hanley

P. P.

## MEDICAL CERTIFICATE, No. I.

(2) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(3) Physician or Surgeon, *or otherwise, as the case may be.*

(4) *Insert the street, and number of the house (if any), or other like particulars.*

(5) *Insert Designation and Residence, and if a Pauper state so.*

(6) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Robertson being a (1) Graduate in Medicine of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the City poorhouse, Glasgow in the County Lanark separately from any other Medical Practitioner visited and personally examined (4) Isabella Baird or Melville pauper, inmate of City poorhouse, Glasgow the said Isabella Baird or Melville is a (5) Lunatic and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is occupied very distracted and melancholy; fancies the Devil is [illegible] to her and tempting her to commit suicide; admits having attempted suicide two days ago

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: The nurse of the Ward states that she tried to jump over the window two days [illegible]

*Name and Medical Designation,* Alex Robertson

*Place of Abode,* Town's Hospital

DATED this 30th day of June One thousand hundred and 79

## MEDICAL CERTIFICATE, No. II.

(2) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(3) Physician or Surgeon, *or otherwise, as the case may be.*

(4) *Insert the street and number of the house (if any), or other like particulars.*

(5) *Insert Designation and Residence, and if a Pauper state so.*

(6) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, David Walker being a (1) Lic. of the Fac. of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the City of Glasgow, Poor house in the County Lanark separately from any other Medical Practitioner visited and personally examined (4) Isabella Baird or Melville a pauper and inmate of the City Parish Poor house the said Isabella Baird or Melville is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is an exceedingly melancholy looking person. She [illegible] without cause. She has a deep wound in her throat caused in an attempt to commit suicide

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Officials in the Hospital informed me that [illegible] have continually to watch her as she has shown a disposition to leap over a window

*Name and Medical Designation,* David Walker

*Place of Abode* 6 Connery Place

DATED this 2 day of July One thousand hundred and 79

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes 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 Robertson being (1) a Graduate in Medicine of Glasgow hereby certify, on said and conscience, that I have this day, at (2) the City poorhouse, Glasgow in the County of Lanark, seen and personally examined Isabella Baird or Melville, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Robertson, M.D.

DATED this 30th day of June One thousand eight hundred and 79.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Walter Cook Spens Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) James Hanley Inspector of Poor Parish of Kirkmaiden Certificates under the hands of Alexander Robertson and David Walker, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Baird or Melville inmate City Parish Poorhouse Glasgow a pauper and that the said Isabella Baird or Melville is a (5) lunatic or person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Baird or Melville as a Patient into the (6) ~~Parochial Lunatic~~ Asylum ~~of~~ and I authorize ~~[illegible]~~ Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Baird or Melville which accompanied the said Petition.

DATED this 3rd day of July One thousand eight hundred and 79. Two words deleted.

[illegible]

To the Superintendent of the (7) Dumfries Royal District Asylum

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
280
Isabella Baird
or
Melville
3 July
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...of or Steward. ...or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (2) County~~ of Dumfries ~~Wigtown~~ and his Substitutes,—

The Petition of Jemima Weall, High Street, Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Barbara Weall 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 Barbara Weall to the ~~Crichton Royal~~ Asylum and to sanction her admission into the the said Asylum. Five words deleted.

Jemima Weall

...te degree of ...hip or other ...n which Peti... ...ds to Luna...

...date of the ...must be with... ...n clear days ...the dates of ...ical Certifi...

Dated this fourth (4) day of July One thousand eight hundred and seventy nine

~~Jemima Weall~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| ...tian Name and Surname of Patient at ...ngth, | Barbara Weall |
| ...and Age, | Female 21 |
| ...ied, Single, or Widowed, | Single |
| ...ition of Life, and previous Occupation ...f any), | Domestic servant |
| ...gious Persuasion, so far as known, | Protestant |
| ...ious Place of Abode, | In and near Carlisle |
| ...where Found and Examined, | Brow houses & Dumfries. |
| ...th of time Insane, | Seven weeks |
| ...ther first Attack, | First attack |
| ...(if known) on first Attack, | — |
| ...n and where previously under Examina...n and Treatment, | — |
| ...tion of existing Attack, | Seven weeks |
| ...osed Cause, | Unknown |
| ...ther subject to Epilepsy, | no |
| ...ther Suicidal, | Yes |
| ...her Dangerous to others, | Yes |
| ...h or Union to which the Lunatic (if a ...uper) is Chargeable, | |
| ...of becoming Chargeable, | |
| ...tian Name and Surname, and Place of ...ode of nearest known Relative of the ...tient, and degree of Relationship (if ...own), and whether any Member of ...mily known to be or to have been In...ne, | Christina Weall. Mother none |
| ...al circumstances (if any) preventing the ...ertion of any of the above particulars, | |

I ...rtify, that, to the best of my knowledge, the above particulars are correctly stated.

D...ED this fourth day of July One thousand eight hundred and seventy nine

(*To be signed by Party applying*) Jemima Weall

P. p

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Mark J. Symons being a (1) Doctor of Medicine of Edinburgh Current and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Asylum in the County separately from any other Medical Practice visited and personally examined (4) Barbara Neall Brow Houses, Annan the said Barbara Neall is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, 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 & Dumb being burned by someone.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr Munroe inform me that she is slapping and refuses food.

*Name and Medical Designation,* Mark J Symons M.B.

*Place of Abode,* Buccleuch St: Dumfries

DATED this fifth day of July One thousand hundred and seventy nine.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Rae Macdonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dr Batters Crichton Asylum in the County of Dumfries separately from any other Medical Practice visited and personally examined (4) Barbara Neall Brow Houses Annan the said Barbara Neall 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) On 7th inst. excited & violent during the night. She knows a certain man as her husband and says he comes nightly & has intercourse with her. Slight facial paralysis & tremor.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been very excited for the last week & refuses to take food.

*Name and Medical Designation,* A Macdonald M.B.

*Place of Abode,* Maxwell St

DATED this 7th day of July One thousand hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, R. Baillie Macbean M.B. C.M. being (1) Bachelor of Medicine, & Master in Surgery Edinb. hereby certify, on soul and conscience, that I have this day, at (2) Brownhouse in the County of Dumfries, seen and personally examined Barbara Weall, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

R. Baillie Macbean

DATED this 4th day of July One thousand eight hundred and seventy nine

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, L. Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Emma Weall, High Street, Annan Certificates under the hands of Mark J. Symons and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Barbara Weall Brownhouses, Annan (Petitioner's Sister) and that the said Barbara Weall is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Barbara Weall as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Barbara Weall which accompanied the said Petition.

DATED this Fifth day of July One thousand eight hundred and seventy nine.

L. Maitland

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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Barbara Weall
4th July
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) or Steward, or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Counties of Dumfries & Galloway and his Substitutes—

The Petition of William Kirkpatrick Newtoll Keir humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Kirkpatrick your Petitioner's (3) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Kirkpatrick to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) degree of ship or other in which Peti- ands to Luna-

William Kirkpatrick

Dated this Ninth (4) day of July One thousand eight hundred and seventy three

(4) date of the must be with- en clear days the dates of ical Certifi-

---

### STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Mary Kirkpatrick |
| Sex and Age, | Female, 52 |
| Married, Single, or Widowed, | Single |
| Condition of Life, and previous Occupation (if any), | Housekeeper |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | ~~Brat Croft~~ |
| Place where Found and Examined, | Newtoll |
| Length of time Insane, | ~~3 Weeks~~ Either less or more for 25 years |
| Whether first Attack, | Previously Attacked |
| Age (if known) on first Attack, | Not known |
| When and where previously under Examination and Treatment, | Medical skill for number of years back at Newtoll |
| Duration of existing Attack, | 3 Weeks |
| Supposed Cause, | Not known |
| Whether subject to Epilepsy, | No |
| Whether Suicidal, | Threatens |
| Whether Dangerous to others, | No |
| Parish or Union to which the Lunatic (if a pauper) is Chargeable, | |
| Date of becoming Chargeable, | ~~4th~~ July |
| Christian Name and Surname, and Place of Abode of nearest known 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 Kirkpatrick, Father None known to have been Insane |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Ninth day of July One thousand eight hundred and

(*To be signed by Party applying*) William Kirkpatrick

P. P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Edward Stoggall
being a (1) Doctor of Medicine and Licentiate of the Royal College of Surgeons Edinb.
and being in actual practice as a (2) Private Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 14 Carlton Pl.
in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Mary Kirkpatrick
the said Mary Kirkpatrick is a (5) person of
unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Extreme restlessness
Repeats & speaks incoherently. Refuses food or medicine - Strange
appearance vacant & melancholic.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Same as noted above - Has frequently threatened
suicide -

Name and Medical Designation, Edward Stoggall M.D. Edin.

Place of Abode, Howlett Dumfriesshire

DATED this Seventh day of July One thousand
hundred and seventy nine years -

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Carlton Pl.
in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Mary Kirkpatrick.
Pauper. Newtonhill, Kirkpatrick
the said Mary Kirkpatrick is a (5) Insane
of unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Insane in
manner & appearance refuses to answer
questions. talks incoherently

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
William Halliday informs me that
to very restless, cannot sleep, refuses food
has frequently threatened suicide

Name and Medical Designation, John Smith

Place of Abode, 14 Carlton Pl. Dumfries

DATED this 4th day of July One thousand
hundred and seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1). Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Kirkpatrick
New Hall Keir.
Certificates under the hands of Edward Noggan
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 Kirkpatrick New Hall Keir (Wife's Daughter) and that the said
Mary Kirkpatrick is a (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 Kirkpatrick as a Patient into the (6) Public Asylum of Southern Counties and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Kirkpatrick which accompanied the said Petition.

DATED this ninth day of July One thousand eight hundred and seventy nine

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Mary Kirkpatrick
9th July
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the~~ (2) Shire of Dumfries ~~Stewartry~~ *and his Substitutes*—

The Petition of Archibald Hyslop, County Buildings Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary French or Hyslop,

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Mother

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary French to the Southern Counties Asylum and to sanction the admission into the said Asylum.

Archd Hyslop

The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this tenth (4) day of July One thousand eight hundred and ~~and~~ seventy-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, | Mary French or Hyslop. |
| 2 Sex and Age, | Female. 44 |
| 3 Married, Single, or Widowed, | Widowed |
| 4 Condition of Life, and previous occupation (if any), | Farm service |
| 5 Religious Persuasion, so far as known, | Protestant. |
| 6 Previous Place of Abode, | Bridgehouse Hutton |
| 7 Place where Found and Examined, | County Buildings Dumfries |
| 8 Length of time Insane, | Nine months |
| 9 Whether first Attack, | Yes. |
| 10 Age (if known) on first Attack, | 44 |
| 11 When and where previously under Examination and Treatment, | County Buildings D/s. |
| 12 Duration of existing Attack, | Nine months |
| 13 Supposed Cause, | Not known |
| 14 Whether subject to Epilepsy, | No |
| 15 Whether Suicidal, | Yes |
| 16 Whether Dangerous to others, | Yes |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18 Date of becoming Chargeable, | |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Archibald Hyslop County Buildings Dumfries |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this tenth day of July One thousand eight hundred and seventy-nine

*(To be Signed by Party applying)* Archd Hyslop

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians Glasgow and College of Physicians hereby certify, on soul and conscience, that I have this day, at (3) County Buildings Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mr Hyslop and the said Mr Hyslop 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) Looks wretched imagines he has not slept for years Wonders about Continually talks of Demons and Threatens those about him &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Wife & sons state exactly the same as above

*Name and Medical Designation,* Wm Marshall MB & CM

*Place of Abode,* Dumfries

DATED this 10th day of July One thousand eight hundred and Seventy nine years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James M. McCulloch, M. D. &c. being a (1) of the University of Edinburgh &c. and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the County Buildings Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary French, or Hyslop and the said Mary French, or 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. :—

1. Facts indicating Insanity observed by myself: (6) She tells me that she gets no sleep because of spirits & Devils strike & otherwise ill-used &c. &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She also that she is dangerous to herself & others meaning suicide by drowning &c. & to assault with pokers &c.

*Name and Medical Designation,* James M. McCulloch M.D.

*Place of Abode,* 16 Castle Street, Dumfries.

DATED this tenth day of July One thousand eight hundred and seventy nine years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ____ (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Archibald Hyslop, County Buildings Dumfries ____ Certificates under the hands of Wyllam Marshall ____ and James M. M'Culloch ____, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary French or Hyslop, County Buildings Dumfries, Petitioners Mother and that the said Mary French or Hyslop ____ is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary French or Hyslop ____ as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary French or Hyslop, ____ which accompanied the said Petition.

DATED this Tenth day of July ____ One thousand eight hundred and Seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Mary French
or
Hyslop
16th July
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) ~~Sheriff~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Edmund Lamb Young Solicitor Lochmaben

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner (3) Thomas Wood Harrison Client. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Wood Harrison to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Kindship or other capacity in which Petitioner intends to Lunatic.

E L Young

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this 15 (4) day of July One thousand eight hundred and Seventy-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 Wood Harrison |
| 2. Sex and Age, | 31 |
| 3. Married, Single, or Widowed, | Widowed |
| 4. Condition of Life, and previous Occupation (if any), | Excise officer formerly |
| 5. Religious Persuasion, so far as known, | Church of England |
| 6. Previous Place of Abode, | Lochmaben Dumfries |
| 7. Place where Found and Examined, | Three years. |
| 8. Length of time Insane, | Yes |
| 9. Whether First Attack, | 28 |
| 10. Age (if known) on First Attack, | Lochmaben |
| 11. When and where previously under Examination and Treatment, | Three years. |
| 12. Duration of Existing Attack, | Not known & Not as far as known by the Petitioner None |
| 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, | None known. His brother the only relative disappeared 19 or 20 years ago. Mr Harrison has no near relatives. |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 15 day of July One thousand eight hundred and seventy-nine

(*To be signed by Party applying*) E L Young P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James M: McCulloch, M: D: &c. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Wood Harrison the said Thomas Wood Harrison is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He says he hears persons constantly speaking to him both night & day telling him he is descended from the Plantagenets the Stewarts &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr. Waugh, Solicitor, Cockermouth & Mr. Pollock of Brigham, Do. state the same as above &c.

*Name and Medical Designation,* James M: McCulloch

*Place of Abode,* 16 Castle Street, Dumfries

DATED this fifteenth day of July One thousand eight hundred and seventy nine years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal College of Physicians and Surgeons in Edinburgh & Mw and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 35 Buccleuch St. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Wood Harrison retired Waiseman, 20 Main St. Cockermouth, Cland and the said Thomas Wood Harrison is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder - Talks in a peculiar manner - Is dangerous to [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Is under the impression that he ought to be King of England - Is dangerous [illegible]

*Name and Medical Designation,* John Cunningham, [illegible]

*Place of Abode* 35 Buccleuch St. [illegible]

DATED this fifteenth day of July One thousand eight hundred and seventy nine -

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James M: McCulloch M: D: &c.
being (1) Physician
hereby certify, on soul and conscience, that I have this day, at (2) 16 Castle Street, Dumfries
in the County of Dumfries, seen and personally examined
Thomas Wood Harrison, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James M: McCulloch

DATED this fifteenth day of July One thousand eight hundred and seventy nine years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, R Maitland (3) Honorary Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) Edward Lamb
Waugh, Solicitor Cockermouth
Certificates under the hands of James M: McCulloch
and John Cunningham ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6)
Thomas Wood Harrison, Excise Officer Cockermouth, and that the said
Thomas Wood Harrison is a (7) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Wood Harrison ——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 Thomas Wood Harrison which accompanied the said Petition.

DATED this fifteenth day of July —— One thousand eight hundred and seventy nine

R Maitland

*To the Superintendent of the (9) Public*
*Asylum of* Crichton Royal Institution
Dumfries

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(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

1644

Thomas Wood Harrison

15 July

1879

"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Counties of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie. Inspector of Poor for the Parish of Dumfries—

Humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ada Craig. 36 High Street your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ada Craig 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.

(4) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Twenty third (4) day of July One thousand eight hundred and Seventynine—

John Dinwoodie

## STATEMENT.

*If any 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 Craig |
| 2. Sex and Age, | Female - 38 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | Seamstress |
| 5. Religious Persuasion, so far as known, | Protestant - |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | 36 High St. Dumfries |
| 8. Length of time Insane, | a few weeks |
| 9. Whether first Attack, | first |
| 10. Age (if known) on first Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | a few weeks |
| 13. Supposed Cause, | Constitutional |
| 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, | Dumfries |
| 18. Date of becoming Chargeable, | 19 July 1879. |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Craig. a Sister now in S. C. Asylum under treatment |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty third day of July One thousand eight hundred and Seventynine

*(To be Signed by Party applying)* John Dinwoodie, Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Ingoldby being a (1) Graduate of the Faculty of Physicians & Surgeons of Glasgow and Member of the College of Physicians of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 36 High St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ada Craig a pauper and that the said Ada Craig is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently seems to have delusions as to her son's danger has spoken of him being dead & of having seen him in a coffin has no knowledge of where she is & complete state of confusion

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her landlady states that she is wholly incoherent & wanders constantly about night & day

*Name and Medical Designation,* W Marshall M.D.

*Place of Abode,* Dumfries

DATED this 23rd day of July One thousand eight hundred and seventy nine 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, Alexander Ball MacDonald being a (1) Graduate of Edinburgh Member of the Royal College of Physicians & Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 36 High St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ada Craig a pauper and that the said Ada Craig is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is very depressed and melancholy has lost all hope of state both in this world and the next & incessantly laments cannot settle to do any patient whatever

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) says that she has threatened to kill herself & her landlady cannot rest for she wanders about the house all night

*Name and Medical Designation,* A D MacDonald M.D.

*Place of Abode,* 18 Castle St Dumfries

DATED this 23rd day of July One thousand eight hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I Lauderdale Maitland Honorary (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dunwoodie, Inspector of Poor Dumfries. Certificates under the hands of William Marshall and Alexander Dall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ada Craig. 36 High Street. Dumfries. (a Pauper.) and that the said Ada Craig is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ada Craig as a Patient into the (6) Public Asylum of Southern Counties and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ada Craig. which accompanied the said Petition.

Dated this twenty third day of July One thousand eight hundred and seventy nine years.

*To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries*

L Maitland

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Ada Craig
23 July
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

*Unto the Honourable the* (1) Sheriff of the (2) Counties of Dumfries & Galloway and his Substitutes,

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Saddler. Glasgow St Maxwelltown, your Petitioner's (3) Pauper.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Saddler to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

John Dinwoodie

DATED this Twenty eighth (4) day of July One thousand eight hundred and Seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | John Saddler |
| Second Age, | Male 39 years |
| Married, Single, or Widowed, | Married |
| Occupation of Life, and previous Occupation (if any), | Married a Saddler |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | Lockerbie |
| Place where Found and Examined, | 6 Glasgow Street Maxwelltown |
| Length of time Insane, | 2 months |
| Whether first Attack, | Second attack |
| Age (if known) on first Attack, | 33 years |
| When and where previously under Examination and Treatment, | Examineded at Nyelown treated in D & G Asylum |
| Duration of existing Attack, | About 2 months |
| Supposed Cause, | Not known |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | no |
| Whether Dangerous to others, | no |
| Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| Date of becoming Chargeable, | 18 July 1879 |
| Christian Name and Surname, and Place of Abode of nearest known 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 Kirk wife Not known |
| Special circumstances (if any) preventing the Insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty eighth day of July One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) John Dinwoodie. Inspector

P. p.

## MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wallace Marshall being a (1) Graduate of the Faculty of Physicians Surgeons Glasgow and Licentiate of the College and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 6 Glebe Street Kirkcaldy in the separately from any other Medical P visited and personally examined (4) John Saddler Esq. the said John Saddler Saddler is a (5) Pauper and a proper person to be under Care and Treatment, and that I have formed this opinion upon the grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Seems in perfect state of melancholia. Looked sorry, in great dread. Appears quite as to the Reasoning of any Question

2. Other facts (if any) indicating Insanity communicated to me by others (7) Wife states that he is great and wants Brought to Lunacy

*Name and Medical Designation,* Wallace Marshall

*Place of Abode,* Dunfermline

DATED this 28th day of July One thousand hundred and seventy nine years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith being a (1) Graduate of Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 6 Glebe St Macduff Crescent Kirkcaldy in the separately from any other Medical Pra visited and personally examined (4) John Saddler. (a Pauper) the said John Saddler is a (5) pau and a proper person to be under Care and Treatment, and that I have formed this opinion upon the grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He did melancholic appearance. tells me that soul is lost & that he cannot settle to anything

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he wanders continually & cannot settle to work. sits & eat. who wrote previously on Pauper

*Name and Medical Designation,* John Smith M.

*Place of Abode,* 14 Castle St Dun

DATED this 28th day of July One thousand hundred and 79 years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and John Smith , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Laddler 6 Glasgow St Maxwelltown (a Pauper) and that the said John Laddler is a (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 Laddler as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Laddler, which accompanied the said Petition.

DATED this Twenty eighth day of July One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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John Taddler
28th July
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Ayr *and his Substitutes,—*

The Petition of Robert Smith, Inspector of Poor, Carsphairn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Stevenson, Crofthead Street, Dalmellington your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Marion Stevenson to the Crichton Royal Institution, Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of relationship or other quality in which Petitioner stands to Lunatic.

Robert Smith

(4) The date of the Petition must be within three clear days following the dates of the Medical Certificates.

Dated this Thirtieth (4) day of July One thousand eight hundred and Seventy nine.

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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 Stevenson |
| 2. Sex and Age, | Female - 70 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Destitute - Domestic Servant |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Bardennoch, Carsphairn, Galloway |
| 7. Place where Found and Examined, | Crofthead Street, Dalmellington |
| 8. Length of time Insane, | Unknown |
| 9. Whether first Attack, | Believed to be so |
| 10. Age (if known) on first Attack, | — |
| 11. When and where previously under Examination and Treatment, | Unknown |
| 12. Duration of existing Attack, | Unknown |
| 13. Supposed Cause, | Epilepsy |
| 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, | Carsphairn Parish |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Unknown |
| 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 Thirtieth day of July One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) Robert Smith

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Maclachlan being a (1) Doctor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) The Crofts Dalmellington Ayr in the County of separately from any other Medical Practitioner visited and personally examined (4) Marion Stevenson, Bardenoch Cassphairn Galloway and that the said Marion 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 subject to Epilepsy which is attended by almost complete loss of memory & of the power of conversing: after a second of Epileptic fits she is at times subject to attacks of violent temper amounting on occasions almost to mania.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) During her attacks of irritable temper she is dangerous to those around her.

*Name and Medical Designation,* Wm Maclachlan

*Place of Abode,* Doonbank Patna by Ayr

DATED this 28th day of July One thousand eight hundred and Seventy nine

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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, Robt. McLachlan being a (1) Bachelor of Medicine & Master of Surgery Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Crofts Dalmellington Ayr in the County of separately from any other Medical Practitioner visited and personally examined (4) Marion Stevenson, Bardenoch Cassphairn, New Galloway, Pauper. and that the said Marion 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 has been Epileptic for many years. She is morose and She some times answers Question incoherently and times does not answer such Question at all.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That after frequent epileptic Attacks she is subject to unpovernable fits of often threatening injury to her attendants.

*Name and Medical Designation,* Robt McLachlan

*Place of Abode,* Dalmellington by Ayr

DATED this 28th day of July One thousand eight hundred and Seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
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 Alexander Watson (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) Robert Smith
Inspector of Poor Carsphairn Stewarty of Kirkcudbright
Certificates under the hands of William Maclachlan M.D.
and Robert Whannan 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) Marion Stevenson Pauper, Croftheid Street Dalmellington and that the said
Marion 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 Marion Stevenson as a Patient into the (6) Crichton Royal Asylum of, Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marion Stevenson which accompanied the said Petition.

Ent'd R.

DATED this thirteenth day of July One thousand eight
hundred and seventy nine

William A. D. Watson

*To the Superintendent of the (7) Crichton*
*(Asylum of,) Royal Institution, Dumfries*

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
286
Marion Stevenson
30th July
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the Shire~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Tinning alias Wilson 109 St. Michaels Street— 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 Ann Tinning or Wilson— to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(2) State degree of Relationship, or other capacity in which Petitioner stands to patient.

John Dinwoodie

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Thirtieth (3) day of July One thousand eight hundred and Seventynine—

## STATEMENT.

*If any 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 Tinning or Wilson |
| 2 Sex and Age, | Female, 34 years |
| 3 Married, Single, or Widowed, | Married |
| 4 Condition of Life, and previous occupation (if any), | Housewife |
| 5 Religious Persuasion, so far as known, | Protestant— |
| 6 Previous Place of Abode, | Dumfries |
| 7 Place where Found and Examined, | 109 St Michael's Street, Dumfries |
| 8 Length of time Insane, | not exactly known |
| 9 Whether first Attack, | First |
| 10 Age (if known) on first Attack, | 34 years— |
| 11 When and where previously under Examination and Treatment, | |
| 12 Duration of existing Attack, | a week or two |
| 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 at present |
| 18 Date of becoming Chargeable, | 28th July 1879 |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Robert Wilson, place of abode not known— |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Thirtieth day of July One thousand eight hundred and Seventynine

*(To be Signed by Party applying)* John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Matthew Marshall
being a (1) Graduate of the Faculty of Physicians
Glasgow and [illegible] Physician & Surgeon
and being in actual practice as a (2) [illegible]
hereby certify, on soul and conscience, that I have this day, at (3) 109 St Michael's
Dumfries in the County
separately from any other Medical Practitioner,
visited and personally examined (4) Ann Fleming or Wilson
the said Ann Fleming or Wilson is a (5) Person of Unsound Mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently
mutters her sentences seems to have no fixed
set of thoughts is incapable of giving an
[illegible] answer to questions put to her

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Landlady states that she acts very strangely
and roams about both night and day

Name and Medical Designation, Matthew Marshall M.D.

Place of Abode, Dumfries

DATED this 30 day of July One thousand eight
hundred and Seventy nine years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Matthew Smith
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 109 St Michael's
Street Dumfries in the County
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Ann Fleming or Wilson
Dumfries and
the said Ann Fleming or Wilson is a (5) Lunatic
of Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her appearance
& incoherency, incoherency & incivility &
& answers to Questions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Day informs me that she is continually
in a similar state. Wanders about the street
all hours with no evident purpose in view

Name and Medical Designation, Matthew Smith M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 29th day of July One thousand eight
hundred and 79 years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoppe (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) John Dunwoodie
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Ann Tinning or Wilson 109 St Michael Street Dumfries (a Pauper) and that the said Ann Tinning or Wilson, is a (7) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Tinning or Wilson as a Patient into the (8) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Tinning or Wilson, which accompanied the said Petition.

DATED this Thirtieth day of July, One thousand eight hundred and seventy nine.

David Boyle Stoppe

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(8) Public, District, Parochial, *or* Private.
(9) Public, District, Parochial, *or* Private.

2
287
Ann Denning
or
Wilson
30th July
1879

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 James Murray, Crofter, residing in Wiglown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Murray your Petitioner's (3) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Murray to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other cause in which Petitioner stands to Lunatic.

James Murray

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this first (4) day of August One thousand eight hundred and seventy 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, | Margaret Murray |
| 2. Sex and Age, | Female, 41 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, | Southern Counties Asylum, Dumfries |
| 7. Place where Found and Examined, | Coffhangrig, Wiglown |
| 8. Length of time Insane, | About two years |
| 9. Whether First Attack, | no |
| 10. Age (if known) on First Attack, | not known |
| 11. When and where previously under Examination and Treatment, | Yes At Southern Counties Asylum till 30th July 1879 |
| 12. Duration of Existing Attack, | About two years |
| 13. Supposed Cause, | Epilepsy |
| 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, | not a pauper at present |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | James Murray, Crofter, Wiglown father. No other member of family known to have been insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first day of August One thousand eight hundred and seventy nine

(*To be signed by Party applying*) James Murray

P. P.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, Charles R. C. Bird
being a (1) Doctor of Medicine of the Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Croft Angry
Wigtown in the County of
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Margaret Marble
Domestic, Croft Angry Wigtown
the said Margaret Marble is a (5) Lunatic
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Sings, talks and answers to aid of God
alternately. Says the Doctor who signed
Certificate & me are both dead - Says God
has to make songs about her &
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
James Marble her father says
that she told him this morning
wanted talk to the Asylum

Name and Medical Designation, Charles R. C. Bird
Place of Abode, Wigtown

DATED this first day of August One thousand eight
hundred and Seventy nine years

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Anderson
being a (1) Bachelor of Medicine Master of Surgery of Glasgow
and being in actual practice as a (2) physician
hereby certify, on soul and conscience, that I have this day, at (3) Croft Angry Wigtown
Wigtown in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Margaret Murray of Croft Angry Wigtown
the said Margaret Murray is a (5) person of unsound
mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She told me she had evil thoughts regarding her mother, that
in her mind that could give no reasons for this delusion
was very unhappy - that she could not sleep - that she laughed immoderately at little
about as usual. She sang a song of her own composition
door in a high key. She followed me a
distance into the town of Wigtown crying after me.
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her father says she goes about repeating Scripture
not think of working that she is fortunate with him.

Name and Medical Designation, William Anderson M.B.
Place of Abode Whithorn, Wigtownshire

DATED this first day of August One thousand eight
hundred and seventy nine years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Murray
Carter residing in Wigtown and
Certificates under the hands of Charles Mc Bride Doctor of Medicine
and William Anderson Bachelor of Medicine, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Murray of Corsewigg Wigtown and that the said
Margaret Murray is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Murray as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize you to cause Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Murray which accompanied the said Petition.

DATED this first day of August One thousand eight hundred and seventy nine

John Doig

*To the Superintendent of the Asylum of Dumfries* (7) Southern Counties

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2.
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Margaret Murray
2 August
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Hire or Stewartry.

*Unto the Honourable the* (1) Sheriff of ~~the~~ (1)
of Dumfries & Galloway
*and his Substitutes,*—

The Petition of John Dinwoodie Inspector of Poor
for the Parish of Dumfries
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James McVeigh at Burgh Police Office Dumfries
your Petitioner's (2) Pauper
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Dalzell to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(2) State degree of Lordship or other locality in which Petitioner resides to Lunacy.

John Dinwoodie

(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 August One thousand eight hundred and Seventynine

## STATEMENT.

*If any 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 Dalzell |
| 2. Sex and Age, | ~~Male~~ 75 years |
| 3. Married, Single, or Widowed, | Widower |
| 4. Condition of Life, and previous Occupation (if any), | Seaman |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries 42 J Dennel |
| 7. Place where Found and Examined, | do |
| 8. Length of time Insane, | not correctly known |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | about 75 years |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | not exactly known |
| 13. Supposed Cause, | not known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | doubtful — very noisy |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Son John Dalzell Engine Driver English street. Dumfries |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | not known |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Second day of August One thousand eight hundred and Seventynine

(*To be signed by Party applying*) John Dinwoodie Inspector

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr.
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Police Office Buccleuch Street. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Dalzell, a pauper 42 Friars Vennel. Dumfries and that the said James Dalzell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 simple imbecility. His incoherent speech

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others:

His daughter, and her husband with whom Dalzell describes a great change his habits and demeanour. The police say the same.

*Name and Medical Designation,* } W. S. Kerr M.D.

*Place of Abode,* Dumfries

DATED this Second day of August One thousand eight hundred and Seventy-nine 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, Henry Lee Norris
being a (2) Doctor of Medicine of the University of Edinburgh
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Police Office Buccleuch St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Dalzell - a pauper 42 Friars Vennel. Dumfries and that the said James Dalzell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Rambling and incoherent speech — Demeanour as to being brought before Sheriff court.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Alteration in his habits and demeanour, and recently become violent and indecent — Information received from Police constable

*Name and Medical Designation,* } Henry Lee Norris

*Place of Abode* 5 George St. Dumfries

DATED this 2d day of August One thousand eight hundred and seventy nine —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Henry Lee Norris MD.
being (1) a general practitioner 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
James Dalzell of 42 Friars Vennel, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Henry Lee Norris MD.

DATED this 2d. day of August One thousand eight hundred and seventy nine.

(1) State medical qualification.

(2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke, Sheriff (3) Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) John Penwoodie,
Inspector of Poor, Dumfries,
Certificates under the hands of William Smith Kerr,
and Henry Lee Norris, , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Dalzell, 42 Friars Vennel Dumfries (a pauper) and that the said
James Dalzell, 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 Dalzell as a Patient into the (8) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Dalzell, which accompanied the said Petition.

DATED this Fourth day of August One thousand eight hundred and seventy nine.

David Boyle Stoke

*To the Superintendent of the* (9) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2

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James Balfell

2 August

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the~~ (1)
of Dumfries and Galloway *and his Substitutes*—

The Petition of John Dinwoodie Inspector of poor Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie Rorrison,

(2) State degree of Relationship, or other capacity in which Petitioner stands quoad 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 Annie Rorrison to the Southern Counties Asylum and to sanction her admission into the said Asylum.

John Dinwoodie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourth (3) day of August One thousand eight hundred and Seventynine—

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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, | Annie Rorrison |
| 2. Sex and Age, | Female 25 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | No occupation |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries |
| Place where Found and Examined, | Pine Apple Close Dumfries |
| 7. Length of time Insane, | since childhood |
| 8. Whether first Attack, | — |
| 10. Age (if known) on first Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | since childhood |
| 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, | 20 May 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Georg Rorrison Dumfries |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of August One thousand eight hundred and Seventynine

*(To be Signed by Party applying)* John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Thos Shaw
being a (1) Graduate of the faculty of Physicians
and Surgeons Glasgow and Licentiate of the
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Pine Apple Lane
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Janet Robinson (a pauper)
Joyce
the said ~~Janet~~ Robinson 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 quite incapable of Managing her affairs, the Insanity of which she is afflicted to be of a violent & dangerous nature

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her brother, states that she has been for the longer years as mentioned above

*Name and Medical Designation,* } W Thos Shaw M.D. &c

*Place of Abode,* Dumfries

DATED this 4th day of August One thousand eight
hundred and Seventy nine years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Scott Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Pine Apple Lane
High Street Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Janet Robinson. (a pauper)
Janet
the said ~~Janet~~ Robinson 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)

She is a weak helpless idiot. Not able to take care of herself in any way.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her brother says she can do nothing for herself but can in the matter of personal cleanliness.

*Name and Medical Designation,* } W.S. Kerr M.B. &c

*Place of Abode,* Dumfries

DATED this Fourth day of August One thousand eight
hundred and Seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie,
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Annie Rorrison, Pure Apple close Dumfries (a Pauper) and that the said Annie Rorrison, is a (5) Lunatic, and a person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie Rorrison 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 Annie Rorrison, which accompanied the said Petition.

DATED this Fourth day of August, One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
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S. Annie Rorrison
4 August
1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of* (2)
of Dumfries and Galloway *and his Substitutes—*

The Petition of John Dinwoodie Inspector of poor Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Kirkpatrick

(3) State degree of Relationship, or other capacity in which Petitioner stands to lunatic.

your Petitioner's (3) pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said, James Kirkpatrick to the Southern Counties Asylum and to sanction his admission into the said Asylum.

John Dinwoodie

(4) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Fourth (4) day of August One thousand eight hundred and Seventynine

## STATEMENT.

*If any 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 Kirkpatrick |
| 2. Sex and Age, | Male 47 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | Butcher |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | Coops Close College St Maxwelltown |
| 8. Length of time Insane, | a few weeks |
| 9. Whether first Attack, | Second |
| 10. Age (if known) on first Attack, | 40 years |
| 11. When and where previously under Examination and Treatment, | Dumfries— S. C. Asylum |
| 12. Duration of existing Attack, | a few weeks |
| 13. Supposed Cause, | Want of work |
| 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, | Dumfries |
| 18. Date of becoming Chargeable, | 1 August 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Melbourn Wife |
| 20. Special circumstances (if any) preventing the 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 hundred and Seventynine

*(To be Signed by Party applying)* John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr being a (1) Graduate of the Faculty of Physicians Glasgow and College of Physicians and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crops Close Corstorphine in the County of Midlothian separately from any other Medical Practitioner visited and personally examined (4) James Kirkpatrick Esq Corstorphine and the said James Kirkpatrick Esq is a (5) person of unsound mind and a proper person to be detained 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 was in Edinburgh on Saturday last with Dr Argyle Robertson for the purpose of being advised as to his mental condition. Dr Argyle Robertson informed me that he would recommend his being placed under care.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His wife states much the same as above

*Name and Medical Designation,* William Smith Kerr M.D.

*Place of Abode,* Dalmeny

DATED this 5th day of August One thousand eight hundred and seventy nine years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crops Close College Street Morningside in the County of Midlothian separately from any other Medical Practitioner visited and personally examined (4) James Kirkpatrick aged Fifty Kirkcudbright and the said James Kirkpatrick is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Great depression of spirits amounting to a state of Melancholia apparently with Suicidal tendency

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His wife and neighbours are quite afraid of him and watch him as he has threatened to cut his throat

*Name and Medical Designation,* W. S. Kerr M.D.

*Place of Abode,* Dalmeny

DATED this fourth day of August One thousand eight hundred and seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Kirkpatrick, Croy's close College Street, Maxwelltown (a Pauper) and that the said James Kirkpatrick is a (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 Kirkpatrick as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Kirkpatrick which accompanied the said Petition.

DATED this Fourth day of August One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
~~Asylum~~ Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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James Kirkpatrick
4th August
1879
"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) of Dumfries & Galloway *and his Substitutes,*—

The Petition of William Smith Townfoot Lockerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Carruthers your Petitioner's (3) 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 authorize the transmission of the said John Carruthers 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.

William Smith

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificate.

DATED this 13th (4) day of August One thousand eight hundred and Seventy 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, | John Carruthers |
| 2. Sex and Age, | Male |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Probationer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Lockerbie |
| 7. Place where Found and Examined, | |
| 8. Length of time Insane, | Two weeks |
| 9. Whether First Attack, | |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment, | Has been twice a patient, before in the Southern Institution |
| 12. Duration of Existing Attack, | |
| 13. Supposed Cause, | Religion |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mrs McIntosh, Crown Inn, Lockerbie a cousin |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13 day of August One thousand eight hundred and Seventy nine

William Smith

(*To be signed by Party applying*) ~~Jas. J. Wilson~~

~~with the concurrence of Mrs McIntosh~~

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, James Thomson Wilson
being a (1) Licentiate Royal College of Surgeons Edin
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the Co
Dumfries separately from any other Medical Pract
visited and personally examined (4) John Carruthers
the said John Carruthers is a (5) Lunatic
and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the f
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Extreme excite
and constant talking to himself, as if addr
others, much attached to religion & drinks
supernatural influences surround 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,* Jas. T. Wilson L

*Place of Abode,* Lockerbie

DATED this 13 day of August One thousand
hundred and seventy 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, James Macfarlane
being a (1) Bachelor of Medicine & Master in
Surgery of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Town
Lockerbie in the Cou
Dumfries separately from any other Medical Practiti
visited and personally examined (4) John Graham Carru
Townfoot, Lockerbie Dumfries and
the said John Graham Carruthers is a (5) person
of unsound mind and a proper person to be det
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His restless
manner, stating that he is electro
by some influence & that this causes the
excitement which comes over him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
William Smith his Landlord states, th
he got greatly excited last Tuesday & takes little
food besides drink, & from [illegible] that
he says that he is [illegible]

*Name and Medical Designation,* James Macfarlane
M.B. C.M.

*Place of Abode* 27 Bryde Terrace, Le

DATED this Thirteenth day of August One thousand eig
hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Smith
Townfoot Lockerbie
Certificates under the hands of James Thomson Wilson
and James Macfachlan —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Carruthers Townfoot Lockerbie and that the said
John Carruthers — is a (5) Lunatic and a person
of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Carruthers — as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Carruthers — which accompanied the said Petition.

DATED this Thirteenth day of August One thousand eight hundred and seventy one

David Boyle Stope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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John Carruthers

13th Augt 1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of (2) Dumfries & Galloway ~~of the~~ (*) and his Substitutes—

The Petition of John Dinwoodie. Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Mc. Kay 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 Mc. Kay. to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(*) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Eighteenth (*) day of August One thousand eight hundred and Seventynine —

## STATEMENT.

*If any 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 M'Kay |
| 2 Sex and Age, | Female 40 yrs |
| 3 Married, Single, or Widowed, | Widowed |
| 4 Condition of Life, and previous occupation (if any), | Nurse |
| 5 Religious Persuasion, so far as known, | Protestant |
| 6 Previous Place of Abode, | Dumfries |
| 7 Place where Found and Examined, | Dumfries Infirmary |
| 8 Length of time Insane, | About three weeks |
| 9 Whether first Attack, | No |
| 10 Age (if known) on first Attack, | 25 |
| 11 When and where previously under Examination and Treatment, | was not examined |
| 12 Duration of existing Attack, | About 3 weeks |
| 13 Supposed Cause, | Want of rest |
| 14 Whether subject to Epilepsy, | No |
| 15 Whether Suicidal, | Doubtful |
| 16 Whether Dangerous to others, | do Ditto |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18 Date of becoming Chargeable, | 18 August 1879 |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | A Sister wife of Mr. And.w Martin Clothier Academy Street |
| 20 Special circumstances (if any) preventing the 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 August One thousand eight hundred and Seventynine

(*To be Signed by Party applying*) John Dinwoodie. Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Marshall being a (1) Graduate of the faculty of Physicians & Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) ~~Dumfries~~ Inf[illegible] Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Agnes McKay (a pauper) and the said Agnes McKay is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently seems hopelessly despondent imagine she is lost to [illegible] doing any good [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The house surgeon and nurse [illegible] that she roams through the house [illegible] and day &c

*Name and Medical Designation,* W Marshall M.D. &c

*Place of Abode,* Dumfries

DATED this 18th day of August One thousand eight hundred and seventy nine years

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University &c and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dumfries & Galloway Royal Infirmary. Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes McKay - a pauper and the said Agnes 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) She has always [illegible] or less subject to low fits and melancholy. Now [illegible] quite melancholic. She fancies she is dying of [illegible] She is [illegible] for some time, has been sleepless, restless, unable to [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I know she knocked herself up while acting as [illegible] Her sister Mrs Martin and other friends say she has gradually come more and more melancholy, until they got afraid of her.

*Name and Medical Designation,* W. S. Kerr M.D.

*Place of Abode,* Dumfries

DATED this Eighteenth day of August One thousand eight hundred and Seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Marshall and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes McRay Widow, Dumfries Infirmary (a Pauper) and that the said Agnes McRay is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes McRay as a Patient into the (6) Public Asylum of Southern Counties and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes McRay which accompanied the said Petition.

DATED this Eighteenth day of August, One thousand eight hundred and seventy nine

J. Gibson Starke

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Agnes Mc Kay

18th Aug.

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) of Dumfries & Galloway *and his Substitutes,*—

The Petition of James McVeigh, Kimmeter Green Cottage Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary McVeigh 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 McVeigh to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

James McVeigh

(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 August One thousand eight hundred and Seventy nine 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 McVeigh |
| 2 | Sex and Age, | Female aged 50 |
| 3 | Married, Single, or Widowed, | Married |
| 4 | Condition of Life, and previous Occupation (if any), | Wife of ~~a Jeweler~~ Mr James McVeigh Kimmeter Green Cottage |
| 5 | Religious Persuasion, so far as known, | Catholic |
| 6 | Previous Place of Abode, | Castlebeas Dumfries |
| 7 | Place where Found and Examined, | Kimmeter Green, & Watchlist |
| 8 | Length of time Insane, | Upwards of Six months |
| 9 | Whether First Attack, | Yes |
| 10 | Age (if known) on First Attack, | For the Crichton Inst |
| 11 | When and where previously under Examination and Treatment, | 6 mos |
| 12 | Duration of Existing Attack, | unknown |
| 13 | Supposed Cause, | no |
| 14 | Whether subject to Epilepsy, | no |
| 15 | Whether Suicidal, | no |
| 16 | Whether Dangerous to others, | |
| 17 | Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18 | Date of becoming Chargeable, | |
| 19 | Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James McVeigh, Kimmeter Green Cottage, Annan. |
| 20 | Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty first day of August One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) James McVeigh

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Daniel Mackenzie being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Watchfield in the Parish of Annan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary McVeigh and the said Mary McVeigh is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great restlessness unreasonable in the simplest affairs of life, incoherence of ideas, insomnia & certain amount of suspicion of the simplest act of

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sleeplessness, restlessness, unreasonableness in the minutest details of ordinary life &c.

*Name and Medical Designation,* D. Mackenzie, M.D.

*Place of Abode,* Maryfield, Annan

DATED this twenty first day of August One thousand eight hundred and seventy nine years.

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thos Williamson being a (1) Licentiate of the Royal College of Surgeons of Edinr and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Watchfield in the Parish of Annan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Mary McVeigh and 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) restlessness refusal to take food at suitable times purposeless and causeless screaming and violence if her will is opposed

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Am told by her husband that night and day she refuses to give hold of him for an instant, even needful rest requires it

*Name and Medical Designation,* Thos Williamson

*Place of Abode* Church St Annan

DATED this twenty first day of Augt One thousand eight hundred and Seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Daniel MacKenzie being (1) a general medical practitioner hereby certify, on soul and conscience, that I have this day, at (2) Natchhill in the County of Dumfries, seen and personally examined Mary McVeigh, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. MacKenzie M.B. & C.M.

DATED this twenty-first day of August One thousand eight hundred and seventy nine years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James McVeigh Rimmeter Green Cottage Annan Certificates under the hands of Daniel MacKenzie and Thomas Williamson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary McVeigh Natchhill Annan (Petitioner's wife) and that the said Mary McVeigh is a (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 McVeigh as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary McVeigh which accompanied the said Petition.

DATED this Twenty third day of August One thousand eight hundred and seventy nine.

J. Gibson Starke

*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.

Petition
of
James McVeigh, Ann
for
admission of his Wife into
Cruchton Royal Institution

1645
Mrs Mary McVeigh
21st August
1879

J Symons Jr. Pr

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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 *and his Substitutes*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Martha Mc Culloch 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 Martha Mc Culloch to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(2) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

DATED this Twentysecond (3) day of August One thousand eight hundred and Seventyfive

John Dinwoodie

(3) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Martha Mc Culloch |
| 2. Sex and Age, | female about 35 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous occupation (if any), | Cook |
| 5. Religious Persuasion, so far as known, | R. Catholic |
| 6. Previous Place of Abode, | Tanfoliun |
| 7. Place where Found and Examined, | Dumfries |
| 8. Length of time Insane, | not known |
| 9. Whether first Attack, | not known |
| 10. Age (if known) on first Attack, | — |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | this Morning |
| 13. Supposed Cause, | no Cause known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no — |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries in the Meantime |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | not known — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twentysecond day of August One thousand eight hundred and Seventyfive

(*To be Signed by Party applying*) John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, William Impetrose being a (1) Graduate of the Faculty of Physicians & Surgeons and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Martha M'Cay (a pauper) and that the said Martha M'Cay is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) talks incoherently, changes from one subject to another, sings, cries, refuses to settle down on any subject, believes herself to be in danger of her life

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Superintendent states that she has been out of her senses through the night, her Landlady corroborates this

Name and Medical Designation, W Marshall Cl: & Dr

Place of Abode, Dumfries

DATED this 23d day of August One thousand eight hundred and seventy nine years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh & Member and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Police Office Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Martha M'Cay (a pauper) and that the said Martha M'Cay is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her insane appearance. Incoherent talk. Refuses to give any information on anything she has been asked. Nothing about her will do. Sometimes she is violent at times melancholic

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) My Servant of police tells me she has an idea she has been poisoned by some one & that she has been talking incoherently since she came to

Name and Medical Designation, William Carruthers M.D.

Place of Abode, 14 Castle Street Dumfries

DATED this twenty second day of August One thousand eight hundred and seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke Honorary (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Marshall and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Martha McCaig Langholm (a pauper) and that the said Martha McCaig is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Martha McCaig as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Martha McCaig which accompanied the said Petition.

DATED this Twenty second day of August One thousand eight hundred and seventy nine

J. Gibson Starke

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Asylum Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Martha McCaig

22 Augt.

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~Substitute~~ of the (1) Shire of Dumfries Galloway *and his Substitutes,—*

The Petition of Mr. William Thomson Former Springfield Kirkpatrick

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Thomson

(2) State degree of Lordship or other County 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 William Thomson to the Southern Counties' Asylum and to sanction his admission into the said Asylum.

William Thomson

(3) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this 26th (3) day of August — One thousand eight hundred and Twenty 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, | William Thomson |
| 2. Sex and Age, | Male 25 |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | working on his fathers farm |
| 5. Religious Persuasion, so far as known, | a protestant and Presbyterian |
| 6. Previous Place of Abode, | Springfield Applegarth |
| 7. Place where Found and Examined, | Godberie |
| 8. Length of time Insane, | a twelvemonth or so |
| 9. Whether First Attack, | yes it's first attack |
| 10. Age (if known) on First Attack, | 24 |
| 11. When and where previously under Examination and Treatment, | never under treatment before |
| 12. Duration of Existing Attack, | about a twelvemonth |
| 13. Supposed Cause, | cannot assign any 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, | William Thomson Springfield Applegarth |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 none |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of August One thousand eight hundred and Twenty nine

(*To be signed by Party applying*) William Thomson

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Thomson Wilson being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon in Lockerbie hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Thomson the said William 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) a constant habit of talking to himself as if speaking to people with him, on very uncommonted subjects. And fits of [illegible] laughter

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) much laughter, at night, an increasing tendency to wander from home, and occasionally manifestation of veritability

*Name and Medical Designation,* Jas. T. Wilson, Surgeon

*Place of Abode,* Lockerbie

DATED this 26 day of August One thousand eight hundred and seventy nine ~~[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, John Thompson Richardson Wotherspoon being a (1) Licentiate of Roy. Coll. Phys. and Roy. Coll. Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Townhead, [illegible] Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) William Thomson and the said William Thomson is a (5) Insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has been occasionally under my professional care for several years. He is hypochondriacal, fancying he is often in company & talking to supposed present. Also that he is suffering from [illegible] complaints such as some one being talking inside his head, — also [illegible] settled in any little thing wh. he is asked to do. occasionally obstinate

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Talking frequently to himself & a supposed [illegible] An uncalled for effort to wander & [illegible] neighbours. Threatened outbreaks of temper, which [illegible] end seriously.

from Father

*Name and Medical Designation,* John T. R. Wotherspoon Regist. Physician & Surgeon

*Place of Abode* The Green, Lockerby

DATED this Twenty sixth day of August One thousand eight hundred and Seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Thomson, Farmer, Springfield, Applegarth, Certificates under the hands of James Thomson Wilson and John Thompson Richardson Watherston being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Thomson, Springfield, aforesaid Petitioner and that the said William Thomson 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 William Thomson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Thomson, which accompanied the said Petition.

DATED this Twenty seventh of August, One thousand eight hundred and seventy nine years.

L Maitland

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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William Thomson

27th August

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Sheriff or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~Title~~ (2)
of Dumfries & Galloway *and his Substitutes,—*

The Petition of James Christison Inspector of Poors for the Parish of Kirkinnes humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Clark 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 Clark to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

James Christison

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty ninth (4) day of August One thousand eight hundred and twenty nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1 Christian Name and Surname of Patient at length, | Margaret Clark |
| 2 Sex and Age, | Female aged 47. |
| 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, | Asylum |
| 7 Place where Found and Examined, | Kirkinnes |
| 8 Length of time Insane, | Two days |
| 9 Whether First Attack, | no |
| 10 Age (if known) on First Attack, | 43 |
| 11 When and where previously under Examination and Treatment, | 29th March 1875 sent to Dumfries Southern Counties asylum |
| 12 Duration of Existing Attack, | 2 days |
| 13 Supposed Cause, | Cannot say |
| 14 Whether subject to Epilepsy, | Cannot say |
| 15 Whether Suicidal, | Do. |
| 16 Whether Dangerous to others, | Do. |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkinnes Parish |
| 18 Date of becoming Chargeable, | 29th March 1875 |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | not known |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty ninth day of August One thousand eight hundred and twenty nine

(*To be signed by Party applying*) James Christison

P P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Anderson
being a (1) Bachelor of Medicine Master of Surgery
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkinner
in the County
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Margaret Clark, a pauper
and
the said Margaret Clark is a (5) person of unsound
mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
I found her sitting on the floor from which she would not easily get her to arise question her or could mention any incoherency of speech

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
John McGhee (in whose house I saw the said Margaret Clark) who told me that she pushed her head up the chimney & had to be pulled down. He also told me that soot was still on her chin & head. The same persons told me also that it took 6 men to pull out the cotton cords of their window & did pull down the window. She must go to bed hungry sat.

*Name and Medical Designation,* William Anderson M.D.

*Place of Abode,* Whithorn. Wigtownshire

DATED this twenty-ninth day of August One thousand eight hundred and seventy-nine years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Charles McBride
being a (1) Doctor of medicine of the Glasgow
and being in actual practice as a (2) Physician Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkinner
in the County
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Margaret Clark aforesaid
at Kirkinner Wigtown and
the said Margaret Clark is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Her expectation to be asked questions regarding her health. Her refusal to speak - denied objection to food from me - told me she did not know

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Margaret McGee says that she was about during the whole night will not take food from

*Name and Medical Designation,* Chas McBride

*Place of Abode* Wigtown

DATED this twenty ninth day of August One thousand eight hundred and eighty 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) James Christison Inspector of Poor for the Parish of Kirkinner and Certificates under the hands of William Anderson M.B. cm Whithorn and Charles McBride M D Wigtown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Clark (Pauper) and that the said Margaret Clark is a (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 Clark 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 Clark which accompanied the said Petition.

DATED this twenty ninth day of August One thousand eight hundred and seventy nine

Wm Mackie

*To the Superintendent of the* (7) Southern Counties
*Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
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Margaret Clark

30th Augt

1879

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

## NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)
Patient on the (3) day of
and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

*Superintendent.*

DATED at this (4) day of
One thousand eight hundred and

*To the Secretary of the*
*General Board of Lunacy.*

## REPORT.

I HAVE this day (5) seen and personally examined
the Patient named in the above Notice,
and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (6)

(7)

DATED this day of One thousand eight hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

~~(Copies.)~~ D.B.H.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 & Gall
~~of~~ ~~and his Substitutes,~~

The Petition of William McNaught K
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert McNaught
your Petitioner's (3) Son
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert McNaught 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.

William McNaught

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2nd (4) day of Sep One thousand eight hundred and seventy 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, | Robert McNaught |
| 2. Sex and Age, | Male 21 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Medical Student |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Castle Douglas |
| 7. Place where Found and Examined, | 107 King St Castle Dou |
| 8. Length of time Insane, | 6 Days |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of Existing Attack, | 6 Days |
| 13. Supposed Cause, | Mental Anxiety Sou |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes on one occasion |
| 16. Whether Dangerous to others, | when controlled |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | William McNaught Fa 107 King St Castle Douglas 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 2 day of Sep One thousand eight hundred and Seventy

(*To be signed by the Party applying*) William McNaught

~~(Copies.)~~

## MEDICAL CERTIFICATE, No. I.

the undersigned, Walter Lorraine
ing a (1) Graduate of Edin University

d being in actual practice as a (2) General Practitioner
reby certify, on soul and conscience, that I have this day, at (3) 107 King St Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, vited and personally examined (4) Robert McNaught, Medical Student and that said Robert McNaught is a (5) person of unsound mind and a proper Person to be detained der Care and Treatment, and that I have formed this opinion upon the following gunds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Melancholy & depressed. Scarcely answering questions put to him

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His father says that at times he becomes boisterous & excited offering to injure others as well as himself

Name and Medical Designation, } Walter Lorraine M.D.

Place of Abode, Castle Douglas

DATED this 2nd day of Sep One thousand eight hundred and Seventy nine

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street, and number of the house (if any), or other like particulars.
(4) Insert Designation and Residence, and if a Pauper state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) State the facts.
(7) State the information, and from whom derived.

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## MEDICAL CERTIFICATE, No. II.

I, he undersigned, John Nivison
beg a (1) Graduate of Edinburgh University
an being in actual practice as a (2) General Practitioner
he by certify, on soul and conscience, that I have this day, at (3) 107 King St Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, vised and personally examined (4) Robert McNaught - Medical Student and that the said Robert McNaught is a (5) person of unsound mind and a proper person to be detained 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 melancholic, sits for hours together without speaking - has a peculiar vacant stare and won't answer questions - on one occasion became violent & threatened to strike his father

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His father states that he has on several occasions one out of the house in a half dressed condition, & on one occasion when controlled attempted to commit a suicidal act

Name and Medical Designation, } John Nivison M.D. & C.M. Edin.

Place of Abode Castle Douglas

DATED this Second day of September One thousand eight hundred and Seventy nine

(1) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) Insert the street and number of the house (if any), or other like particulars.
(4) Insert Designation and Residence, and if a Pauper state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) State the facts.
(7) State the information, and from whom derived.

*(Copies.)*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) William Mc. naught
104 King Street Castle Douglas
Certificates under the hands of Walter Lorraine,
and John Hairson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mc. naught 104 King Street Castle Douglas (Pauper)
and that the said
Robert Mc. naught — is a (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 Mc. naught — as a Patient into the (6) Public — Asylum of Crichton 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 Robert Mc. naught — which accompanied the said Petition.

DATED this Second day of September One thousand eight hundred and seventy nine

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Crichton Royal Institution
Dumfries

1646
Robert Mc naught
2 Attendr
1879

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the City~~ *of* Dumfries & Galloway *and his Substitutes*

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Farish

(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 Janet Farish to the Southern Counties Asylum and to sanction her admission into the said Asylum.

John Dinwoodie

(3) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Ninth (3) day of September One thousand eight hundred and Seventynine

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1 Christian Name and Surname of Patient at length, | Janet Farish |
| 2 Sex and Age, | Female 31 years |
| 3 Married, Single, or Widowed, | Single |
| 4 Condition of Life, and previous occupation (if any), | was at Service |
| 5 Religious Persuasion, so far as known, | Protestant — |
| 6 Previous Place of Abode, | Dumfries |
| 7 Place where Found and Examined, | Police Office |
| 8 Length of time Insane, | a few weeks |
| 9 Whether first Attack, | First so far as known |
| 10 Age (if known) on first Attack, | 31 years |
| 11 When and where previously under Examination and Treatment, | — |
| 12 Duration of existing Attack, | a few weeks |
| 13 Supposed Cause, | not known |
| 14 Whether subject to Epilepsy, | no |
| 15 Whether Suicidal, | no |
| 16 Whether Dangerous to others, | no |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18 Date of becoming Chargeable, | 8 Septr 1879. |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Peter Farish, father resides in Loreburn Street |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eighth day of September One thousand eight hundred and Seventynine

(*To be Signed by Party applying*) John Dinwoodie, Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate of the Faculty of Physicians Surgeons Glasgow and Collect of the Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) My Office Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Farish & a pauper and the said Janet Farish is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 & wandering that her father and her Stepmother Cyclops & Ogres & Devils & Hobgoblins & Demons & Witches & Warlocks & Bogles & Spectres & Ghosts & Fairies & Brownies & Kelpies & Will-o'-the-wisps & Bogies & Elves & Fairies & Pixies & Leprechauns & Trolls & Nixies & Nixes & Undines & Sylphs & Gnomes & Goblins & Hobgoblins & Bogeymen & Sandmen & Ogres & Ogresses & Trolls & Dwarves

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, William Marshall being (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of St Andrews hereby certify, on soul and conscience, that I have this day, at (2) my own house Dumfries in the County of Dumfries, seen and personally examined Janet Farish, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M.D.

Dated this 6th day of September One thousand eight hundred and Seventy nine years

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Marshall and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Farish Loreburn Street Dumfries (a Pauper) and that the said Janet Farish 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 Janet Farish as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Farish which accompanied the said Petition.

Dated this Ninth day of September One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
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Janet Farish

8th September

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff —— *of the* (2) Dumfries & Galloway —— *and his Substitutes,*—

The Petition of John M'Knight. Inspector of Poor Langholm.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Paterson

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Paterson to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

John M'Knight. Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifth day of (4) September One thousand eight hundred and Seventy Nine 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 or Ellen Paterson |
| 2 Sex and Age, | Female Aged 71. years |
| 3 Married, Single, or Widowed, | Single |
| 4 Condition of Life, and previous Occupation (if any), | Baker and Confectioner until about one year Ago |
| 5 Religious Persuasion, so far as known, | Protestant. |
| 6 Previous Place of Abode, | Langholm. Dumfries Shire. for 24 years past. |
| 7 Place where Found and Examined, | Caroline Street Langholm. (Town) |
| 8 Length of time Insane, | About Six Months. |
| 9 Whether First Attack, | yes first Attack. |
| 10 Age (if known) on First Attack, | 70 years and Six Months. |
| 11 When and where previously under Examination and Treatment, | — |
| 12 Duration of Existing Attack, | About Six Months. |
| 13 Supposed Cause, | Not prospering in Business. |
| 14 Whether subject to Epilepsy, | No. |
| 15 Whether Suicidal, | Has repeatedly been heard to express herself that |
| 16 Whether Dangerous to others, | She would take away her Life by Hanging herself |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Langholm Parish. Dumfries Shire |
| 18 Date of becoming Chargeable, | 4th. September 1879 |
| 19 Christian Name and Surname, and Place of Abode of nearest known 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 Paterson Land Steward. residing at Mowslee. Parish of Wilton. by Hawick. is Brother. No Member of family has been Insane 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 Fifth day of September One thousand eight hundred and Seventy Nine

(*To be signed by Party applying*) John M'Knight. Inspector of Poor Parish of Langholm. P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind;

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Robertson
being a (1) Bachelor of Medicine and Master of Surgery
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Caroline St. Langholm New Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (5) Ellen Paterson
Caroline St - Langholm New -
the said Ellen Paterson and that
is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She was restless
fetched at the bedclothes. talked in an incoherent manner
was of opinion that she was dying and thought her
dead relatives on whom she was calling was angry with her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She often considers herself dying and takes a last farewell
people. she asks them to take her away to the river and at
her. Sometimes she goes away to drown herself - Once this
She talks in an incoherent manner and mutters

Informants Mr Paisley
Patient's Sister Isabella Paterson
is coming to Castrubers to get

Name and Medical Designation, John Robertson MD. &c.

Place of Abode, Charles St - Ha - Langholm

DATED this third day of September One thousand eight
hundred and Seventy nine -

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Johnstone Carlyle
being a (1) Doctor of medicine and Licentiate of Royal College of
Surgeons
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Caroline St
Langholm
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (5) Helen Paterson residing at
Caroline St Langholm and
the said Helen 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) great restlessness
accompanied with continual muttering, and
by great excitement in which she screams
under various delusions so much as to
be an annoyance to the neighbours

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Wants to be out of the house continually and has
frequently been, and almost naked. Is afraid of evil
and police killing her communicated by mother and sister
Caroline St Langholm. Her sister Isabella says she
foul in her language, talks perpetual nonsense & seems quite
unreasonable.

Name and Medical Designation, W. C. Carlyle M.D.

Place of Abode Langholm

DATED this Fourth day of September One thousand eight
hundred and 79

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) — Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John McKnight
Inspector of Poor Langholm
Certificates under the hands of John Robertson,
and William Johnstone Carlyle —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Paterson Caroline St, New Langholm (a Pauper) and that the said Helen 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 Helen Paterson as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Paterson which accompanied the said Petition.

DATED this Sixth day of September One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
300

Helen Paterson

9 September

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(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 James Kelly, Inspector of Poor Stranraer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Rankin Labourer, (3) Dalrymple street, Stranraer (Male)

(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 Rankin —— to the Southern Counties Asylum at Dumfries and to sanction his admission into the said Asylum.

James Kelly

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ninth (4) day of September One thousand eight hundred and Seventy 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, | William Rankin |
| 2. Sex and Age, | male - 44 |
| 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, | Dalrymple Street, Stranaer |
| 7. Place where Found and Examined, | Do — Do — |
| 8. Length of time Insane, | three or four weeks |
| 9. Whether First Attack, | No |
| 10. Age (if known) on First Attack, | 36 |
| 11. When and where previously under Examination and Treatment, | In Southern Counties Asylum |
| 12. Duration of Existing Attack, | three or four weeks |
| 13. Supposed Cause, | Not known |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | yes |
| 16. Whether Dangerous to others, | yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Stranaer |
| 18. Date of becoming Chargeable, | 9th September 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Wife Mary Mc Bride or Rankin Dalrymple Street Stranaer |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ninth day of September One thousand eight hundred and seventy nine years. —

James Kelly P. P.

(To be signed by Party applying)

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, Hugh Cochrane,
being a (1) Licentiate of the Royal College of Physicians [illegible]
and a Licentiate of the Faculty of Physicians & Surgeons [illegible]
and being in actual practice as a (2) General Practitioner,
hereby certify, on soul and conscience, that I have this day, at (3) 21 Da[illegible]
St, Straurar,
Wigtown,
in the C[illegible]
separately from any other Medical Prac[illegible]
visited and personally examined (4) William Rankin, Pau[illegible]
the said William Rankin, is a (5) person of
unsound mind, and a proper Person to be [illegible]
under Care and Treatment, and that I have formed this opinion upon the fo[illegible]
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Has an over[illegible]
appearance. Says he has no occasion to work at the [illegible]
field as he can get enough to support himself by ga[illegible]
rags and old metal from a beam extending the Rhodes [illegible]
adone line. Stating that the thought he loved Cha[illegible]
Chaap. He produced me a stone which he has carried in for [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr McMillan, Smith, says for the last week he has been [illegible]
old metal into his workshop which is perfectly useless. He and
McMillan who had the key of a stone in the office he told him
properties that it as he had several stored in it. He said he must
Roy and turn out the wood as he was [illegible] crops in it.
He was going about to-day in an excited manner with the cover of an old [illegible] lamp on his head

Name and Medical Designation, Hugh Cochrane LRCPed LPSG
Place of Abode, Straurar

DATED this ninth day of September One thousand eight hundred and Seventy-nine.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

---

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, David Easton
being a (1) Doctor of medicine and Licentiate of the
Royal Collge of Surgeons Edinburgh
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Dalrymp[illegible]
Strauraer
Wigtown
in the Co[illegible]
separately from any other Medical Practi[illegible]
visited and personally examined (4) William Rankin.
the said William Rankin is a (5) person
unsound mind and a proper person to be de[illegible]
under Care and Treatment, and that I have formed this opinion upon the follo[illegible]
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is dull
excited, & say that he has no need to work. That
gathers pieces of iron, bones rags and put
all in their places or where they ought to be

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mary Rankin his wife says that he picks up
thing in this way as Laddens his matts wipes & ca[illegible]
about to mend the houses - that he attempted her & tried to ch[illegible]
that he suddenly got into a passion - Mary Rankin his sister s[illegible]
will not go back to his work because the workmen attack him
that he has out his bowels & &c.

Name and Medical Designation, David Easton.
Place of Abode Strauraer

DATED this ninth day of September One thousand [illegible]
hundred and and Seventy nine.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Maclean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dally Inspector of Poor Stranraer
Certificates under the hands of Hugh Cochrane
and David Easton, bring two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Rankin Labourer Dalrymple St Ninians and that the said
William Rankin is a (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 Rankin as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Rankin which accompanied the said Petition.

DATED this Ninth day of September One thousand eight hundred and seventy nine

P Maclean Sh. Sub.

*To the Superintendent of the (7) District Asylum of Southern Counties at Dumfries*

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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William Rankin

10th September

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries Galloway *and his Substitutes,*—

The Petition of Thma. Woolley, Mallock Bridge Derbyshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Woolley

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

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 Ann Woolley to the Crichton Royal Instit. Dumfries and to sanction her admission into the said Asylum.

Thos. Woolley

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (3) day of September One thousand eight hundred and Seventy nine 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, | Ann Woolley |
| Sex and Age, | 50 years Female |
| Married, Single, or Widowed, | Married. |
| Condition of Life, and previous Occupation (if any), | ~~Kept her~~ no occupation |
| Religious Persuasion, so far as known, | Society of Friends |
| Previous Place of Abode, | Mallock Bridge - Derbyshire |
| Place where Found and Examined, | Dumfries - Bells Hotel, Crichton Institution |
| Length of time Insane, | many years |
| Whether First Attack, | no - |
| 1 Age (if known) on First Attack, | about 20 to 25 years |
| 1 When and where previously under Examination and Treatment, | Crichton Institution. Dumfries |
| 1 Duration of Existing Attack, | a few weeks |
| 1 Supposed Cause, | Constitutional |
| 1 Whether subject to Epilepsy, | — no — |
| 1 Whether Suicidal, | — no — |
| 1 Whether Dangerous to others, | — no — |
| 1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 1 Date of becoming Chargeable, | |
| 1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Thma Woolley. — Husband Mallock Bridge Derbyshire |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | — None — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of September One thousand eight hundred and Seventy nine years

(*To be signed by Party applying*) Thos. Woolley

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Mrs Bell's Temperance Hotel English St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ann Woolley, Matlock Bridge Derbyshire and that the said Ann Woolley is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her restless appearance, and mode of conversation admits that she feels nervous and restless at night.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by her husband Thomas Woolley, that she has been quite unmanageable lately, and has been twice in the Crichton institution formerly.

*Name and Medical Designation,* Alex Thomson M.D.

*Place of Abode,* 27 Lyon St Dumfries

DATED this Fourteenth day of September One thousand eight hundred and seventy nine 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 Dall MacDonald being a (1) Doctor of Medicine of Edinburgh University & Surgeon and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ann Woolley Matlock Bridge Derbyshire and that the said Ann Woolley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 of a very excited appearance, is restless and fidgetty, confesses to being very excitable and sleepless at night.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Dr Richardson that she has been in his asylum thrice prevented from attacks of the same character.

*Name and Medical Designation,* A D MacDonald

*Place of Abode* 18 Castle St Dumfries

DATED this 15th day of Sept One thousand eight hundred and seventy 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 Alexander Thomson being (1) a Doctor of Medicine & Surgeon Licentiate &c hereby certify, on soul and conscience, that I have this day, at (2) Bell's Temperance Hotel, English St. Dumfries in the County of Dumfries, seen and personally examined Ann Woolley, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson M.D. &c

DATED this Fourteenth day of September One thousand eight hundred and seventy nine years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Woolley, Matlock Bridge Derbyshire Certificates under the hands of Alexander Thomson and Alexander Dallas Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann Woolley, Matlock Bridge Derbyshire (Petitioner's wife) and that the said Ann Woolley, is a (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 Woolley as a Patient into the (6) Public Asylum of Dumfries 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 Ann Woolley which accompanied the said Petition.

DATED this Fifteenth day of September One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Dumfries Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Ann Woolley

September 13th

1879.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (†) Shire or Stewartry.

*Unto the Honourable the* (†) Sheriff of ~~the (†) Shire~~ of Dumfries Galloway and his Substitutes,—

The Petition of Alexander Brown Mining Contractor Kirkconnel

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Reid Brown,

(*) State degree of Relationship or other circumstance in which Petitioner stands to Lunatic.

your Petitioner's (*) Son

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Reid Brown to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Alexr Brown

The date of the Petition must be within thirteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (*) day of September, One thousand eight hundred and seventy nine 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 Reid Brown. |
| 2. Sex and Age, | Male, 24 years. |
| 3. Married, Single, or Widowed, | Single. |
| 4. Condition of Life, and previous Occupation (if any), | Reporter for Newspaper. |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Kirkconnell |
| 7. Place where Found and Examined, | Do. |
| 8. Length of time Insane, | Eight Months. |
| 9. Whether First Attack, | Yes. |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment, | Examined about April 1879, and has since been under treatment at home. |
| 12. Duration of Existing Attack, | Eight months. |
| 13. Supposed Cause, | Supposed overwork & religious impression |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Alexander Brown Father Kirkconnell. No. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of September One thousand eight hundred and seventy nine

(*To be signed by Party applying*) Alexr Brown

P P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Jackson Kennedy being a (1) Doctor of Medicine of the University of Edinburgh A Licentiate of the Royal College of Physicians & Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kirkconnell in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Reid Brown and the said William Reid Brown is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient is labouring under delusions; fancies he has peculiar apparatus; hears strange sounds during the night, before to sleep; When asked to do any thing simple, exhibits great reluctance.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His parents are considerably annoyed by his [illegible] during the night; as he often starts up strikes against his arms as if he was actually striking at some object [illegible] all the time quite awake. Says he is killing the Devil &c.

Name and Medical Designation, W. Jackson Kennedy M.D. R.R.C.P.E. & L.R.C.P.E.

Place of Abode Sanquhar

DATED this fourteenth day of September One thousand eight hundred and seventy 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, Wm Kay Surgeon being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) His Father's Kirkconnell Village in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Reid Brown Newspaper Reporter and the said Wm Reid Brown is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has delusions about being married to any Grocer who may pass. Thinks he hears people shouting. And asks, [illegible] questions viz, are you the Crown Prince

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He is restless and sleeps badly, strikes out imagining he is killing the Devil & doing other insane things. From his Father

Name and Medical Designation, Wm Kay Surgeon

Place of Abode Sanquhar

DATED this 15th day of September One thousand eight hundred and 79

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander Brown Mining Contractor Kirkconnel
Certificates under the hands of William Marion Nunnery
and William Ray , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Reid Brown Kirkconnel (Petitioner) and that the said William Reid Brown, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Reid Brown as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Reid Brown, which accompanied the said Petition.

DATED this Fifteenth day of September, One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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William Reid Brown

15 September

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries & Galloway *and his Substitutes,*—

The Petition of James Christison Inspector of Poor Kirkinner Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Campbell 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 Ann Campbell to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

James Christison

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fifteenth (3) day of September One thousand eight hundred and Seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Ann Campbell |
| 2. Sex and Age, | 69 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Agricultural Labourer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Asylum, Dumfries. |
| 7. Place where Found and Examined, | do |
| 8. Length of time Insane, | 8 years |
| 9. Whether First Attack, | yes at this time |
| 10. Age (if known) on First Attack, | 61 |
| 11. When and where previously under Examination and Treatment, | 19th Nov. 1871 at Whauphill |
| 12. Duration of Existing Attack, | 8 years |
| 13. Supposed Cause, | cannot say |
| 14. Whether subject to Epilepsy, | Do. |
| 15. Whether Suicidal, | Do. |
| 16. Whether Dangerous to others, | Do. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkinner |
| 18. Date of becoming Chargeable, | Jan. 1858 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | no relations |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifteenth day of September One thousand eight hundred and seventy nine

(*To be signed by Party applying*) James Christison

P P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Anderson being a (1) ~~Physician & Surgeon~~ Bachelor of Medicine & Master of [illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the house of Mr Neil in the village of Kirkinner in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Ann Campbell, of Kirkinner, a pauper the said Ann Campbell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by ~~myself~~ others: (6)

Mrs Davidson who lives across the lobby says she has heard adv[illegible] (Ann Campbell's) mother & a man Peter McMillan both of [illegible] are long dead. Mrs McNeil says she sang songs during the [illegible] of last night & would not sleep.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity ~~communicated to me by others~~ observed by myself: (7)

She ~~says~~ told me she got up this morning at one [illegible] to go to a farm in the neighbourhood to help to leap [illegible] turned out the most of her clothing from her chest & made [illegible] them.

*Name and Medical Designation,* William Anderson

*Place of Abode,* Whithorn. Wigtownshire

DATED this fifteenth day of September One thousand eight hundred and seventy-nine years.

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Charles McBride being a (1) Doctor of Medicine of the Glasgow [illegible] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the village of Kirkinner in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Ann Campbell a pauper residing at Kirkinner and the said Ann Campbell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Says she wants to go out to the [illegible] field and wants to tramp the [illegible] stack - talks of getting married

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Neil - Says she got up early this morning to visit at the [illegible] goes out amongst the young [illegible] in the village

*Name and Medical Designation,* Charles McBride

*Place of Abode* Wigtown

DATED this fifteenth day of September One thousand eight hundred and seventy-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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Chris-
tison, Inspector of Poor Kirkinner Parish
Certificates under the hands of William Anderson M.B. Surgeon
and Charles McBride M.D.
, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Ann Campbell, Pauper,
and that the said
Ann Campbell is a (5) person of unsound
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Campbell, Pauper 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 Ann Campbell which accompanied the said Petition.

DATED this fifteenth day of September One thousand eight hundred and seventy nine

Wm Mackie

*To the Superintendent of the* (7) Southern Counties
*Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Ann Cumbbell
16th September

1879.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of James Williamson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Williamson your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Williamson 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.

James Williamson

(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 September One thousand eight hundred and Seventy nine years.

D

## STATEMENT.

*If any 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 Williamson |
| 2. Sex and Age, | Male - 19 years. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Joiner |
| 5. Religious Persuasion, so far as known, | Established Church. |
| 6. Previous Place of Abode, | Dalbeattie |
| 7. Place where Found and Examined, | Dalbeattie |
| 8. Length of time Insane, | about 18 months. |
| 9. Whether First Attack, | 2nd attack |
| 10. Age (if known) on First Attack, | about 17½ |
| 11. When and where previously under Examination and Treatment, | at Southern Counties Asylum - 1878. |
| 12. Duration of Existing Attack, | about five months. |
| 13. Supposed Cause, | not known. |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James Williamson (father) Maxwell Street Dalbeattie. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this nineteenth day of September One thousand eight hundred and Seventy nine years.

(*To be signed by Party applying*) James Williamson

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McKechar being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Maxwell Street, Dalkeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Robert Williamson, Joiner and the said Robert 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Is restless & suspicious, endeavours to keep out of my way.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Once before confined, Used violence towards his father last night. Is seen at night. I am informed by the mother.

*Name and Medical Designation,* Robert McKechar

*Place of Abode,* Dalkeattie

DATED this Nineteenth day of September One thousand eight hundred and Seventy 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 Paterson Lewis being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Maxwell Street Dalkeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Robert Williamson — joiner and the said Robert 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Conversation most rambling and incoherent — says that the whiteness seen in the fields in the morning is God and the Virgin mary courting — that God is a joiner in every village in the country.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His mother tells me that he assaulted his father last and tried to take money from him — that he is restless & sometimes cannot be got to keep in the house at night.

*Name and Medical Designation,* John Paterson Lewis MD

*Place of Abode* Dalkeattie

DATED this Nineteenth day of September One thousand eight hundred and Seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Williamson Maxwell Street Dalbeattie, Certificates under the hands of Robert McKerchar and John Paterson Lewis, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Williamson, Maxwell Street Dalbeattie Grocer, and that the said Robert 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 Robert Williamson, as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Williamson, which accompanied the said Petition.

DATED this Twentieth day of September One thousand eight hundred and seventy nine.

L Maitland

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Robert Williamson

20th September

1819

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Counties of Dumfries and Galloway *and his Substitutes,—*

The Petition of Thomas Kennedy Inspector of Poor of Stoneykirk Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Jackson 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 Jackson to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other circumstance in which Petitioner stands to Lunatic.

Thomas Kennedy

The date of the Petition must be within thirteen clear days following the dates of the Medical Certificates.

DATED this Twenty second (4) day of September One thousand eight hundred and Seventy 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, | James Jackson |
| 2. Sex and Age, | Male, about 61 years |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Tailor |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Glenried, Parish of Kirkmaiden |
| 7. Place where Found and Examined, | Dunbreddan, Parish of Stoneykirk |
| 8. Length of time Insane, | has had Several attacks during past 20 years |
| 9. Whether First Attack, | no |
| 10. Age (if known) on First Attack, | thought to have been about 41 years |
| 11. When and where previously under Examination and Treatment, | not previously under treatment |
| 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, | presently chargeable to Stoneykirk - Settlement not yet ascertained - |
| 18. Date of becoming Chargeable, | 19th September 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Hamilton or Jackson, Dunbreddan Sister - the only relative known to have been insane was his niece - |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty second day of September One thousand eight hundred and Seventy nine —

(*To be signed by Party applying*) Thomas Kennedy P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Charles Morland Ross being a (1) M. D. L. R. C. S. Ed.

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dumbreddan in the Parishes of Stoneykirk & Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) James Jackson residing at Dumbreddan and the said James Jackson is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherency of speech absence of mental capacity, moroseness and suspicion of violence. Physiognomy indicates insanity.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Said to be violent irritable, uncertain in his actions and not to be depended on in thought, word or deed.—

*Name and Medical Designation,* C. M. Ross M. D.

*Place of Abode,* Castle Cottage Stoney

DATED this 19th day of September One thousand eight hundred and seventy nine Sept.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Gammell being a (1) Registered medical practitioner

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dumbreddan in the parish of Stoneykirk and in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) James Jackson, residing at Dumbreddan aforesaid and the said James Jackson is a (5) Lunatic and of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has delusions imagining that people about him are intending to slaughter and poison him that he has been fishing feathers pillows and had a good deal &c &c.

(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 outrageous, that he has tried to set a knife and attack others &c. Information given by his sister and her husband & family.

*Name and Medical Designation,* William Gammell M.D.

*Place of Abode* Drummore Kirkmaiden

DATED this 20th day of September One thousand eight hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
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, ~~Patrick~~ Mac Lean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of Poor of Parish of Stoneykirk Certificates under the hands of Charles Morland Ross and William Gemmill, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Jackson, Pauper and that the said James Jackson, is a (5) Lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Jackson as a Patient into the (6) District 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 Jackson which accompanied the said Petition.

DATED this twenty second day of September One thousand eight hundred and seventy nine years

One Word deleted

Mac Lean

*To the Superintendent of the* (7) Southern Counties
*Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
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James Jackson

23d September

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (*) Shire or Stewartry.

*Unto the Honourable the* (*) Sheriff of ~~the~~ (*) Dumfries Galloway *and his Substitutes,—*

The Petition of (Miss) Jane Vans Hathorn Galloway House Tunbridge Wells humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (Miss) Maria Swannah Hathorn your Petitioner's (*) Aunt (Mother Sister) is at present in a state of Mental ~~Imbecility~~ Insanity, and a proper person for treatment in an Asylum for ~~Lunatics~~ Insane. May it therefore please your Lordship to authorize the transmission of the said Maria Swannah Hathorn to the Crichton Royal Instt Dumfries and to sanction her admission into the said Asylum.

Jane Vans Hathorn

(*) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

Dated this 24th (*) day of September One thousand eight hundred and seventy nine years.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

1. Christian Name and Surname of Patient at length, . Maria Swannah Hathorn
2. Sex and Age, . Born Jany 17th 1845 Young Lady.
3. Married, Single, or Widowed, . Unmarried
4. Condition of Life, and previous Occupation (if any), . . . . Confirmed by Simon Hoare of Tunbridge Wells
5. Religious Persuasion, so far as known, .
6. Previous Place of Abode, . . .
7. Place where Found and Examined, . . Dumfries —
8. Length of time Insane, . . . Gradually since 1864
9. Whether First Attack, . . . D. Newington Richwood D. Lowry
10. Age (if known) on First Attack, . . Malling D. Wright Northumberland House London.
11. When and where previously under Examination and Treatment, . . .
12. Duration of Existing Attack, . . Double from childhood =
13. Supposed Cause, . . . No for 6 months in 1876 = Not since
14. Whether subject to Epilepsy, . . Yes for 6 months in 1876 = Not since
15. Whether Suicidal, . . . No only to herself when Alcohol was administered
16. Whether Dangerous to others, . . Born & lived till 5 in Bengall
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . Aunt Jane Vans Hathorn Galloway House Tunbridge Wells
18. Date of becoming Chargeable, . .
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, . . . Two Brothers born also in India one Present
20. Special circumstances (if any) preventing the insertion of any of the above particulars, . No growth lay motionless till death at 77 Page. Thy should be till 14 Months, then spine & Twenty nine years.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 24th day of September One thousand eight hundred and seventy nine years.

(*To be signed by Party applying*) Jane Vans Hathorn

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, M. I. Symons being a (1) Doctor of Medicine and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Street. No 45, Dumfries. in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Maria Susannah Hathorn and the said Maria Susannah Hathorn is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) - She is restless & excitable. Seemingly weak minded

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Nurse. Miss Hall informs me that she is sleepless. has excited screaming fits tearing clothes, and requiring to be locked up

*Name and Medical Designation,* M. I. Symons M.

*Place of Abode,* Buccleuch St Dumfries

DATED this twenty-fourth day of September One thousand eight hundred and seventy 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, Alexander Dall MacDonald being a (1) Doctor of Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Maria Susannah Hathorn and the said Maria Susannah Hathorn is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 of an excitable appearance - sleepless & restless.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her nurse says she is very destructive has fits of screaming and has been previously in a place of restraint

*Name and Medical Designation,* A D MacDonald

*Place of Abode,* 18 Castle St - Dumfries

DATED this 24th day of Septr One thousand eight hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, M. J. Symons
being (1) Doctor of medicine
hereby certify, on soul and conscience, that I have this day, at (2) Buccleugh St. Dumfries
in the County of Dumfries, seen and personally examined
Maria Susannah Hathorn, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

M. J. Symons MD

DATED this twenty fourth day of September One thousand eight hundred and seventy nine

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Jane Evans Hathorn, Galloway House, Tunbridge Wells,
Certificates under the hands of M. J. Symons
and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Maria Susannah Hathorn, Galloway House, Tunbridge Wells (Pers. mut.) and that the said Maria Susannah Hathorn is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Maria Susannah Hathorn 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 Maria Susannah Hathorn, which accompanied the said Petition.

DATED this Twenty fifth day of September, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of*
Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.



1/648

Maria Susannah Hatton

24th September

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

iff or Steward. e or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Wigtonshire *and his Substitutes,*—

The Petition of James Hanley, Inspector of Poor, Kirkmaiden humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret McCormack 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 McCormack to the Chrichton Royal Assylum, Dumfries and to sanction her admission into the the said Asylum.

tate degree of ship or other in which Peti- ands to Luna-

James Hanley

e date of the must be with- en clear days the dates of dical Certifi-

Dated this 26th (4) day of September One thousand eight hundred and Seventy Nine

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| istian Name and Surname of Patient at ength, | Margaret McCormack |
| S and Age, | female aged 52 years |
| ried, Single, or Widowed, | Single |
| dition of Life, and previous Occupation if any), | Outworker |
| gious Persuasion, so far as known, | protestant |
| vious Place of Abode, | Port Logan in Parish of Kirkmaiden |
| e where Found and Examined, | Port Logan, her half brother's residence |
| gth of time Insane, | Three or four days |
| ether first Attack, | Yes ~~52 years~~ |
| A (if known) on first Attack, | 52 |
| en and where previously under Examina- on and Treatment, | — |
| ation of existing Attack, | — |
| posed Cause, | unknown |
| ether subject to Epilepsy, | No |
| ether Suicidal, | No |
| ether Dangerous to others, | Yes |
| sh or Union to which the Lunatic (if a auper) is Chargeable, | Kirkmaiden |
| of becoming Chargeable, | Now |
| stian Name and Surname, and Place of bode of nearest known Relative of the atient, and degree of Relationship (if own), and whether any Member of amily known to be or to have been In- ne, | Thos McConnel & John McConnel both half brothers and residing in Port Logan. No other member of family known to be insane |
| ial circumstances (if any) preventing the sertion of any of the above particulars, | — |

rtify, that, to the best of my knowledge, the above particulars are correctly stated.

ED this 26th day of September One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) James Hanley

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Gemmell M.B., C.M. of Glasgow University being an(1) and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Port Logan in the Parish of Kirkmaiden & residence known in the Co. of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Margaret Mc Cormack residing with Thos. McConnel in Shore Row Port Logan and the said Margaret Mc Cormack is a (5) lunatic & person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Has generally a desponding and blank appearance but occasionally breaks out into seeming uncontrollable violent temper and threatens to attack and attacks the person from whom she has delusions about several things which she declares are done to her

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs. Cosh says she broke into a temper about some trifle in the House on coming home for supper and her threatened one another and bite his hand. She also said she heard her threaten to kill a person who passed the door, John Robb Elder he has seen her on the street

Name and Medical Designation, William Gemmell M.B.

Place of Abode, Drummore

DATED this 24th day of September One thousand eight hundred and seventy nine

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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, C. M. Ross. being a(1) M. D. Glasgow U. A. L. R. C. P. & S. Edin. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Port Logan Parish of Kirkmaiden in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Margaret Mc Cormack residing in Port Logan and the said Margaret Mc Cormack is a (5) person of Unsound mind and a proper person to be detained 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 & disconnected conversation, her presence produces muttering & imaginations &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Thomas McConnell's wife and others say she threatens and has attempted violence at times almost every day for the last

Name and Medical Designation, C. M. Ross. M.D.

Place of Abode, Stoneykirk

DATED this 26th day of September One thousand eight hundred and seventy nine.

* Wrongly inserted as 24th &c
C. Ross Clerk

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Maclean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Hanley Inspector of Poor
Certificates under the hands of Charles Morland Ross and William Gemmell, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McCormack, Pauper and that the said Margaret McCormack is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret McCormack as a Patient into the (6) District Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret McCormack which accompanied the said Petition.

DATED this twenty seventh day of September One thousand eight hundred and seventy nine years

P. MacLean
Sh. Sub.

*To the Superintendent of the (7) District Asylum of Dumfries*

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
306

Margaret McCormack

29th September

1879

9645

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I the undersigned James B Cunningham Inspector of Poor, Dryfesdale having desirous to transfer William Johnston at present a Patient in Barony Parochial Asylum, Woodilee, and (1) a Pauper Lunatic of the parish of which I am Inspector of Poor from the said Asylum to the Dumfries ~~Hospital~~ Asylum Southern Counties hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said William Johnston and a Medical Certificate with respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James B. Cunningham

(2) Inspector of Poor Dryfesdale

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Lockerbie this 29th day of September One thousand eight hundred and seventy nine

## STATEMENT.

| | |
|---|---|
| 1 Christian Name and Surname of Patient at length, | William Johnston |
| 2 Sex and Age, | Male 54 yrs |
| 3 Married, Single, or Widowed, | Married |
| 4 Condition of Life, and Previous Occupation (if any), | |
| 5 Religious Persuasion, so far as known, | Protestant |
| 6 Date of Admission into Asylum, | 18 June 1879 |
| 7 Length of time Insane, | upwards of four months |
| 8 Whether first Attack, | ? |
| 9 Age (if known) on first Attack, | |
| 10 Duration of existing Attack, | four months |
| 11 Supposed Cause, | |
| 12 Whether subject to Epilepsy, | No |
| 13 Whether Suicidal, | No |
| 14 Whether Dangerous to others, | Not that we have observed |
| 15 Parish to which the Lunatic (if a Pauper) is Chargeable, | Dryfesdale |
| 16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James B. Cunningham

DATED this 29th day of September One thousand eight hundred and seventy nine.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

## MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned James Rutherford being (1) a Fellow of the Royal College of Physicians hereby certify that I have this day at (2) Woodville, Lenzie personally examined William Johnston at present Patient in said Asylum, and with respect to his Mental State that he is a Lunatic, being the subject of Hallucinations of hearing

; and with respect to Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

James Rutherford

DATED this 26th day of Septr One thousand eight hundred and Seventy nine –

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## SANCTION BY THE BOARD OF LUNACY.

*(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)*

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) the Inspector of Poor Tryfesdale to authorize the transfer of William Johnston from Barony Parochial Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said William Johnston as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 30th day of September One thousand eight hundred and 79.

Date of Sheriff's Order:- 18 June 19

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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) the Sheriff ~~of the (1) Sheriff dom~~ of Dumfries & Galloway and his Substitutes,

The Petition of George Tait - 86 Lothian St Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Tait

(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 William Tait to the Southern Counties Asylum and to sanction his admission into the said Asylum.

George Tait

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Tenth (3) day of October One thousand eight hundred and seventy 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, | William Tait |
| 2. Sex and Age, | Male 34 years of age |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Teacher |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Edinburgh |
| 7. Place where Found and Examined, | Bumhead of Bonshaw |
| 8. Length of time Insane, | 7 days 3 years |
| 9. Whether First Attack, | No |
| 10. Age (if known) on First Attack, | 31 years |
| 11. When and where previously under Examination and Treatment, | 4 or 5 months ago in Edinburgh |
| 12. Duration of Existing Attack, | 7 days |
| 13. Supposed Cause, | Drink |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not chargeable |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | George Tait Father Bumhead of Bonshaw no |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Tenth day of October One thousand eight hundred and seventy nine

George Tait

(*To be signed by Party applying*)

P. T.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Daniel Mackenzie being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Burnside in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) William Tait and the said William Tait aged Person is a (5) insane and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) A wild & excited look & manner, unreasonable in on ordinary matters. Former attack Delirium Tremens, ~~attack~~. Melancholy &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Insomnia, Violence towards his father & brother,

*Name and Medical Designation,* D. Mackenzie M.B.

*Place of Abode,* Auchan.

DATED this 10th day of October One thousand eight hundred and seventy nine.

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, J. J. Paterson M. Edin being a (1) ~~Medical Practitioner~~ Member of the Royal College of Physicians and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Burnside in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) William Tait and the said William Tait is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Mania of the Melancholic type - Dangerous

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Personal violence to the Relatives

*Name and Medical Designation,* J. J. Paterson

*Place of Abode* Surgeon - Auchan

DATED this 10th day of October One thousand eight hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Daniel Mackenzie being (1) a Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (2) Burnhead in the County of Dumfries, seen and personally examined William Tait, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D Mackenzie

DATED this tenth day of October One thousand eight hundred and seventy nine

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Tait 56 Lothian Street Edinburgh Certificates under the hands of Daniel Mackenzie and J. J. 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) William Tait Teacher Burnhead of Boreham Middlebie (Mrs Butler) and that the said William Tait is a (5) insane person and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Tait as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Tait which accompanied the said Petition.

DATED this Eleventh day of October One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

M 2/308

William Sait

11th October

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Ayr *and his Substitutes.*

Ewan The Petition of Thomas McGraith residing in humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McGraith your Petitioner's (3) ~~son~~ father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John McGraith to the ~~Ayr District Asylum~~ Dumfries and to sanction his admission into the the said Asylum.

State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Thos McGraith

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

Dated this 9th (4) day of October One thousand eight hundred and seventy 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, | John McGraith |
| 2. Sex and Age, | Male 49 |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Grocer & Spirit Merchant |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Balquharran Bailly |
| 7. Place where Found and Examined, | Dalrymple St. Girvan |
| 8. Length of time Insane, | Six months |
| 9. Whether first Attack, | Third attack |
| 10. Age (if known) on first Attack, | Forty eight |
| 11. When and where previously under Examination and Treatment, | Examined in Bailly & under treatment in Ayr District Asylum |
| 12. Duration of existing Attack, | Seven 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, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 McGraith wife Dalrymple St. Girvan No other member of his family insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 9th day of Octr One thousand eight hundred and 79.

(*To be signed by Party applying*) Thomas McGraith

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Fergus Robertson being a (1) Licentiate of The Faculty of Physicians & Surgeons of Glasgow. and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) his House in Dalrymple Street, Girvan in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) John M'Elwrath Grocer, Spirit Dealer, Dalrymple & Girvan and the said John M'Elwrath is a (5) Person of Unsound Mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He has a very furious suspicious countenance & manner, offers violence to his family & others, states that his wife is insane & expresses a desire to have her detained under care & that his family are robbing him & that he had struck with his fist a female friend of his wife & family and threatens violence to his wife — & that informed M'Elwrath & David M'Elwrath & his wife Joseph Candlish & his Nurses.

(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, Fergus Robertson

Place of Abode, Girvan

DATED this 8th day of October One thousand eight hundred and seventy nine 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, Geo. Valentine being a (1) M.B. & C.M. of Glasgow Universities and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Dalrymple Street Girvan Ayr in the County of separately from any other Medical Practitioner visited and personally examined (4) John Mc Elwrath Grocer Spirit-Dealer Dalrymple St Girvan and the said John M. Elwrath is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 looks & manner are wild & he incessantly & excitedly tells the same story over & over again — accuses his wife & eldest daughter insane & has been for years. Thinks he is being made a martyr of his family

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) is very violent threatens to kill his daughter & family & shows any — threatens violence to his family — thinks his family are robbing him & that he is being persecuted. wife & daughter visits in case. Nurses, Matron & others

Name and Medical Designation, Geo. Valentine M.B. C.M.

Place of Abode, Girvan

DATED this 9th day of October One thousand eight hundred and 79

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, Fergus Robertson being (1) a Licentiate of the Faculty of Physicians & Surgeons of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) his house in Dalrymple Dr. Girvan in the County of Ayr, seen and personally examined John McStraith Grocer & Spirit Dealer Girvan, and that the said John McStraith person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Fergus Robertson, Surgeon,

DATED this 8th day of October One thousand eight hundred and seventy nine Years

(1) State medical qualification. Surgeon

(2) State place of examination. The dwelling house of the above named John McStraith in Dalrymple Dr. Girvan

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Alexander Ann Paterson (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) Thomas McIlwraith residing in Girvan Certificates under the hands of Fergus Robertson Surgeon and George Valentine M.B.C.M., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John McIlwraith Grocer & Spirit Dealer Girvan and that the said John McIlwraith is a (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 McIlwraith as a Patient into the (6) Crichton Royal ~~Asylum of~~ Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McIlwraith which accompanied the said Petition.

Entd. [illegible]

DATED this tenth day of October One thousand eight hundred and seventy nine

William A. Paterson

To the Superintendent of the (7) ~~District~~ Crichton Royal Institution Dumfries ~~Asylum of [illegible] Ayr~~

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1649

John W. Straith

11th October

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of ~~the~~ (2) ~~County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Francis Ker Inspector of Poor, Gretna humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Steele, Rigg of Gretna, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Steele to the Southern Counties Asylum Dumf and to sanction His admission into the said Asylum. two words dittd.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Francis Ker

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (4) day of October One thousand eight hundred and Seventy nine, 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 Steele |
| 2. Sex and Age, | Male 50, |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Tailor. |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Rigg Gretna |
| 7. Place where Found and Examined, | Rigg Gretna |
| 8. Length of time Insane, | about 5 days |
| 9. Whether First Attack, | Third attack |
| 10. Age (if known) on First Attack, | 45. Years |
| 11. When and where previously under Examination and Treatment, | Southern Counties asylum Dumf. |
| 12. Duration of Existing Attack, | about 5 days |
| 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, | Gretna |
| 18. Date of becoming Chargeable, | 21 June 1879. |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Steele, Daughter, Rigg of Gretna no other member 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 13th day of October One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) Francis Ker

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Daniel Mackenzie being a (1) Bachelor of Medicine and Master in Surgery 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) Rigg, of Gretna in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Steele, Tailor Rigg of Gretna the said William Steele and is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Obtuseness of intellect, deep melancholy, great indecision & confused & uniformity of purpose, delusion as regards his unfitness for his ordinary calling & other minor occupations

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Great indifference with respect to the interests of his family, unreasonable harshness, & occasional moroseness,

*Name and Medical Designation,* D. Mackenzie, M.B.

*Place of Abode,* Annan.

DATED this thirteenth day of October One thousand eight hundred and seventy nine 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 Carruthers being a (1) licentiate of the Roy. Coll. Phys. Edin. and Fellow of the Faculty of Phys. & Surg. Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rigg, in the parish of Gretna in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Steele, Pauper Rigg of Gretna the said William Steele and that is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Deficient melancholy and depression of spirits; unfitness for conversing & unsettled state of mind; sleeplessness; his inability to fix his attention to any subject

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Robert Johnstone says he has noticed the patient in his dull and depressed state of mind, and has failed in his efforts to cheer him up.

*Name and Medical Designation,* William Carruthers L.R.C.P.

*Place of Abode* Kirkpatrick Fleming

DATED this thirteenth day of October One thousand eight hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Daniel Mackenzie being (1) a Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Rigg of Gretna in the County of Dumfries, seen and personally examined William Steele, Tailor, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. Mackenzie. MB. & CM.

DATED this thirteenth day of October One thousand eight hundred and seventy nine years.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope —— (1) Sheriff Substitute — of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Francis Ker, Inspector of Poor, Gretna, Certificates under the hands of Daniel Mackenzie. M.B. &c —— and William Carruthers L.R.C.S.E. &c, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Steele, Tailor, Rigg of Gretna (Pauper) and that the said William Steele, —— is a (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 Steele —— as a Patient into the (6) Public —— Asylum of Southern Counties and I authorize this —— Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Steele, —— which accompanied the said Petition.

DATED this 15th —— day of October —— One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the* (7) Public, *Asylum of* Southern Counties, Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/309

William Steele

14th October

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (1) ~~Shire~~ of Dumfries ~~Stewartry~~ and his Substitutes,

The Petition of Frederick Pagan, Burniss, Kirkmichael

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Fanny Agnes Pagan 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 Fanny Agnes Pagan to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

Frederick Pagan

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 16th (4) day of October One thousand eight hundred and Seventy 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, | Fanny Agnes Pagan |
| 2 Sex and Age, | Female, 29. |
| 3 Married, Single, or Widowed, | Single |
| 4 Condition of Life, and previous Occupation (if any), | Domestic Servant |
| 5 Religious Persuasion, so far as known, | Protestant |
| 6 Previous Place of Abode, | |
| 7 Place where Found and Examined, | Burniss, Kirkmichael |
| 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, | Four weeks ago. Burniss. |
| 12 Duration of existing Attack, | Less or more for four weeks. |
| 13 Supposed Cause, | |
| 14 Whether subject to Epilepsy, | no. |
| 15 Whether Suicidal, | no. |
| 16 Whether Dangerous to others, | no. |
| 17 ~~Parish or Union to which the Lunatic (if a Pauper) is Chargeable~~, | |
| 18 ~~Date of becoming~~ Chargeable, | |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Frederick Pagan Burniss. Father. ~~None~~ One Daughter was insane for a short period. |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixteenth day of October One thousand eight hundred and Seventy-nine.

(*To be signed by Party applying*) Frederick Pagan

P P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Maxwell Davidson being a (1) Bachelor of Medicine & Master of Surgery and being in actual practice as a (2) physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Burnside Kirkmichael in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Fanny Agnes Pagan and that the said Fanny Agnes Pagan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 manner.
Continual restlessness & constant incoherent talking. Does not sleep.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Has walked about the whole night. Scarcely recognises her father & mother at times. Sings much.

*Name and Medical Designation,* John Maxwell Davidson M.B. [illegible]

*Place of Abode,* Johnstone Bridge By Lockerbie

DATED this 16th day of October One thousand eight hundred and seventy nine.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Fanny Agnes Pagan, some servant and that the said Fanny Agnes Pagan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 cryp and laughs alternately, is very restless, and incoherent.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr. John Smith informs me that she has been smashing and tearing everything she could lay her hands upon.

*Name and Medical Designation,* Hugh Cunningham L.R.C.P. Edin.

*Place of Abode,* 25 Castle Street, Dumfries

DATED this 17th day of October One thousand eight hundred and seventy 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, John Maxwell Dawson being (1) Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Burnside in the County of Dumfries, seen and personally examined Fanny Agnes Pagan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Maxwell Dawson M.B.Ch.B.

DATED this Sixteenth day of October One thousand eight hundred and Seventy-nine.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Frederick Pagan Burnigg Nithsdale, Certificates under the hands of John Maxwell Dawson and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Fanny Agnes Pagan, Domestic Servant Burnigg Nithsdale (Father's daughter) and that the said Fanny Agnes Pagan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Fanny Agnes Pagan as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Fanny Agnes Pagan which accompanied the said Petition.

DATED this Seventeenth day of October One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
310

Samuel Agnew Pagan

17th Dec.

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~*of the*~~ (1) ——— *of* Dumfries and Galloway *and his Substitutes,*—

The Petition of Agnes Brown Gatehouse of Flat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Kennedy Shirt Maker Gatehouse your Petitioner's (2) Friend is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Kennedy to the S. C. Asylum Dumfries and to sanction her admission into the the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Agnes Brown

Dated this Seventeenth (4) day of October One thousand eight hundred and Seventy Nine

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Jane Kennedy |
| Sex and Age, | female – age 70 |
| Married, Single, or Widowed, | Single. |
| Condition of Life, and previous Occupation (if any), | Shirt maker – |
| Religious Persuasion, so far as known, | Free church of Scotland. |
| Previous Place of Abode, | Gatehouse – |
| Place where Found and Examined, | Kirkcudbright. |
| Length of time Insane, | 14 weeks |
| Whether first Attack, | third attack – |
| Age (if known) on first Attack, | not known |
| When and where previously under Examination and Treatment, | last year in Southern County Asylum |
| Duration of existing Attack, | 14 weeks |
| Supposed Cause, | not known – |
| 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, | Nearest relation a Cousin in New York – |
| Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventeenth day of October One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) Agnes Brown

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Edin. & Surgeon
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright
in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Jane Kennedy
Gatehouse and
the said Jane Kennedy is a (5) Pauper
Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherent
Stupid manner - Refuses food - Suspicious
delusions such as - as to Dr Broad having
poisoned him &c &c -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She thinks Dr Broad has poisoned -

*Name and Medical Designation,* Wm Johnstone

*Place of Abode,* Kirkcudbright

DATED this Seventeenth day of October One thousand eight
hundred and Seventy nine.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Wall Macdonald
being a (1) M.D. of Edinburgh University
and being in actual practice as a (2) physician and surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 11 Castle
Dumfries in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Jane Kennedy
Gatehouse and
the said Jane Kennedy is a (5) Pauper
Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is Pale
Melancholy appearance says that she
is lost both on this world and the next
Cannot elicit for voices speaking to her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
has been twice in an Asylum
previously

*Name and Medical Designation,* A D Macdonald

*Place of Abode,* 11 Castle St Dumfries

DATED this 17th day of October One thousand eight
hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, Wm Johnstone MD.
being (1) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (2) Kirkcudbright
in the County of Kirkcudbright, seen and personally examined Jane Kennedy
Jane Kennedy, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Wm Johnstone MD.

DATED this Twentieth day of October One thousand eight hundred and Seventy nine.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, ——— (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Agnes Brown
Gatekeeper of Kirkcudbrightshire,
Certificates under the hands of William Johnstone
and Alexander Dall Macdonald, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Kennedy Shirt Maker Gatekeeper of Kirkcudbrightshire Prison and that the said Jane 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 Jane Kennedy as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Kennedy which accompanied the said Petition.

DATED this Seventeenth day of October One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the (7) Public*
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Jane Kennedy

17th Oct.

1879.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff — *of the* (2) Dumfries & Galloway *and his Substitutes.*—

The Petition of James Kelly, Inspector of Poor Parish of Irch

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William John Ferguson ~~your Petitioner's~~ (3) Servant at Beoch near Stranraer a Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William John Ferguson — to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

James Kelly

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this twenty first (4) day of October One thousand eight hundred and seventy 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, | William John Ferguson |
| 2 Sex and Age, | male - 38 |
| 3 Married, Single, or Widowed, | married - |
| 4 Condition of Life, and previous Occupation (if any), | Labourer or farm Servant |
| 5 Religious Persuasion, so far as known, | Protestant |
| 6 Previous Place of Abode, | Beoch - Parish of Irch |
| 7 Place where Found and Examined, | Beoch - Parish of Irch - House Steamer Stranraer |
| 8 Length of time Insane, | Not known |
| 9 Whether First Attack, | yes |
| 10 Age (if known) on First Attack, | 38 |
| 11 When and where previously under Examination and Treatment, | Never before under treatment |
| 12 Duration of Existing Attack, | three or four months |
| 13 Supposed Cause, | Not known |
| 14 Whether subject to Epilepsy, | No |
| 15 Whether Suicidal, | yes No |
| 16 Whether Dangerous to others, | |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Parish of Irch - |
| 18 Date of becoming Chargeable, | 21 October 1879 |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Wife Mrs Ferguson Beoch Irch |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty first day of October One thousand eight hundred and seventy nine

(*To be signed by Party applying*)

James Kelly

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William McNeil
being a (1) Doctor of Medicine of the University of Edi
and a Licentiate of the Royal College of Surgeon
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Court ho
Stranaer + at Beoch (not on 18th inst.) in the Co
Westown
visited and personally examined (4) William John Ferguson
farm servant residing at Beoch near Stranaer
the said William John Ferguson is a (5) person
unsound mind and a proper Person to be de
under Care and Treatment, and that I have formed this opinion upon the foll
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is restless
excited. Says he has committed several crimes
He is a very inoffensive man, and these statements of his are
hallucinations. He says he wishes to drown himself
of his bad deeds. Left the house to day & said he was going
and on my attempting to restrain him he

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
says that for some months he has been changed in
frequently been violent towards her, blames her for breaki
the Free Church means Communion & treading all the Ministe
make other charges equally groundless against her
John McMeekan Catechumen Beoch says he has heard him say he
himself or cut his throat

Name and Medical Designation, William McNeil M.

Place of Abode, Stranaer

DATED this twenty first day of October One thousand
hundred and seventy 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, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians
& a Licentiate of the Faculty of Physicians & Surgeons
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) The Court
Stranaer
Westown in the Coun
separately from any other Medical Practitio
visited and personally examined (4) William John Ferguson, fa
Servant Lately residing at Beoch, a Pauper and
the said William John Ferguson is a (5) person
of unsound mind and a proper person to be detai
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) During my visit
appeared in a melancholy state and talked in a
very incoherent manner. Said that he had been
indulging immoderately and therefore rendered unfit to
work. He informed me he left his house
a yearly Stent. this money to get work, which was quite unnecessary as

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife informs that he has been in a peculiar
mind for the last six weeks, and for last three
Crawled out & slept in his bed. She informed that
her that the Ministers of Cairnie wished a separation
them, and that they were collecting money to that
Mr Gibson, Farmer, Beoch, said that he

Name and Medical Designation, Hugh Cochrane Beoch

told him that the only thing which
would cure him was the sea & Place of Abode Gr. St. Stranaer
he wished his company
to the beach but that
he was not to follow him
into the water. &c &c

DATED this twenty-first day of October One thousand
hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) James Dally Inspector of Poor of the Parish of Inch Certificates under the hands of William McNeil, Doctor of Medicine Stranraer and Hugh Cochrane, Surgeon there, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William John Ferguson farm Servant Beoch and that the said William John Ferguson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William John Ferguson as a Patient into the (6) Public Asylum of Southern Counties, Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William John Ferguson which accompanied the said Petition.

DATED this twenty first day of October One thousand eight hundred and Seventy nine

P. MacLean
Sh. Sub.

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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William John Ferguson

21st October

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the (1) Shrieffdom~~ *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of John Lawson Inspector of Poor Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Monis or Scott, your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Monis or Scott to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

John Lawson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty fifth (3) day of October One thousand eight hundred and Seventy one

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1 Christian Name and Surname of Patient at length, | Elizabeth Monis or Scott |
| 2 Sex and Age, | Female .. 39 years |
| 3 Married, Single, or Widowed, | Married |
| 4 Condition of Life, and previous Occupation (if any), | Fisherman's wife – previously Milliner Her |
| 5 Religious Persuasion, so far as known, | Protestant |
| 6 Previous Place of Abode, | Port street Annan |
| 7 Place where Found and Examined, | Butts Street Annan |
| 8 Length of time Insane, | 7 years |
| 9 Whether First Attack, | No |
| 10 Age (if known) on First Attack, | 28 years |
| 11 When and where previously under Examination and Treatment, | So. Co. Asylum Four days |
| 12 Duration of Existing Attack, | not Known |
| 13 Supposed Cause, | no |
| 14 Whether subject to Epilepsy, | no |
| 15 Whether Suicidal, | no |
| 16 Whether Dangerous to others, | Annan Parish |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | 4th July 1870 |
| 18 Date of becoming Chargeable, | George Scott Husband Butts Street Annan |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | not Known. |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 25th day of October One thousand eight hundred and Seventy one

*(To be signed by Party applying)* John Lawson Insp. of Poor Annan

P. T.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Daniel MacKenzie being a (1) Bachelor of Medicine & Master in Surgery Edinburgh University and being in actual practice as a (2) Physician & Surgeon Butts Street Annan Dumfries 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) Elizabeth Scott. Butts Street Annan. and the said Elizabeth Scott ——— is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Inability to give reasonable answers to ordinary questions. Perpetually doing things without any definite object or motive, & turning from one object to another unreasonably.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dancing on the floor alone. Sleeplessness. A tendency to destroy & burn articles in house.

Name and Medical Designation, Daniel MacKenzie M.B.

Place of Abode, Annan. —

Dated this 25th day of October One thousand eight hundred and seventy nine.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, J. J. Paterson being a (1) ~~Surgeon~~ Member of the Royal College of Physicians & Surgeons, and being in actual practice as a (2) Surgeon Butts Street Annan Dumfries 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) Elizabeth Scott and the said Elizabeth Scott is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:— Previous Insanity

1. Facts indicating Insanity observed by myself: (6) Erratic answers — wild eyes of eye. Constant restlessness tendancy to destroy

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Disturbing neighbours at night by her screams —

Name and Medical Designation, J. J. Paterson M.B.

Place of Abode Annan

Dated this 25th day of October One thousand eight hundred and 79

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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, Daniel MacKenzie being (1) a Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Bath Street Dumfries in the County of Dumfries, seen and personally examined Elizabeth Scott, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Daniel MacKenzie MB & CM

DATED this 25th day of October One thousand eight hundred and seventy nine years.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lawson Inspector of Poor Annan Certificates under the hands of David MacKenzie and J. J. 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 Morris or Scott Bath Street Annan (a Pauper) and that the said Elizabeth Morris or Scott is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Morris or Scott as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Morris or Scott, which accompanied the said Petition.

DATED this Twenty seventh of October — One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Elizabeth Morison Scott

20th October

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of ~~the~~ (2) Dumfries Galloway

~~of~~

*and his Substitutes,—*

The Petition of Charles Finlayson Inspecting Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Walker Stevenson - Pauper your Petitioner's (3) in Kirkcudbright is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Walker Stevenson to the Southern Counties Asylum Dumfries, and to sanction his admission into the said Asylum.

C Finlayson

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

DATED this Twenty Eighth (4) day of October One thousand eight hundred and Seventy nine

(4) The date of the latter 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, | Walker Stevenson |
| Sex and Age, | Male aged fifty years |
| Married, Single, or Widowed, | married |
| Condition of Life, and previous Occupation (if any), | Carpenter |
| Religious Persuasion, so far as known, | Established Church of Scotland |
| Previous Place of Abode, | Kirkcudbright. |
| Place where Found and Examined, | do |
| Length of time Insane, | Seven days. |
| Whether First Attack, | Yes |
| 1 Age (if known) on First Attack, | — |
| 1 When and where previously under Examination and Treatment, | — |
| 1 Duration of Existing Attack, | Seven days about |
| 1 Supposed Cause, | — |
| 1 Whether subject to Epilepsy, | — |
| 1 Whether Suicidal, | — |
| 1 Whether Dangerous to others, | Not in family |
| 1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkcudbright |
| 1 Date of becoming Chargeable, | Twenty October current |
| 1 Christian Name 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 Edgar Stevenson - Brother. Kirkcudbright. No other member known to be insane. |
| 2 Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Eighth day of October One thousand eight hundred and

C Finlayson

*(To be signed by Party applying)*

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wm Johnstone
being a (1) M.D. of Edin.

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright
in the County of Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Walter Stevenson a Pauper
and that
the said Walter Stevenson is a (5) Pauper
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That he entertains
the most the most extravagant and absurd
delusions regarding his Wife - Housekeeper
his & the Children &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
has made an attempt to take away
his life.

*Name and Medical Designation,* Wm Johnstone M.D.

*Place of Abode,* Kirkcudbright

DATED this Twenty Second day of October One thousand eight
hundred and Seventy 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, Andrew Macphail
being a (1) M.B. C.M. & 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) High Street
Kirkcudbright in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Stevenson Walker
and
the said Stevenson Walker is a (5) person
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Gives expression to suspicions as to his wife's fidelity, some of which
is supported by evidence & reasons quite coherent & not without cogency
others again of a wildly absurd character.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by his wife that he occasionally behaves
abusively & with violence

*Name and Medical Designation,* Andrew Macphail M.B.

*Place of Abode* Kirkcudbright

DATED this twenty second day of October One thousand eight
hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
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.

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, Andrew Hoyphart
being a (3) MB. Coll of Edin Mair.

and being in actual practice as a (4) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (5) High Street Rickendbright Rickendbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (6) Walter Stevenson
and that
the said Walter Stevenson is a (7) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (8)
Gives expressions to suspicions as to his wife's fidelity, some of which supports by evidence & reasons quite coherent, & not without cogency, others again of a wildly absurd character.

2. Other Facts (if any) indicating Insanity communicated to me by others: (9)
I am informed by his wife that he occasionally treats her abusively & with violence.

*Name and Medical Designation,* Andrew Hoyphart MB. Coll.

*Place of Abode* Rickendbright.

DATED this twenty seventh day of October One thousand eight hundred and seventy nine.

(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 particulars.
(4) Insert Designation and Residence, and if a Pauper so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) State the facts.
(7) State the information, and from whom derived.

*To the Superintendent of the* (10)
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.

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 Edin.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Hyndford
Rickerbright
Rickerbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Walter Stevenson aged
the said Walter Stevenson and
is a (5) Patient of
unsound Mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following facts:—

2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on First Attack,
11. When and where previously under Examination and Treatment,
12. Duration of Existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this day of One thousand eight hundred and

(*To be signed by Party applying*)

P.

Two expressions of [illegible] in a state of [illegible] mania, which I do not support by evidence [illegible] reasons quite coherent & not without cogency, others again of a wildly absurd character.

(1) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (1)

I am informed by his wife that he occasionally behaves abusively & with violence

*Name and Medical Designation,* Wm Johnstone M.D.

*Place of Abode* Rickerbright

DATED this twenty second day of October One thousand eight hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of , One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Charles Finlayson
Inspector of Poor for the Parish of Kirkcudbright
Certificates under the hands of John Johnstone M.D
and Andrew Urquhart 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)
Walker Stevenson a pauper and that the said
Walker 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 Walker Stevenson as a Patient into the (6) Combined 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 Walker Stevenson which accompanied the said Petition.

DATED this Twenty Eighth day of October One thousand eight hundred and Seventy Nine

Alex. Nicolson

*To the Superintendent of the* (7)
Combined Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
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Walker Stevenson

28th Decr.

1819

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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 and his Substitutes,—

The Petition of Charles Finlayson. Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Campbell McEwen your Petitioner's (2) Pauper in Kirkcudbright is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Campbell McEwen to the Southern Counties Asylum and to sanction the admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

C. Finlayson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Eighth (3) day of October One thousand eight hundred and Twenty nine years

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Elizabeth Campbell or McEwen |
| 2. Sex and Age, | female - Twenty seven |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | wife of Peter McEwen labourer in Kirkcudbright |
| 5. Religious Persuasion, so far as known, | Roman Catholic |
| 6. Previous Place of Abode, | Kirkcudbright |
| 7. Place where Found and Examined, | do |
| 8. Length of time Insane, | Fourteen days |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | ——— |
| 11. When and where previously under Examination and Treatment, | ——— |
| 12. Duration of Existing Attack, | Fourteen days |
| 13. Supposed Cause, | ——— |
| 14. Whether subject to Epilepsy, | ——— |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Kirkcudbright |
| 18. Date of becoming Chargeable, | 11th Octo 1829 |
| 19. Christian Name 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, | Peter McEwen, husband none |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Eighth day of October One thousand eight hundred and

(*To be signed by Party applying*) C. Finlayson

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wm Johnstone
being a (1) M.D. Edin.

and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) White Cow
Kirkcudbright
Kirkcudbright in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Elizabeth Campbell or McEwen, a pauper
the said Elizabeth Campbell or McEwen is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That she refuses
to take food - will not, notwithstanding repeated entreaties
& threatenings

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Same as above -

*Name and Medical Designation,* Wm Johnstone

*Place of Abode,* Kirkcudbright

DATED this Twenty seventh day of October One thousand eight
hundred and Seventy nine.

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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 Glephart
being a (1) M.B. & M.D. 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) White Cow
Kirkcudbright
Kirkcudbright in the County
separately from any other Medical Practitioner
visited and personally examined (4) Elizabeth Campbell or McEwen
and the
the said Elizabeth Campbell or McEwen is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Obstinate taciturnity, and total change of manner
appearance and behaviour.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by her husband and son in attendance
that she refuses to take food, has lost all affection for
her child, and is occasionally violent - Violence has
not of a suicidal tendency, altho' having no destructive aim

*Name and Medical Designation,* Andrew Glephart

*Place of Abode* Kirkcudbright

DATED this Twenty seventh day of October One thousand eight
hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson (3) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Charles Finlayson
Inspector of Poor for the Parish of Kirkcudbright
Certificates under the hands of Wm Johnstone M.D.
and Andrew J. Urquhart 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) Elizabeth Campbell a McEwan and that the said Elizabeth Campbell a McEwan is a (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 a McEwan 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 Campbell a McEwan which accompanied the said Petition.

DATED this Twenty Eighth day of October One thousand eight hundred and Seventy nine

Alex. Nicolson

*To the Superintendent of the* (7)
Southern Counties *Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Elizabeth Campbell or Mr. Ewer

28th October

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~of the~~ (2) of Dumfries & Galloway *and his Substitutes,*—

Jessie French

The Petition of ~~Henrietta Wells~~ Castle Street, Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henrietta Wells your Petitioner's (3) ~~Daughter~~ 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 Henrietta Wells to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum. three words deleted Jessie French

~~Henrietta Wells~~

(3) State degree of relationship or other charity in which Petitioner stands to Lunatic.

Ninth

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty ~~eighth~~ day of October — One thousand eight hundred and seventy nine

---

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Henrietta Wells |
| Sex and Age, | Female - 28 years |
| Married, Single, or Widowed, | Single |
| Condition of Life, and previous Occupation (if any), | Spinster |
| Religious Persuasion, so far as known, | Protestant |
| Previous Place of Abode, | Lochmaben |
| Place where Found and Examined, | Castle St. Dumfries & S. C. Asylum |
| Length of time Insane, | 11 months |
| Whether First Attack, | First Attack |
| 10 Age (if known) on First Attack, | 27 years |
| 11 When and where previously under Examination and Treatment, | In Crichton Royal Institution |
| 12 Duration of Existing Attack, | 11 months |
| 13 Supposed Cause, | Nervous exhaustion |
| 14 Whether subject to Epilepsy, | No |
| 15 Whether Suicidal, | No |
| 16 Whether Dangerous to others, | No |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18 Date of becoming Chargeable, | — |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mrs Henrietta Wells. Mother Castle Street, Lochmaben<br>One Brother at present in Southern Counties Asylum |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 29th day of October One thousand eight hundred and seventy nine

(*To be signed by Party applying*) ~~Henrietta Wells~~

Jessie French

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Henrietta Wells, Dressmaker, Lochmaben and that the said Henrietta 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance. restless manner. peculiar actions & muttering incoherent speech.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister informs me that since left the Asylum four days ago she has been as stated above.

*Name and Medical Designation,* John Smith M.D.

*Place of Abode,* 14 Castle St Dumfries

DATED this 28th day of October One thousand eight hundred and 79 years

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Henrietta Wells, Dressmaker, Lochmaben and that the said Henrietta 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a restless Manner — Vacant & peculiar Expression — She is incoherent in what she says, which is little. She is quite demented.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs French her sister, says she was only four days out of the asylum and has got worse.

*Name and Medical Designation,* W. S. Kerr M.D. &c

*Place of Abode* Dumfries

DATED this 29th day of October One thousand eight hundred and 79. years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Smith, being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle Street Dumfries in the County of Dumfries, seen and personally examined Henrietta 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.

Dated this 28th day of October One thousand eight hundred and 79 years. John Smith MD

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ——— (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Jessie French Castle Street Lochmaben. Certificates under the hands of John Smith and William Smith Kerr ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henrietta Wells, Castle Street, Lochmaben, and that the said Henrietta Wells ——— is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henrietta Wells as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henrietta Wells ——— which accompanied the said Petition.

Dated this 29th ——— day of October ——— One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of Southern Counties. Dumfries.*

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

7/316

Henrietta Wells

28th October

1879.

6139.

[FORM B²]

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 Peter James Dixon
ng desirous to transfer John Dixon Dixon
present a Patient in The Morningside Asylum, and (¹)
detained at my instance from the said Asylum to the
Crichton Royal Institution hereby request the authority of
Board to such transfer; and I subjoin a Statement of Particulars regarding the said
John Dixon Dixon and a Medical Certificate with
pect to his mental and bodily condition.

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Peter James Dixon
(²) Father

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Burgh House this 10 day of October
thousand eight hundred and 79

STATEMENT.

| | |
|---|---|
| Christian Name and Surname of Patient at length, | John Dixon Dixon |
| Sex and Age, | Male 34 last birthday |
| Married, Single, or Widowed, | Single |
| Condition of Life, and Previous Occupation (if any), | Bachelor of Arts Trinity Coll. Cambridge no occupation |
| Religious Persuasion, so far as known, | Church of England |
| Date of Admission into Asylum, | 21st. September, 1873. |
| Length of time Insane, | |
| Whether first Attack, | gradually developed |
| Age (if known) on first Attack, | from the age of 21 to 22 years |
| Duration of existing Attack, | |
| Supposed Cause, | over exertion at Cambridge & alts fale when a child down stairs, striking his head |
| Whether subject to Epilepsy, | no |
| Whether Suicidal, | threatens |
| Whether Dangerous to others, | Considered so |
| Parish to which the Lunatic (if a Pauper) is Chargeable, | |
| Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane, | Peter James Dixon Burgh House Carlisle England none |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Peter James Dixon

DATED this 10th day of October One thousand eight hundred and 79

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians [illegible] hereby certify that I have this day at (2) the Royal Edinburgh Asylum personally examined John Dixon Dixon at present a Patient in said Asylum, and with respect to his Mental State that he is [illegible] and labours under delusions of suspicion;

(1) State Medical Qualification.
(2) Name Asylum.

Bodily Health and Condition that he is good; and with respect to his

and I further certify that, in my opinion, there is nothing in the Mental or Bodily condition of the Patient to contraindicate removal to the Asylum of Dumfries.

T. S. Clouston

Dated this 17th day of October One thousand eight hundred and 79.

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SANCTION BY THE BOARD OF LUNACY.

*(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)*

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Peter James Dixon to authorize the transfer of John Dixon Dixon from Edinburgh Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said John Dixon Dixon as requested.

John Sibbald Commissioner.

Dated at Edinburgh, this 20 day of October One thousand eight hundred and seventy nine.

1650
John Dixon Dixon
31st October 1879

Date of Sheriff's Order, - 22 September 79

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

*Unto the Honourable the* (*) Sheriff of the (*)
of Dumfries & Galloway *and his Substitutes,—*

The Petition of Hugh Brown Currie Inspector of Poor Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Alston your Petitioner's (*) Pauper as Inspector of Poor foresaid is at present in a state of Mental Derangement, and 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 Alston to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Hugh B. Currie

DATED this Third (*) day of November — One thousand eight hundred and Seventy nine years

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Isabella Alston |
| 2. Sex and Age, | female 42 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Domestic Servant |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Templand Village |
| 7. Place where Found and Examined, | do do |
| 8. Length of time Insane, | Six months |
| 9. Whether First Attack, | Third attack |
| 10. Age (if known) on First Attack, | 42 |
| 11. When and where previously under Examination and Treatment, | at home - under care of friends |
| 12. Duration of Existing Attack, | Six months ailing |
| 13. Supposed Cause, | disappointment in marriage |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Lochmaben |
| 18. Date of becoming Chargeable, | 1st November 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Alston - Brother - Templand Village no |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | nothing |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third day of November One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) Hugh B. Currie

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Reid being a (1) Graduate of Medicine Glasgow University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Templand Village - Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Alston Pauper Templand Village Lochmaben and at the said Isabella Alston is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) says she hears fr[illegible] speaking from Australia etc has seen various spirits and say that she will do outrageous things, maniacal laugh and expression

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) her niece says she swears, threatens to injure others and very noisy at night

*Name and Medical Designation,* Thomas Reid M.D.

*Place of Abode,* Lochmaben

DATED this 1st day of November One thousand eight hundred and 79

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Railway St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Alston. Templand Village. Lochmaben. Pauper and at the said Isabella Alston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 wears appearance & delusions. tells me that often hears her Brothers voice from New Zealand

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mary Doherty informs me that during last six weeks she has been very restless. at times violent striking & threatening to kill [illegible] near her

*Name and Medical Designation,* John Smith M.D.

*Place of Abode* 14 Castle St. Dumfries

DATED this 3rd day of November One thousand eight hundred and 79 years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Hugh Brown Currie, Inspector of Poor, Coelmaben
Certificates under the hands of Thomas Reid,
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) Isabella Alston Templand Village Coelmaben (a pauper) and that the said Isabella Alston, — is a (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 Alston, as a Patient into the (6) Public — Asylum of Southern Counties, and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Alston, which accompanied the said Petition.

DATED this Third — day of November One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

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Isabella Alston

2d November

1819

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of Dumfries & Galloway *and his Substitutes,—*

The Petition of Jessie Margaret Milligan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Milligan 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 Isabella Milligan 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.

Jessie M. Milligan

DATED this 3 (4) day of November One thousand eight hundred and 79

(4) The date of the Petition must be within thirteen clear days following the dates of the Medical Certificates.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1 Christian Name and Surname of Patient at length, | Isabella Milligan |
| 2 Sex and Age, | Female. 45 |
| 3 Married, Single, or Widowed, | Widow |
| 4 Condition of Life, and previous Occupation (if any), | Housekeeper to her daughter |
| 5 Religious Persuasion, so far as known, | Protestant |
| 6 Previous Place of Abode, | Castle Douglas |
| 7 Place where Found and Examined, | Castle Douglas |
| 8 Length of time Insane, | days |
| 9 Whether First Attack, | First attack |
| 10 Age (if known) on First Attack, | |
| 11 When and where previously under Examination and Treatment, | |
| 12 Duration of Existing Attack, | days |
| 13 Supposed Cause, | Not Known |
| 14 Whether subject to Epilepsy, | no |
| 15 Whether Suicidal, | no |
| 16 Whether Dangerous to others, | no |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18 Date of becoming Chargeable, | |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Jessie Margaret Milligan Dressmaker King St Castle Douglas |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 3rd day of November One thousand eight hundred and 79

(*To be signed by Party applying*) Jessie M. Milligan

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Lorraine being a (1) Graduate of Edin University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) King St [illegible] in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Isabella Cowan or Milligan and that the said Isabella Cowan or Milligan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

Dull & melancholy - will not answer questions nor take any medicine

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her daughter says that she is destructive requiring constant watching - will cannot be because of expense & the foreman st cannot be [illegible]

*Name and Medical Designation,* Walter Lorraine M.D.

*Place of Abode,* Castle Douglas

DATED this 3rd day of ~~[illegible]~~ Novbr One thousand eight hundred and seventy nine years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Edin^r University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) King St [illegible] in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Isabella Cowan or Milligan and that the said Isabella Cowan or Milligan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

will not answer any questions put to her - would not put on her hat to go outside & difficult to persuade to do any

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

her daughter says she is very suspicious of anything given her to eat down not keep her bed at night

*Name and Medical Designation,* Richard B. Lorraine M.D.

*Place of Abode* Castle - Douglas

DATED this 3rd day of November One thousand eight hundred and seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification.

(2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) Jessie Margaret Milligan King Street Castle Douglas
Certificates under the hands of Walter Lorraine
and Richard B Lorraine , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Milligan King Street Castle Douglas and that the said Isabella Milligan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Milligan as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Milligan which accompanied the said Petition.

DATED this Third day of November One thousand eight hundred and seventy nine

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Labella Michigan

3 d November

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Dumfries-shire of ~~the~~ Galloway, *and his Substitutes,*—

The Petition of John Maxwell. Inspector of Post humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter Mc. Jaggart. Baker your Petitioner's (3) charge is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Peter Mc. Jaggart —— to the Southern Counties Asylum — and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other Connection in which Petitioner stands to Lunatic.

John Maxwell. Insp.r of Post

DATED this Third (4) day of November One thousand eight hundred and Seventy nine Years.

(4) The date of the Petition must be within seven clear days after the dates of the Medical Certificates.

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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, | Peter Mc. Jaggart |
| 2. Sex and Age, | Male, aged 40 years. |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation if any), | Journeyman Baker. |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Glenluce Wigtownshire |
| 7. Place where Found and Examined, | Police cell. Maxwelltown |
| 8. Length of time Insane, | a few days |
| 9. Whether first Attack, | 1st. attack |
| 10. Age (if known) on first Attack, | 40 years |
| 11. When and where previously under Examination and Treatment, | |
| 12. Duration of existing Attack, | a few days |
| 13. Supposed Cause, | debility of body |
| 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, | Frogmore in the meantime |
| 18. Date of becoming Chargeable, | 1st November 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | William Mc. Jaggart Gamekeeper Balkail. Glenluce. Son (Illegitimate) |
| 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. John Maxwell

DATED this Third day of November One thousand eight hundred and Seventy nine years

(To be signed by Party applying) John Maxwell. Inspector of Post. Frogmore.

P. T.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons, Edin. and being in actual practice as a (2) Physicians and Surgeons hereby certify, on soul and conscience, that I have this day, at (3) Police Office Glasgow Street, Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Peter McTaggart, pauper.

the said Peter McTaggart is a (5) person of unsound mind and a proper person to be taken under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder – he says that people are endeavouring to kill him

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He attempted Suicide in the Police Office last evening by means of hanging

Name and Medical Designation, John Cunningham M.B.

Place of Abode, 35 Buccleuch St Dumfries

Dated this 3rd day of December One thousand eight hundred and seventy nine –

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians Edinburgh and of the Faculty of Physicians & Surgeons, Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Police Office Glasgow Street, Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Peter McTaggart, pauper, aged

the said Peter McTaggart is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is a vacant appearance in the Countenance and he believes that people are going to do him harm.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The superintendent of Police informs me that he attempted to hang himself last night

Name and Medical Designation, Hugh Cunningham L.R.C.P. & S. Edin.

Place of Abode, 25 Castle Street, Dumfries

Dated this Third day of November One thousand eight hundred and seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell Inspector of Poor, Groqueur
Certificates under the hands of John Cunningham

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or both, as the case may be.*
(3) *Insert the street and number of the house (if any), or other particulars.*
(4) *Insert Designation and residence, and if a Pauper so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of Royal College of Physicians in Edinburgh, and of the Faculty of Physicians and Surgeons Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Police Office Glasgow Road, Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Peter Mc Taggart, Pauper and that the said Peter Mc Taggart is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Here is a vacant appearance in the Countenance and he believes that people are going to do him harm

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Superintendent of Police informs me that he attempted to hang himself last night.

*Name and Medical Designation,* Hugh Cunningham L.R.C.P.Ed. &c.
*Place of Abode* 25 Castle Street, Dumfries
DATED this third day of November One thousand eight hundred and seventy nine years.

## MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Cunningham being a (1) Member of the Royal College of Physicians and Surgeons, Edin. and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Police Office Glasgow Street, Morrellton in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Peter McTaggart pauper.

Peter McTaggart the said Peter McTaggart is a (5) person of unsound mind and a proper person to be taken under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disorder — he says that people are endeavouring to kill him

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He attempted Suicide in the Police Office last evening by means of hanging

*Name and Medical Designation,* John Cunningham M.D.

*Place of Abode,* 35 Buccleuch St Dumfries

DATED this 3rd day of December One thousand eight hundred and seventy nine —

3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on First Attack,
11. When and where previously under Examination and Treatment,
12. Duration of Existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this day of One thousand eight hundred and

*(To be signed by Party applying)* _____

P. P.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell Inspector of Poor, Proquer
Certificates under the hands of John Cunningham
and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Peter McTaggart Police Station Maxwelltown and that the said
Peter McTaggart is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter McTaggart as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Peter McTaggart which accompanied the said Petition.

DATED this Third day of November One thousand eight hundred and seventy nine

David Boyle Stope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Peter Co. Sergeant

T. O. Valentine

Esq.

6149.

[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.

, the undersigned
being desirous to transfer Catherine Clark or Mc. Cabe
at present a Patient in Woodilee Asylum Lenzie , and (*)
Pauper Lunatic of the Parish of Kirkinner from the said Asylum to the
Dumfries Royal asylum hereby request the authority of
the Board to such transfer; and I subjoin a Statement of Particulars regarding the said
Catherine Clark or Mc. Cabe and a Medical Certificate with
respect to her mental and bodily condition.

(*) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James Christison Inspector of Poor Kirkinner Parish

(*) Pauper

(*) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Barglass this 24th day of October
one thousand eight hundred and seventy nine

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## STATEMENT.

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Catherine Clark or Mc. Cabe |
| 2. Sex and Age, | 44 years |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and Previous Occupation (if any), | |
| 5. Religious Persuasion, so far as known, | |
| 6. Date of Admission into Asylum, | 28th July 1879 |
| 7. Length of time Insane, | 3 months |
| 8. Whether first Attack, | yes. |
| 9. Age (if known) on first Attack, | 44 |
| 10. Duration of existing Attack, | 3 months |
| 11. Supposed Cause, | unknown |
| 12. Whether subject to Epilepsy, | no |
| 13. Whether Suicidal, | yes |
| 14. Whether Dangerous to others, | no |
| 15. Parish to which the Lunatic (if a Pauper) is Chargeable, | Kirkinner |
| 16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Christison

DATED this 24th day of October One thousand eight hundred and seventy nine

*N.B.*—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

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## MEDICAL CERTIFICATE.

I, the undersigned James Rutherford being (1) a Fellow of the Royal College of Physicians hereby certify that I have this day at (2) Morningside Asylum. Lenzie personally examined Catherine Clark or McCabe at present Patient in said Asylum, and with respect to his Mental State that she is a Lunatic, being in a state of mental depression and refusing food.

(1) State Medical Qualification.
(2) Name Asylum.

; and with respect to his Bodily Health and Condition that they are good.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of

James Rutherford M.D.

DATED this 12th day of October One thousand eight hundred and seventy nine.

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## SANCTION BY THE BOARD OF LUNACY.

*(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)*

Application having been made to the Board by (1) Inspector of Poor Mr Rinnes to authorize the transfer of Catherine Clark or Mc Cabe from Barony Parochial Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Catherine Clark or Mc Cabe as requested.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

A Thurburn Russell Commissioner.

DATED at Edinburgh, this 30th day of October One thousand eight hundred and seventy nine.

Date of Sheriff's order 28th July 18[illegible]

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ——— *of the* (2)
of Dumfries & Galloway *and his Substitutes*—
The Petition of John Dinwoodie Inspector of Poor Dumfries,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Drysdale ———
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 Drysdale ——— to the Southern Counties Asylum ——— and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity which Petitioner stands Lunatic.

John Dinwoodie

(4) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this seventh (4) day of November — One thousand eight hundred and seventy 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, | John Drysdale |
| 2. Sex and Age, | Male 51 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous occupation (if any), | Bootmaker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries. |
| 7. Place where Found and Examined, | do in Police Office |
| 8. Length of time Insane, | a few days |
| 9. Whether first Attack, | Second Attack |
| 10. Age (if known) on first Attack, | not known |
| 11. When and where previously under Examination and Treatment, | Lochgilphead |
| 12. Duration of existing Attack, | a few days |
| 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 at present |
| 18. Date of becoming Chargeable, | Seventh Novr 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Cameron wife |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of Novr One thousand eight hundred and Seventy nine

(*To be Signed by Party applying*) John Dinwoodie. Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Laurie Hen[illegible]
being a (1) Graduate in Medicine of Edinb[illegible]
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Police
Dumfries
Dumfries in the County
separately from any other Medical Practitioner
visited and personally examined (4) John Drysdale Bootmaker
(pauper)
and
the said John Drysdale is a (5) person of
unsound mind and
and a proper person to be detained
under Care and Treatment, 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 wife and others call him
& delusions. States that his neighbours think
theft and that they are prompting him to do
very far wrong

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
a neighbour without cause and began to
chair by his legs & walked on the street
it. Was previously in an asylum

*Name and Medical Designation,* William Laurie Hen[illegible]

*Place of Abode,* 44 Castle Street Dumfries

Dated this seventh day of November One thousand eight
hundred and seventy nine

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians and Surgeons
and Fellow of the Royal College of Physicians
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Asylum
Dumfries
Dumfries in the County
separately from any other Medical Practitioner
visited and personally examined (4) John Drysdale (a pauper)
and the
said John Drysdale is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Wanders in his state
the Relevant of to some person having attempted
make crime & Gazetteer of those properties Rose
about as if with no fixed place of abode &c
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

I have heard from others that he went out
with a chest tied on his back &c

*Name and Medical Designation,* W. Marshall M.D. &c

*Place of Abode,* Dumfries

Dated this 8th day of Nov One thousand eight
hundred and seventy 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, William Carruthers M.B. being (1) a graduate in Medicine of Edinburgh University 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 John Drysdale, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers M.B.

Dated this seventh day of November One thousand eight hundred and seventy-nine

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Carruthers and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Drysdale, Police office, Dumfries (a pauper) and that the said John Drysdale is a (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 Drysdale as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Drysdale which accompanied the said Petition.

Dated this Eighth day of November One thousand eight hundred and seventy nine

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
322

John Drysdale

17th November

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of Dumfries & Galloway *and his Substitutes,*—

The Petition of Elizabeth Carruthers, 3 Burlington Place Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Wright Aunt 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 Elizabeth Wright to the Crichton Royal Institution and to sanction the admission into the said Asylum.

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

X Eliz[th] Carruthers

(1) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighth (1) day of November One thousand eight hundred and Seventy nine 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 Wright |
| Sex and Age, | Female : 49 years |
| Married, Single, or Widowed, | Widowed |
| Condition of Life, and previous Occupation (if any), | None |
| Religious Persuasion, so far as known, | Church of England |
| Previous Place of Abode, | Carlisle |
| Place where Found and Examined, | Dumfries - Crichton Institution |
| Length of time Insane, | More than 2 months. |
| Whether First Attack, | 2nd attack |
| 1 Age (if known) on First Attack, | 46 years |
| 1 When and where previously under Examination and Treatment, | In Crichton Institution |
| 1 Duration of Existing Attack, | Between 2 & 3 months |
| 1 Supposed Cause, | Unknown |
| 1 Whether subject to Epilepsy, | Has had epileptiform seizures |
| 1 Whether Suicidal, | no |
| 1 Whether Dangerous to others, | no |
| 1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 1 Date of becoming Chargeable, | |
| 1 Christian Name and Surname, and Place of Abode of nearest known 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 Carruthers 3 Burlington Place Carlisle |
| 20 Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this eighth day of November One thousand eight hundred and seventy nine

(*To be signed by Party applying*) X Elizabeth Carruthers

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, *or* an Idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, Marc D. Symons
being a (1) Doctor of Medicine
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Elizabeth Wright, of Carlyle and the said Mrs Elizabeth Wright is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She has hallucinations believing that streams of bright light come down from Heaven to indicate to her that God is for the present with her—

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr Richardson informs me that she has had two fits within a week, She was been in Asylum before,

*Name and Medical Designation,* M. D. Symons M.D.

*Place of Abode,* Crichton St. Dumfries,

DATED this seventh day of November One thousand eight hundred and seventy nine —

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, or an Idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Ball MacDonald
being a (1) Physician and Surgeon
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Elizabeth Wright of Carlyle and the said Elizabeth Wright is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) has some hallucination of sight, believes to speak to and seeing light in the room & delusions of which she seems to relying Questions & her own enquiry about herself

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) has been in this institution previously and was had epileptiform fits. told by Dr Richardson

*Name and Medical Designation,* A. D. Macdonald M.D.

*Place of Abode* Crichton St. Dumfries

DATED this 8th day of November One thousand eight hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Alexander Dall Macdonald being (1) a Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Mrs Elizabeth Wright, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A Dall Macdonald MD

DATED this 8th day of November One thousand eight hundred and seventy nine

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) — Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Elizabeth Carruthers 3 Burlington Place Carlisle Certificates under the hands of Mark J. Symons — and Alexander Dall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Elizabeth Wright of Carlisle (Patient) and that the said Mrs Elizabeth Wright is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Elizabeth Wright as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Elizabeth Wright which accompanied the said Petition.

DATED this Tenth day of November One thousand eight hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of* Crichton Royal Institution

Note. This patient appears to have been illegally taken from Dumfries to the Asylum. D.B.H.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Note. 18th December 1879. The S.S. has been informed that this patient was in the Asylum without warrant as a Voluntary Patient D.B.H.

1653

Elizabeth Wright

11th November

1879

~~but~~ under letter of Sanction of Board of Lunacy dated 30 Oct. 1879 ~~which has been~~ exhibited to him.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Counties of Wigtownshire &c. *and his Substitutes.*

The Petition of James McCulloch Inspector of Poor Glasserton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew McDonald, presently residing at Auchness is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Andrew McDonald to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) James McCulloch

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Tenth (3) day of November One thousand eight hundred and Seventy nine years.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Andrew McDonald |
| 2. Sex and Age, | Male, 61 years of age. |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | sober steady man. Farm Servant. |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Orchard parish of Old Luce |
| 7. Place where Found and Examined, | Auchness parish of Glasserton |
| 8. Length of time Insane, | about Five Months |
| 9. Whether first attack, | No. |
| 10. Age (if known) on first Attack, | When about 45 years of age. |
| 11. When and where previously under Examination and Treatment, | about 16 years ago at Stranraer Wigtownshire |
| 12. Duration of existing Attack, | about Five months |
| 13. Supposed Cause, | no Cause can be stated |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | yes at times. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | supposed to be parish of Old Luce |
| 18. Date of becoming Chargeable, | Tenth November 1879. |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Margaret Service or McDonald who is is wife & resides at Auchness. Andrew McDonald his son who is at present residing at Auchness. A son of the patients named William McDonald died insane in the Southern Counties Asylum, Dumfries when about 25 years of age. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James McCulloch.

DATED this Tenth day of November One thousand eight hundred and Seventy nine years.

* To be signed by the Party applying.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Charles Douglas.
being a (1) Graduate in Medicine of Glasgow University & Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Auchness Farm in the Parish of Glasserton — in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Andrew McDonald, Farm Servant, Auchness and that the said Andrew McDonald is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Remarkably quiet & can hardly be got to speak, will not do any kind of work & will not go out of doors in case any one may see him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Andrew McDonald his son states he tried to strike him with the tongs, has often tried to strike his daughter & did so on Friday last. Tried to break out of the house, saying the place was on fire. Afraid of poison in his food.

(SIGNED) *Name and Medical Designation,* John C. Douglas M.D. L.R.C.S.

*Place of Abode,* Whithorn

DATED this Tenth day of November One thousand eight hundred and seventy nine years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Anderson
being a (1) Bachelor of Medicine & Master of Surgery of Glasgow
and being in actual practice as a (2) general medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Auchness farm, parish of Glasserton in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Andrew McDonald of Auchness (farm) parish of Glasserton, Wigtownshire and that the said Andrew McDonald is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) During my visit he was very quiet & not given to speak or answer freely, but what he did so was sensible. I saw a door very badly broken in the house which was done by the said Andrew McDonald as I am informed by his son Andrew McDonald & his daughter Mary Shaw McDonald. I can state nothing further except that his appearance & manner to me that his mind is unhinged.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His daughter Mary Shaw McDonald tells me that he has several times strike severely & that she also sees him strike Mrs Brown of Auchness farm house when she wishes to take some medicine. The same person states that she has seen him go to the door with nothing his shirt on. She & his son Andrew also state that he has often lifted the tongs &c & used threatening language towards them.

(SIGNED) *Name and Medical Designation,* William Anderson M.B. C.M.

*Place of Abode,* Whithorn. Wigtownshire N.B.

DATED this Tenth day of November One thousand eight hundred and seventy-nine years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)*

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1)
of the said hereby further certify that the Case is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

*Name*,

*Place of Abode*,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

---

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Macrae Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James McCulloch
Inspector of Poor of Glasserton
Certificates under the hands of John Charles Douglas M.D.
and William Anderson 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)
and that the said Andrew Mc Donald Pauper is a (5) person of unsound mind
Andrew Mc Donald
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew Mc Donald 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 Andrew Mc Donald which accompanied the said Petition.

(SIGNED) Wm Macrae

DATED this Eleventh day of November One thousand eight hundred and seventy nine years

*To the Superintendent of the* (7) Southern Counties
*Asylum of* Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

2
323

Andrew McDonald

15th November

1819

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (1) County *of* Ayr *and his Substitutes,—*

The Petition of Peter Kennedy Grocer Ayr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew Kennedy Joiner Ayr 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 Andrew Kennedy to the Crichton 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.

P. Kennedy

(3) The date of the Petition must be within fourteen clear days after the dates of the Medical Certificates.

DATED this 14 (3) day of November One thousand eight hundred and Seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| Christian Name and Surname of Patient at length, | Andrew Kennedy |
| Sex and Age, | male about 52 |
| Married, Single, or Widowed, | Single |
| Condition of Life, and previous Occupation (if any), | Healthy. Joiner |
| Religious Persuasion, so far as known, | Presbyterian |
| Previous Place of Abode, | Ayr |
| Place where Found and Examined, | Ayr |
| Length of time Insane, | seven years |
| Whether first Attack, | he never quite recovered |
| Age (if known) on first Attack, | 45 |
| When and where previously under Examination and Treatment, | Rothwell Ayr & Gartnavel |
| Duration of existing Attack, | seven years |
| Supposed Cause, | ~~mania~~ religious delusions the first Symptoms |
| 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, | Alexander Kennedy Grocer Glasgow a Brother<br>no insanity known to have been connected with the family |
| 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 14 day of November One thousand eight hundred and Seventy nine

*(To be signed by Party applying)* Peter Kennedy

P. P

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Dobbie being a (1) M.D. of Edin. and L.R.C.S.E. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 40 Barnes Park, Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Andrew Kennedy, former and that the said Andrew 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) He talks in a most rambling and incoherent manner on all subjects

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother states that he frequently stands on the roadside & helps to pass wagonnary gentlemen & women & has also attempted to assault his parents violently. has been complained of by the police

*Name and Medical Designation,* Robert Dobbie L.R.C.S.E.

*Place of Abode,* Ayr

DATED this 13th day of November, One thousand eight hundred and seventy nine

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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, Geo. McKerrow being a (1) Bachelor of Medicine and a Master in Surgery of the University of Glasgow. and being in actual practice as a (2) physician and surgeon hereby certify, on soul and conscience, that I have this day, at (3) 4 Barns Park Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Andrew Kennedy, former and that the said Andrew 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) Perfectly incoherent in conversation.- Delusions as to the attitude of others towards him, Suspicious of strangers.-

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother states that he imagines he is sent on some divine mission - is given to preaching at all times & in all places

*Name and Medical Designation,* George McKerrow

*Place of Abode,* 27 Sandgate St, Ayr

DATED this 13th day of Nov.r One thousand eight hundred and seventy-nine —

## CERTIFICATE OF EMERGENCY.

(*This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.*)

I, the undersigned,
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 Alexander Mc Paterson (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) Peter Kennedy
Grocer Ayr
Certificates under the hands of Robert Dobbie M.D.
and George McKenzie 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)
Andrew Kennedy Grocer Ayr and that the said
Andrew 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 Andrew Kennedy as a Patient into the (6) Crichton ~~Asylum of~~ Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew Kennedy which accompanied the said Petition.

DATED this fourteenth day of November One thousand eight hundred and seventy nine

William Alexander Mc Paterson

*To the Superintendent of the* (7) ~~Asylum of~~ Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1654

Andrew Kennedy

15th November

1819

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Counties of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Dalziell 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 Dalziell to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty fourth (4) day of November One thousand eight hundred and Seventy nine

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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 Dalziel |
| 2. Sex and Age, | Male 75 years |
| 3. Married, Single, or Widowed, | Widower |
| 4. Condition of Life, and previous occupation (if any), | Seaman |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | Ditto |
| 8. Length of time Insane, | a few months |
| 9. Whether first Attack, | 2d |
| 10. Age (if known) on first Attack, | 75 years |
| 11. When and where previously under Examination and Treatment, | Dumfries |
| 12. Duration of existing Attack, | A few months |
| 13. Supposed Cause, | Not known |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Doubtful |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18. Date of becoming Chargeable, | 22 Nov 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Dalziel Son residing at 25 English St |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty fourth day of November One thousand eight hundred and Seventy nine

(*To be Signed by Party applying*) John Dinwoodie, Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, William Carmichael being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Dalzell (a pauper) and the said James Dalzell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane appearance & delusions & rambling incoherent talk. His continual running from one story to another. Says that his clothes have three times been stolen from him & that he is in danger & considers

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His daughter is not present but he states to her & to the Police Officer that he thinks he has been in London & that he has been followed & watched by the police. Also that he thinks he has been in an Asylum. Informs himself incorrectly as to the year & month.

Name and Medical Designation, William Carmichael M.D.

Place of Abode, 14 Castle St Dumfries

DATED this twenty second day of November One thousand eight hundred and seventy nine

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Medical Officer of the Royalty of Dumfries & Physician to the Infirmary Glasgow and Fellow of the Faculty of Physicians & Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Dalzell (a pauper) and the said James Dalzell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 dashing from the subject to another with the meaning from me to Lodge and to Brooke in Strangeways Lives Roaming

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) the Police States that he makes Complaints and that he has the appearance of being

Name and Medical Designation, William Marshall M.D. & F.R.

Place of Abode, Dumfries

DATED this 22 day of November One thousand eight hundred and seventy 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, William Marshall, Glasgow and Collegiate of St Andrews being (1) a Graduate of the Faculty of Physicians and Surgeons 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 James Dalziel, and that the said ~~James Dalziel~~ person of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M D &c

Dated this 22 day of November One thousand eight hundred and seventy nine years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Carruthers and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Dalziel Police office Dumfries (a Pauper) and that the said James Dalziel is a (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 Dalziel as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Dalziel which accompanied the said Petition.

Dated this Twenty fourth day of November, One thousand eight hundred and seventy nine years.

David Boyle Stope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2/324

James Dalziel

22nd November

1819

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Counties of Dumfries & Galloway *and his Substitutes*—

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Gibson or Mc Kie 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 Gibson or Mc Kie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty fifth (4) day of November One thousand eight hundred and Seventy 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, | Agnes Gibson or Mc Kie |
| 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, | protestant |
| 6. Previous Place of Abode, | 73 High St Dumfries Pagans Close |
| 7. Place where Found and Examined, | ditto |
| 8. Length of time Insane, | 8 months |
| 9. Whether first Attack, | first |
| 10. Age (if known) on first Attack, | 43 years |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | 8 months |
| 13. Supposed Cause, | — |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | doubtful |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dumfries |
| 18. Date of becoming Chargeable, | 25 November 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | John Mc Kie Labourer. Not known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of November One thousand eight hundred and 79

(To be Signed by Party applying) John Dinwoodie. Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Pagans Close Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Gibson or McKie a pauper and that the said Agnes Gibson or McKie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently. Has delusions as to people swearing at her and declaring to do her harm which makes her very indignant &c &c

(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 roams about all night and makes fearful

*Name and Medical Designation,* } W Marshall M.D. &c

*Place of Abode,* Dumfries

DATED this 25th day of November One thousand eight hundred and seventy nine years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Pagans Close Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Gibson or McKie (a pauper) and that the said Agnes Gibson or McKie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance. incoherency of speech & delusions. States that she is annoyed by hearing voices. all times night & day.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her neighbour informs me that she wanted about at night striking matches & carrying fire about the room. that she is at times very abusive & threatens to do for her.

*Name and Medical Designation,* } John Smith M.D. &c

*Place of Abode,* 14 Castle St Dumfries

DATED this 25th day of November One thousand eight hundred and 79 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 (2) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (3) Pagans Close Dumfries in the County of Dumfries, seen and personally examined Agnes Gibson or McKie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

Dated this 25th day of November, One thousand eight hundred and 79 years.

(2) State medical qualification. (3) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dunwoodie, Inspector of Poor Dumfries Certificates under the hands of William Marshall 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) Agnes Gibson or McKie Pagan's Close Dumfries (a Pauper) and that the said Agnes Gibson or McKie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Gibson or McKie as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Gibson or McKie which accompanied the said Petition.

Dated this Twenty fifth day of November, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2/325.

Agnes Gibson v. W. Kee

25th November

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff Substitute *of the* (2) County of Wigtown ~~and his Substitutes~~,—

The Petition of David Wright, Engineer, residing in Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jean McConnell or Wright

(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 Jean McConnell or Wright to the Asylum of the Southern Counties ~~Asylum~~, Dumfries and to sanction Her admission into the said Asylum. One word delete

David Wright

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty-fifth (4) day of November One thousand eight hundred and seventy-nine years.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Jean McConnell or Wright |
| 2. Sex and Age, | Female aged 53 years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Engineers wife |
| 5. Religious Persuasion, so far as known, | Protestant, Established Church |
| 6. Previous Place of Abode, | Wigtown |
| 7. Place where Found and Examined, | Wigtown. |
| 8. Length of time Insane, | Has been ill now unless for last five months |
| 9. Whether First Attack, | no. |
| 10. Age (if known) on First Attack, | was insane for about 3 weeks when 16 years of age |
| 11. When and where previously under Examination and Treatment, | At Wigtown |
| 12. Duration of Existing Attack, | Five months |
| 13. Supposed Cause, | not Known |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | Husband David Wright, Engineer, residing in Wigtown. No member of her family known to have been insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty-fifth day of November One thousand eight hundred and seventy-nine years

(*To be signed by Party applying*) David Wright

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McPhail
being a (1) Doctor of Medicine of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Bank St Wigtown Wigtown in the County
separately from any other Medical Practitioner, visited and personally examined (4) Jane McConnell or Wight Bank St Wigtown and that
the said Jane McConnell or Wight is a (5) person of unsound Mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Contraction of the Features of Tongue and Spasm of Facial Muscles — Says she will be bound hand and foot and cast into the Lake as the Lord has told her to do & is therefore drowning herself

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Margaret Wight her daughter. Says she attempted to drown herself by stuffing her head into her Mouth

Name and Medical Designation, Charles McPhail

Place of Abode, Wigtown

DATED this Twenty fourth day of November One thousand eight hundred and seventy two years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, ~~I~~ William Anderson
being a (1) Bachelor of Medicine Licentiate in Surgery of Glasgow Edinr
and being in actual practice as a (2) general practitioner Wigtown
hereby certify, on soul and conscience, that I have this day, at (3) Wigtown in the County of
Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jean McConnell or Wight of Wigtown and that
the said Jean McConnell or Wight is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talked incoherently to me of state of her soul. Said she was doomed (& all her family of twelve children along with her) to suffer for ever & ever & ever in the bottomless pit where there is gnashing of teeth. Here she ground her teeth violently together in illustration. She repeatedly to a little she kept beside her for eternity. Said the best way to bring would be to bring about her end & that but go away into perdition.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her husband, David Wright tells me that she was so six this morning with a watch to the watchmaker which did not his services & when she could not get into the shop as it was not open it (the watch) down on the window sill on the outside of the house. Tells me she kept talking as she did to me.

Name and Medical Designation, William Anderson M.D.

Place of Abode Whithorn, Wigtownshire

DATED this Twenty-fourth day of November One thousand eight hundred and seventy-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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esquire (1) Advocate Sheriff-substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) David Wright Engineer residing in Ingloun Certificates under the hands of Charles McBride M.B. Wigtown and William Andrew M.B.C.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) Jean McConnell or Wright wife of the Petitioner and that the said Jean McConnell or Wright is a (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 McConnell or Wright as a Patient into the (6) Southern Counties ~~Asylum of Asylums~~ and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jean McConnell or Wright which accompanied the said Petition.

Public Asylum at Dumfries

her

DATED this twenty fifth day of November One thousand eight hundred and seventy nine, - three words deleted

M. Rhind

To the Superintendent of the (7) Southern Counties Asylum at Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Jean McConnell Albright

24th Novr.

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff substitute of the (2) County of Dumfries ~~and Galloway~~ ~~and its Stewartries~~

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Lawson or Halliday your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Lawson or Halliday to the Southern Counties Asylum and to sanction her admission into the said Asylum. Five words deleted.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Third (4) day of December One thousand eight hundred and Seventynine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Jane Lawson or Halliday |
| 2. Sex and Age, | Female 77 years |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dumfries |
| 7. Place where Found and Examined, | Dilk |
| 8. Length of time Insane, | About 8 months |
| 9. Whether first Attack, | First |
| 10. Age (if known) on first Attack, | 77 years |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of existing Attack, | About 8 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, | Dumfries |
| 18. Date of becoming Chargeable, | First Dec$^{r}$ 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 near Relatives |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third day of December One thousand eight hundred and Seventynine

*(To be Signed by Party applying)* John Dinwoodie Inspector

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Carruthers College
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Lawson or Halliday
Pauper and that
the said Jane Lawson or 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. :—

1. Facts indicating Insanity observed by myself: (6) She has for two years
now and again complained of being annoyed with voices of
or imps. Her delusion has grown worse lately. She is restless
and sleepless. She is greatly changed in her habits

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The servant and others at the College say she is much worse
lately. There is no guiding her. And are afraid of her going
to hotels or others.

Name and Medical Designation, R. S. Kerr M Dee

Place of Abode, Dumfries

Dated this first day of December One thousand eight
hundred and Seventy-nine years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, William Hershell
being a (1) Graduate of the Faculty of Physicians &
Surgeons Glasgow and College of Physicians
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Carruthers College
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Jane Lawson or Halliday (Pauper)
and that
the said Mrs Jane Lawson or 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. :—

1. Facts indicating Insanity observed by myself: (6) Has delusions as
to her being tormented with imps coming about
her person which she can't get rid of and is
a very melancholy way through fear for her life

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her friends and other residents at the College
say that she is constantly under the dread
of people coming to get at her

Name and Medical Designation, Wm Hershell M.D. &c

Place of Abode, Dumfries

Dated this 5th day of Dec One thousand eight
hundred and seventy 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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight
hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, ——— (1) Sheriff Substitute
of the (2) County of Dumfries ———
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor, Dumfries, ———
Certificates under the hands of William Smith Kerr ———
and William Marshall ———, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Lawson or Halliday, widow, Carruthers Cottages, Dumfries (a Pauper)
and that the said Jane Lawson or Halliday is (5) insane of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Jane Lawson or Halliday as a Patient into the (6) Public Asylum of Southern Counties, ——— and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Lawson or Halliday ——— which accompanied the said Petition.

DATED this Third day of December, One thousand eight
hundred and seventy nine years.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Jane Lawson

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Jane Lawson or Halliday

3rd December

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of Lanark *and his Substitutes,—*

The Petition of Inspector Alexander Renton Inspector of Poor of the Parish of Crawfordjohn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Kirk a Pauper in petitioners Charge is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Kirk to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Alexander Renton Inspector.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourth (3) day of December One thousand eight hundred and seventy nine.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Agnes Kirk |
| 2. Sex and Age, | Female 32. |
| 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, | Crawfordjohn when not at service |
| 7. Place where Found and Examined, | Gilkerscleugh Crawfordjohn |
| 8. Length of time Insane, | About a week or so. |
| 9. Whether first attack, | Second attack |
| 10. Age (if known) on first Attack, | about 20. |
| 11. When and where previously under Examination and Treatment, | Dumfries Asylum. |
| 12. Duration of existing Attack, | About a week |
| 13. Supposed Cause, | unknown. |
| 14. Whether subject to Epilepsy, | unknown. |
| 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 Moffat. |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | James Kirk. residing at Gilkerscleugh her Father |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, Alexander Renton Inspector.

DATED this Fourth day of December One thousand eight hundred and seventy nine,

* To be signed by the Party applying.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, being a Licentiate of the Fac[illegible] being a (1) of Physicians & Surgeons, Glasgow and being in actual practice as a (2) general Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Gilkerscleugh in the parish of Crawford, Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Kirk, a pauper and that the said Agnes Kirk is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 wildly and incoherently quotes scripture and scripture phrases at random - says the twelve Apostles are at Gartnavel - that Lady Colebrook and her daughter are there - that they are all damned and deserve to be

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From her mother I learn the same facts and that she is occasionally violent destroying her clothes - and as I have to-day seen - that she is having mad -

(~~Signed~~) *Name and Medical Designation,* James Dickson, Surgeon

*Place of Abode,* Roberton -

DATED this third day of December One thousand eight hundred and seventy 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, Robert Meikle being a (1) Fellow of the Royal College of Surgeons of Edinburgh + Licen[illegible] the Royal College of Physicians in Edinburgh and being in actual practice as a (2) Physician + Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Gilkerscleugh in the Parish of Crawford John in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Agnes Kirk and that the said Agnes Kirk 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 talked in a ramblin[illegible] incoherent manner. She swore, sang, + quoted scraps of Scripture by turns. She said she had been fighting with devils + showed me her bleeding [illegible] in evidence. She said she had seen the spirits of dead men at Gartnavel + [illegible] they had showed respect by bowing to her.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Kir[illegible] her mother, informed me that her daughter threatened to bur[illegible] her + her father, that she slept little + ran about the house [illegible] a wild + excited manner, tearing + burning her clothes.

(~~Signed~~) *Name and Medical Designation,* Robert Meikle

*Place of Abode,* Douglas

DATED this Third day of December One thousand eight hundred and Seventy Nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)*

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1)
of the said hereby further certify that the Case is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

*Name,*

*Place of Abode,*

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Neil Dyce Advocate (2) Sheriff Substitute
of the (2) County of Lanark at Lanark
having had produced to me, with a Petition at the instance of (3) Alexander Roulow
Inspector of Poor of the Parish of Crawfordjohn
Certificates under the hands of James Dickson, Surgeon, Roberton
and Robert Meikle, Surgeon Douglas, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Kirk residing at Glenseleugh, a Pauper and that the said
Agnes Kirk 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 Agnes Kirk as a Patient into the District Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Kirk which accompanied the said Petition.

(Signed) J. Neil Dyce

DATED this Fourth day of December One thousand eight hundred and Seventy nine

*To the Superintendent of the (7) District Southern Counties Asylum of Dumfries*

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

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Agnes Kirk

5th Dec.r

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes*—

The Petition of David Douglas Governor Union Poor House humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Wilson in your Petitioner's (3) Poor House is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Wilson to the Lieutenant ~~Sheriff~~ Cuchtin Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

D. Douglas

(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 December One thousand eight hundred and Seventy 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, | Mary Wilson |
| 2. Sex and Age, | female |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Pauper formerly a servant |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Colvend |
| 7. Place where Found and Examined, | Combination Poor house Kirkcudbright |
| 8. Length of time Insane, | about four weeks & getting worse daily |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | about 68 |
| 11. When and where previously under Examination and Treatment, | Poor house |
| 12. Duration of Existing Attack, | about a month |
| 13. Supposed Cause, | Not Known |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | getting so |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Colvend & Dalbeattie |
| 18. Date of becoming Chargeable, | May 5th 1877 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Not Known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 5th day of December One thousand eight hundred and Seventy nine

(*To be signed by Party applying*) David Douglas Governor P. p.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, Arthur Maydart
being a (1) M.B. & 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) the Combination Poorhouse Kirkcudbright
in the County of Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Wilson, Pauper
and that
the said Mary Wilson is a (5) person of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Total change of manner & behaviour, refuses to eat, and on being ~~asked~~ warned as to reason expresses suspicions of food not being safe as has not been prepared by herself; explanation of suspicions incoherent

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

I am informed by Mr Taylor Governor of the House that she was violent in her behaviour last night & this morning, threatening to strike the other inmates.

Name and Medical Designation, Arthur Maydart M.B.

Place of Abode, Kirkcudbright

Dated this fifth day of December One thousand eight hundred and seventy nine.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, Wm Johnstone
being a (1) M.D. of Edinburgh &c.

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Combination Poor house Kirkcudbright
in the County of Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Wilson Pauper
and that
the said Mary Wilson is a (5) Pauper
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Confused, raving & violent, I am afraid that the people are in danger by keeping her &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Such facts as the above

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode Kirkcudbright

Dated this fifth day of December One thousand eight hundred and seventy nine.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) David Douglas
Governor of the Union Poor House Kirkcudbright
Certificates under the hands of Andrew Heywood M.D
and William Johnstone M.D, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Nelson - a pauper in Kirkcudbright and that the said
Mary Nelson is a (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 Nelson as a Patient into the
(6) Pauper Lunatic Asylum of Kirkcudbright and 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
Nelson which accompanied the said Petition.

DATED this fifth day of December One thousand eight hundred and Seventy nine

Alex. Nicolson

*To the Superintendent of the* (7) Pauper Lunatic Asylum of Kirkcudbright
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
329

Mary Wilson

6th December

1819

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form 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 substitute of the (2) Shire of Dumfries and his Substitutes,—

The Petition of Hugh Knox, Inspector of Poor, Buittle.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Clark or Murray your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Clark or Murray to the Southern Counties' Asylum, Dumfries and to sanction her admission into the the said Asylum.

Hugh Knox

State degree of Nobleship or other dignity in which Petitioner stands to Lunatic.

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Sixteenth (4) day of December One thousand eight hundred and Seventy-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, | Helen Clark or Murray |
| 2 Sex and Age, | Female 26 years. |
| 3 Married, Single, or Widowed, | married |
| 4 Condition of Life, and previous Occupation (if any), | |
| 5 Religious Persuasion, so far as known, | |
| 6 Previous Place of Abode, | Copland Street, Dalbeattie |
| 7 Place where Found and Examined, | Copland Street, Dalbeattie |
| 8 Length of time Insane, | |
| 9 Whether first Attack, | First. |
| 10 Age (if known) on first Attack, | 26 years. |
| 11 When and where previously under Examination and Treatment, | |
| 12 Duration of existing Attack, | |
| 13 Supposed Cause, | |
| 14 Whether subject to Epilepsy, | |
| 15 Whether Suicidal, | Not so far as Known |
| 16 Whether Dangerous to others, | Of a very violent temper |
| 17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Buittle Parish |
| 18 Date of becoming Chargeable, | 9th October, 1879 |
| 19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Robert Clark, Husband Residing at Airds Parish of Kells. 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 Sixteenth day of December One thousand eight hundred and Seventy-nine.

(*To be signed by Party applying*) Hugh Knox.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Peterson Lees MB
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Lossland Terrace Dalbeattie parish of Urr in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Helen Clark or Murray pauper of the Parish of Buittle and the said Helen Clark or 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) Imbecile expression of Countenance — said her pond wanders through her body and that she does not know what she is thinking about — did not know her age or that of her children — did not know the months of the year —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Brennan with whom she has been boarded like me is easily excited has smashed a couple clocks under door — Helen Brennan daughter of the former that in a fit of passion she had thrown a bowl of boiling tea in her face. —

*Name and Medical Designation,* John Peterson Lees

*Place of Abode,* Dalbeattie.

DATED this Fifteenth day of December One thousand eight hundred and seventy nine.

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Robert McCulloch MB.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Lossland Terrace Dalbeattie Parish of Urr in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Helen Clark or Murray a pauper of Buittle Parish and the said Helen Clark or 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) Hag languid and listless expression of Countenance She very frequently unbuttons & disarranges her clothes, makes no appeal to the interest favour or moral faculty —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Brannon, her Landlady, tells me she is of Suspicious, sometimes violent, very untidy, & apathetic & careless regarding her children. Has endangered the Life of the infant

*Name and Medical Designation,* Robert McCulloch MB

*Place of Abode,* Dalbeattie

DATED this fifteenth day of December One thousand eight hundred and seventy nine —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)*

I, the undersigned, William Carruthers being (1) a Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle Street Dumfries in the County of Dumfries, seen and personally examined Helen Clark or Murray, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers MBCM

DATED this ~~[illegible]~~ Sixteenth day of December One thousand eight hundred and Seventy nine years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ~~[illegible]~~ Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Hugh Knox, Inspector of Poor, Buittle Certificates under the hands of John Paterson Lewis, and Robert McKerchar, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Clark or Murray, Coffland Street, Dalbeattie (a pauper) and that the said Helen Clark or Murray, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Clark or Murray as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Clark or Murray, which accompanied the said Petition.

DATED this Sixteenth day of December One thousand eight hundred and seventy nine. one word deleted

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Asylum Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
330

Helen Clark or Murray

16th December

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff Substitute of the (2) County of Dumfries

~~and his Substitutes,~~

The Petition of Hannah Aird, Little Broughton Carlisle Co

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Aird

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Aird to the Cuchlan Royal Institution Dumfries and to sanction his admission into the said Asylum.

Hannah Aird

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fifth (4) day of December One thousand eight hundred and seventy nine.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Aird |
| 2. Sex and Age, | Male; 53 years (about) |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Farmer |
| 5. Religious Persuasion, so far as known, | Church of England |
| 6. Previous Place of Abode, | Little Broughton nr Carlisle |
| 7. Place where Found and Examined, | Dumfries. |
| 8. Length of time Insane, | 6 years. |
| 9. Whether First Attack, | no |
| 10. Age (if known) on First Attack, | 47 years (about) |
| 11. When and where previously under Examination and Treatment, | In Cuchlan Institution & on Cheadale Asylum |
| 12. Duration of Existing Attack, | 3 years |
| 13. Supposed Cause, | Hereditary - |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | — no |
| 16. Whether Dangerous to others, | yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name 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 H. Aird - His wife Little Broughton Carlisle Co<br>Brother was an Asylum in New Zealand for 14 or 15 years |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fifth day of December One thousand eight hundred and seventy nine.

(*To be signed by Party applying*) Hannah Aird

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon ~~[illegible]~~ hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Hird Farmer Little Broughton Cumberland and that the said John Hird is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 insane appearance & manner of conversation tells me that his Brother in law says that he (John Hird) has no wife although his wife & family are all alive. He has delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

James Wallace informs me that he left the Crichton Institution a few weeks ago where he was a patient for 4 years. during which time he sometimes became very violent

*Name and Medical Designation,* John Smith M.D.

*Place of Abode* 14 Castle St. Dumfries

DATED this 24th day of December One thousand eight hundred and 79.

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall MacDonald being a (1) Graduate of Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Hird Farmer Little Broughton Cumberland and that the said John Hird is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) has an excited appearance says he has been pleading to God against his family and his appeal has been answered.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Wallace attendant at Crichton Institution says he has been in that institution four years at times has been violent. He has only been out a few weeks

*Name and Medical Designation,* A D MacDonald

*Place of Abode* 14 Castle St. Dumfries

DATED this 24th day of December One thousand eight hundred and seventy nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Smith being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St in the County of Dumfries, seen and personally examined John Hird, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD

DATED this 24th day of December One thousand eight hundred and 79 years

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Hannah Hird Little Broughton near Carlisle Certificates under the hands of John Smith and Alexander Dall MacDonald being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Hird Farmer Little Broughton Carlisle and that the said John Hird is a (5) person of unsound mind (Relationers husband) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Hird as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Hird which accompanied the said Petition.

DATED this Twenty sixth day of December One thousand eight hundred and seventy nine years.

David Boyle Stope

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1655

John Hoid

24th Dec.

1819

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~Substitute~~ *of the* (2) Dumfries Shire & Galloway *of* ~~and his Substitute~~,—

The Petition of James Austin Inspector of poor parish of Closeham humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Irving your Petitioner's (3) ~~Abode~~ Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Irving to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Austin

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Seventeenth (4) day of December One thousand eight hundred and Seventy 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, | George Irving |
| 2. Sex and Age, | 33 Male |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Labourer |
| 5. Religious Persuasion, so far as known, | Church of Scotland |
| 6. Previous Place of Abode, | Campleslacks |
| 7. Place where Found and Examined, | Campleslacks |
| 8. Length of time Insane, | Some years |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | Not known |
| 11. When and where previously under Examination and Treatment, | Campleslacks |
| 12. Duration of Existing Attack, | — |
| 13. Supposed Cause, | The effects of Liver |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Threatens |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Closeham |
| 18. Date of becoming Chargeable, | 1872 |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Campleslacks (Mother) Aunt |
| 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 Seventeenth day of December One thousand eight hundred and Seventy Nine

(*To be signed by Party applying*) James Austin

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Steggall.
being a (1) Doctor in Medicine and Licentiate of the Royal
of Surgeons Edinbr —
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Campbelton
Closhburn —
Dumfries. in the County
separately from any other Medical Practitioner
visited and personally examined (4) Georg Greig
and that
the said George Greig is a (5) person of
unsound Mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) General appearance
vacant. Constant Movement of the facial and other
muscles - Rambling thinking. always scribbling incoherent
sentences on a slate or paper. General restlessness
in manner and at time boisterously excitable —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The same as above stated - when excitable
uses forcible means against his mother and attendants
so invariable pursuing that some one is often
to him harm —

Name and Medical Designation, Edr. Steggall. M.D. Lic.

Place of Abode, Thornhill. Dumfriesshire

Dated this Campbelton 16th day of December One thousand eight
hundred and Seventy nine years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Gullett
being a (1) Bachelor of Medicine & Licentiate
of the Royal College of Surgeons, Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Campbelton
Closeburn
Dumfries. in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) George Irving
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. :—

1. Facts indicating Insanity observed by myself: (6) In a Continual
state of restlessness. his features, drawn thrown
into all manner & shapes - He talks &
looks towards me the tears in different
times in - inquires people going & leaving this

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Same as above - from friends. his mother
states that he breaks teacups very
often small - cuts up all very
precious articles - sometimes strikes
some times the always after him

Name and Medical Designation, Wm Gullett Mem. R.C.S.

Place of Abode Thornhill - Dumfries shire

Dated this Eighteenth day of December One thousand eight
hundred and seventy - nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ~~William Gallotly~~ (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Austin Inspector of Poor Closeburn
Certificates under the hands of Edward Hoggan,
and William Gallotly, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Labourer Camplestachs Closeburn, a Pauper and that the said George 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 George Irving as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Irving which accompanied the said Petition.

DATED this Seventeenth day of December One thousand eight hundred and seventy nine years. Two words deleted.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
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George Irving

17th December

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(2) Sheriff or Steward. (3) Shire or Stewartry.

*Unto the Honourable the* (2) Sheriff ~~Substitute~~ *of the* (3) County of Dumfries ~~and his Substitutes~~,—

The Petition of High Brown Currie Inspector of Poor Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Weatherly at Templand Village Lochmaben, your Petitioner's (4) pauper the said Agnes Weatherly is at present in a state of Mental Derangement, and 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 Weatherly to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

H B Currie Insp. of Poor

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Eighth (5) day of December One thousand eight hundred and Seventy nine

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Agnes Weatherly |
| 2. Sex and Age, | 36 female |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Domestic Servant |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Johnstonbridge parish of Johnstone |
| 7. Place where Found and Examined, | Templand Village Lochmaben |
| 8. Length of time Insane, | weeks |
| 9. Whether First Attack, | First so far as known |
| 10. Age (if known) on First Attack, | 36 |
| 11. When and where previously under Examination and Treatment, | No previous treatment |
| 12. Duration of Existing Attack, | weeks |
| 13. Supposed Cause, | not known |
| 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, | parish of Johnstone |
| 18. Date of becoming Chargeable, | December 1879 |
| 19. Christian Name and Surname, and Place of Abode of nearest known 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 Weatherly Carlisle farther not known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Eighth day of December — One thousand eight hundred and Seventy nine

(To be signed by Party applying) H B Currie

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Dunipace in the County of Dunipace separately from any other Medical Practitioner, visited and personally examined (4) Agnes Weatherly, Pauper and that the said Agnes Weatherly is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 incoherent conversation & delusions, in that she sometimes is called by voices to go from her house running towards which she could not see but was and about sometimes all night

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Cunningham informs me that during the last two or three days he has been at times annoyed & disturbed by the neighbours by her loud violent language & actions

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle Dunipace

DATED this 26th day of December One thousand eight hundred and 79—

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

I, the undersigned, Thomas Reid being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Templand Village Kochinaben in the County of Dunipace separately from any other Medical Practitioner, visited and personally examined (4) Agnes Weatherly, pauper Templand Village Kochinaben and that the said Agnes Weatherly is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Very excitable and gets into great passions, swearing at a great rate when spoken to, suspicious of every body and says she will not take any food for they say she thinks all have conspired to poison or injure her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Jardine with whom she lodges says she gets into great fits, and swears so violently or loudly that the neighbours are disturbed, her Lake master Mr Cunningham informs that she intends not to pay for lodgings unless she gets meat & drink

Name and Medical Designation, Thos Reid M.D.

Place of Abode Kochinaben

DATED this 26th day of Decbr One thousand eight hundred and 79

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Smith being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St in the County of Dumfries, seen and personally examined Agnes Weatherly, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c.

DATED this 26th day of December One thousand eight hundred and 79 years.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Hugh Brown Currie Inspector of Poor Lochmaben Certificates under the hands of John Smith and Thomas Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Weatherly Templand Village Lochmaben (a Pauper) and that the said Agnes Weatherly is a (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 Weatherly as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Weatherly which accompanied the said Petition.

DATED this Twenty sixth day of December One thousand eight hundred and seventy nine years.

David Boyle Stope

*To the Superintendent of the* (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
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Agnes Weatherby

26th December

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~or Steward~~ of the (2) County Substitute of Dumfries ~~and his Substitute~~ — Dalry

The Petition of Alexander Kirk Inspector of Poor —

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Mc Michael your Petitioner's (3) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Mc Michael to the S.C 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.

Alexander Kirk Inspector.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (4) day of December One thousand eight hundred and 79 — years —

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Elizabeth Mc Michael |
| 2. Sex and Age, | Female. age. 26 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Family Poor — Domestic Servant |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | Gramon Mill. Dalry Parish Galloway |
| 7. Place where Found and Examined, | Gramon Mill. |
| 8. Length of time Insane, | Two weeks |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 26 |
| 11. When and where previously under Examination and Treatment, | Inquired, no Previous treatment |
| 12. Duration of Existing Attack, | two weeks |
| 13. Supposed Cause, | Not Known |
| 14. Whether subject to Epilepsy, | no. |
| 15. Whether Suicidal, | Very Passionate |
| 16. Whether Dangerous to others, | no. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Dalry Kirkcudbrightshire |
| 18. Date of becoming Chargeable, | 26 Dec. 1879. |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Elizabeth Mc Michael her Mother. Gramon Mill Dalry Yes — a Sister. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of December One thousand eight hundred and 79 years —

(*To be signed by Party applying*) Alexander Kirk Inspector of Poor Dalry. Galloway P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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, Alfred McKinley Millman being a (1) Doctor of Medicine of the University of Aberdeen and a member of the Royal College of Surgeons of England and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Grennan Mill in the parish of Dalry, in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Elizabeth McMichael, residing at Grennan Mill aforesaid, a Pauper and that the said Elizabeth McMichael is a (5) person of an unsound mind and a proper Person to be detained 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 monomaniac labouring under delusions, that certain men have been administering drugs to her, causing her to be "moidered" and afterwards abusing her indecently; they are still following her from house to house.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Mother, cousin, and Inspector report similar and that when contradicted she becomes excited passionate.

*Name and Medical Designation,* A. McK. Millman M.D. M.R.C.S.E.

*Place of Abode,* New Galloway.

DATED this 26th day of December One thousand eight hundred and seventy nine years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

I, the undersigned William Carruthers being a (1) Graduate in Medicine of Edinr. University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McMichael (pauper) and that the said Elizabeth McMichael is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her insane appearance & delusions. Tells me that certain men take liberties with her at night in bed after doing her some drug

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of poor says the above is never a delusion as her mother assists sleeps in the room. One of her sisters is insane

*Name and Medical Designation,* William Carruthers M.D.

*Place of Abode* 14 Castle Street Dumfries

DATED this 24th day of December One thousand eight hundred and seventy-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,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Kirk, Inspector of Poor Dalry Kirkcudbrightshire, Certificates under the hands of Alfred McKinley Millman and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth McMichael Greenan Mill, Dalry (a Pauper) and that the said Elizabeth McMichael is a (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 McMichael, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth McMichael, which accompanied the said Petition.

DATED this Twenty seventh day of December, One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public
*Asylum of* Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
333

Elizabeth McMichael

27th Dec.

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff Substitute of the (2) County of Dumfries ~~and his Substitutes,~~

The Petition of Mary Ann Spedding Hoggat Haugh Foot Haugh Foot Haugh Foot

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, Mark I. Symons
being a (1) Doctor of Medicine

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch
Stret. Dumfries in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) James Spedding, Farmer,
Moggatt. Irthington, Cumberland. and that
the said James Spedding is a (5) person of
unsound mind, and a proper Person to be detained
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 mentally
in conversation, rambling, Melancholic, believing
that he has lost all his possessions, that everything is
wrong about the farm. The cattle are getting thin one
+ fat the next.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Jane Spedding informs me that he is disp
Suspicions + Melancholic - sometimes said

*Name and Medical Designation,* M. I. Symons,

*Place of Abode,* Buccleuch St. Dumfries

DATED this 26th day of December One thousand eigh
hundred and 79

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

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## MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alexander Dace Macdonald
being a (1) Doctor in Medicine

and being in actual practice as a (2) Physician and Surg
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Institution
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) James Spedding
Farmer Moggat Irthington Cumberland and that
the said James Spedding is a (5) person
of unsound mind and a proper person to be detained
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
became apprehensive Melancholic refus
to speak and to be examined
understood what is called from

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
that his stock & all going wrong
for me day and Can the same
told to Dr Symons

*Name and Medical Designation,* A D Macdonald

*Place of Abode* Crichton Lunatic

DATED this 27th day of Decemb One thousand eight
hundred and seventy nine

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(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, Mark I Symons being (1) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Buccleuch St, Dumfries in the County of Dumfries, seen and personally examined James Spadding, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

M. I Symons MD.

DATED this 26th day of December One thousand eight hundred and 79.

(1) State medical qualification. (2) State place of examination.

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mary Ann Shedding, Foggat, Frequington, Cumberland Certificates under the hands of Mark I. Symons and Alexander Dall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Spadding, Foggat aforesaid, (Petitioners husband) and that the said James Spadding is a (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 Spadding as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Spadding which accompanied the said Petition.

DATED this Twenty ~~[illegible]~~ D. B. Ninth. St. day of December One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the* (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1658

James Spedding

3rd December

1879

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff substitute of the (2) Shire of Dumfriesshire ~~and his Substitutes,~~

The Petition of Alexander Hewison, Schoolmaster, Thornhill humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Hewison 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 Catherine Hewison to the Crichton Royal Asylum and to sanction admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alex. Hewison

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 30th (4) day of December One thousand eight hundred and seventy nine 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, | Catharine Hewison |
| 2. Sex and Age, | 28 female |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Female Teacher |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Thornhill |
| 7. Place where Found and Examined, | |
| 8. Length of time Insane, | two years |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | 26 |
| 11. When and where previously under Examination and Treatment, | June 1878 Crichton Asylum |
| 12. Duration of Existing Attack, | Two |
| 13. Supposed Cause, | Fright at seeing a fire |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Date of becoming Chargeable, | — |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Alexander Hewison School master- First of the races on both sides — |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 30th day of December One thousand eight hundred and 79 years

(*To be signed by Party applying*) Alex. Hewison

P. p.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Smith M
being a (1) Practitioner in Medicine of Edinburgh
University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Catherine Newison, teacher
Thornhill and that
the said Catherine Newison is a (5) Person of
Unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) After interrogation & observations. States that she hears voices at night, that spirits are in the house at night. Thinks bottle belongs to the [illegible] applied or left from [illegible] care of [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Sister & father informs me that she has many delusions. Wont go to bed for fear of burned. Refuses food because poisoned. Suspects person

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

*Name and Medical Designation,* John Smith M
*Place of Abode,* 14 Castle St Dumfries

Dated this 30th day of December One thousand eight hundred and 79.

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, Henry Lee Norris Jr
being a (1) Doctor of Medicine of the University of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Catherine Newison — teacher
Thornhill and that
the said Catherine Newison is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Sullen indisposition to converse — Statement that she habitually hears cries as of prisoners — both by day & by night. Such statement being based on a delusion —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
1st Previous confinement in the Crichton Institution
2nd Same informed by her father that she contrives with a hot iron for one arm under the delusion that she has been bitten by a viper

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or 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,* Henry Lee Norris Jr M
*Place of Abode* 3 George St. Dumfries

Dated this 30th day of December One thousand eight hundred and seventy nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, being (1) John Smith Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St. Dumfries in the County of Dumfries, seen and personally examined Catherine Henderson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD

DATED this 30th day of December One thousand eight hundred and 79.

(1) State medical qualification. (2) State place of examination.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) county of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Morrison, Schoolmaster Nigghill, Certificates under the hands of John Smith and Henry Lee Norris 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) Catherine Morrison Female Resident Nigghill Parish and that the said Catherine Morrison, is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine Morrison as a Patient into the (6) Public Asylum of Crichton Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Morrison, which accompanied the said Petition.

DATED this thirty first day of December One thousand eight hundred and seventy nine.

David Boyle Hope

*To the Superintendent of the (7) Public Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1657

Catherine Hewison

30th December

1879



